



24/7 Reporting Guidelines for Health Care Professionals

From the Desk of
Billy Pitts
Marshall County Health Department, Public Health Director

Dear Community Partner,

The Marshall County Health Department is pleased to extend this resource for all healthcare providers as part of our continuing efforts to enhance community disease surveillance through improved reporting and timely patient follow up.

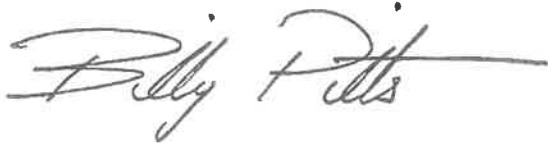
This information has been provided in one convenient handbook and we hope you will find this tool valuable for your facility. The health department would also appreciate any suggestions for improvement or insight you may have regarding the topics covered in the guide.

The resource is a product of the Marshall County Health Department Epi Rapid Response Team, whose members are available as an additional resource.

Blake Johnson, MPH, MSW Regional Epidemiologist
Michael Carlson, Environmental Health Director
Joanna Colson, RN, Clinical Director/Reportable Disease Nurse
Wendy Rose, Environmental Lab Director

Please contact the Reportable Disease Nurse at the Marshall County Health Department if the team can be of any assistance. Marshall County Health Department strives to have a strong community with healthy citizens, and we look forward to working with you to make this happen.

Healthy People...Strong Community,

A handwritten signature in dark ink, reading "Billy Pitts". The signature is fluid and cursive, with a long horizontal stroke extending from the end of the name.

Billy Pitts,
Public Health Director

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Reportable Conditions 24/7 Contact Information

The Marshall County Health Department is primarily responsible for the prevention and control of infectious and communicable disease in our county. Kentucky law 902 KAR 2:020 requires medical providers, hospitals, and laboratories to report infectious and communicable diseases to the local health department serving the jurisdiction in which the patient resides in a timely fashion. To prevent diseases from spreading further in the community, qualified health department staff persons (nurses, epidemiologists, and environmentalists) provide investigation of the cases to determine a source of infection, whether additional individuals need to be contacted, and to provide education to the patient regarding their illness. Infectious and communicable diseases are then reported to the Kentucky Department for Public Health which reports to the Centers for Disease Control and Prevention.

Staff can be reached by phone for reporting or for consultation using the information below:

During Operating Hours:

Monday-Thursday 8:00 am to 5:00 pm-Friday 8:00 am to 11:30 am

Phone: (270) 527-1496 Reportable Disease Nurse-Joanna Colson

Fax: (270) 912-2500 (secure fax line)-

Please fax all Kentucky Reportable Disease Forms (EPID200 Form1, EPID 250, EPID 394) to this number.

After Hours:

Kentucky Department for Public Health

Division of Epidemiology and Health Planning

Phone: (502)564-3418 or 888-9REPORT (888-973-7678)

Fax: (502)696-3803

(This Epidemiological On-Call line has an on-call epidemiologist during all evenings, weekends, and holidays. This person takes the call, receives the data, asks clarifying questions if needed, and then acts on the situation accordingly.)

If you need to reach the health department after hours or on the weekend for an EMERGENCY, please call 270-527-1333.

Community Disease Surveillance Resource Tables

Disease surveillance in the community is the responsibility of not only the local health department (LHD), but also of local providers and laboratories. In order to enhance disease surveillance in the community, Marshall County Health Department would like to offer insight into the needs of the providers and laboratories to properly complete the reportable disease process. The information in the following section will attempt to accomplish this goal.

When the LHD receives reports of conditions from Kentucky providers or laboratories, further follow-up is usually required to determine whether the case meets the Centers for Disease Control and Prevention (CDC) clinical requirements for reporting. These requirements are set forth by the Council for State and Territorial Epidemiologist (CSTE) case definitions. In general, the case definitions include a case classification (identify cases as suspect, probable, or confirmed status), clinical criteria and/or laboratory criteria.

In order to utilize the information as intended, we have provided the following explanations:

1. KAR 902 02:020 (Kentucky Statutes and Regulations Section) requires a provider or laboratory to report diagnoses or laboratory results of notifiable conditions to the local health department (in which the client resides), or the state Department for Public Health (KDPH). In order to best serve the community, we request that you first contact the Marshall County Health Department. The telephone number included will allow you to reach a health department representative immediately. If the call is placed after hours, it is suggested that contact be made with the emergency line provided by KDPH. If the situation does not warrant telephone contact, the Marshall County Health Department fax number and mailing address provided will allow you to meet the regulations requirement.

Please see Appendix 1 for the most current Amended Table of Reportable Diseases and Conditions in Kentucky.

REPORT IMMEDIATELY by TELEPHONE to the local Health Department or the KY Department for Public Health:

- 1. A suspected incidence of bioterrorism caused by a biological agent**
- 2. Submission of a specimen to the Kentucky Division of Laboratory Services for select agent identification or select agent confirmation testing**
- 3. An outbreak of a disease or condition that resulted in multiple hospitalizations or death.**
- 4. An unexpected pattern of cases, suspected cases, or deaths which may indicate the following shall be reported immediately by telephone to the local health department in the county where the health professional is practicing or where the facility is located:**
 - a. A newly-recognized infectious agent**
 - b. An outbreak**
 - c. An emerging pathogen which may pose a danger to the health of the public**
 - d. An epidemic**
 - e. A non-infectious chemical, biological, or radiological agent.**

Healthcare Provider Guidelines For Foodborne and Waterborne Outbreaks

While outbreak investigations are typically guided by the LHD, they are usually initiated by the emergency medical community. Early and effective recognition of outbreaks in Marshall County is the key to the health and well-being of our residents. In order to improve the actions taken by public health and the medical community, the Marshall County Health Department has identified two areas of improvement.

1. Recognition of an outbreak depends on the way in which an outbreak is defined. The Kentucky Department for Public Health defines an outbreak in the following ways:
 - a. 2 or more individuals who are experiencing a similar illness after ingesting a common food or a different food in a commonplace.
 - b. 2 or more individuals who are experiencing a similar illness after having contact with the same drinking source or recreational water source.
 - c. A situation when the number of observed cases exceeds the number of expected cases.

Using those three definitions, KAR 902 02:020 (Kentucky Statutes and Regulations Section) requires that you report your suspicions to the Marshall County Health Department or the Kentucky Department for Public Health immediately. Therefore, please contact the Marshall County Health Department by telephone as soon as you suspect an outbreak. Please ask to speak with the Reportable Disease Nurse. The nurse will give you further information to help guide you in gathering the appropriate forms/labs/etc.

2. Specimen collection is extremely important during outbreak investigations. In order to conclusively determine the causative organism or agent, samples from the suspected source must be matched to the specimens collected from the suspected cases. Historically, specimens have been unavailable, and the causative organism or agent goes unexplained. For that reason, please collect all relevant clinical specimens from your patients (if available) and contact the Marshall County Health Department to plan to have food or water samples collected. Contact the health department through the main line: (270) 527-1496 to be directed to the Environmental Department to discuss sample collection.

Foodborne Outbreak Guidelines

Case Definition: A foodborne disease outbreak is defined as two (2) or more persons experiencing a similar illness after ingestion of a common food or different food in a common place. If a foodborne disease outbreak is suspected, follow these steps:

1. Inquire whether there are other ill persons.
2. Contact Marshall County Health Department-(270) 527-1496

Waterborne Outbreak Guidelines

Case Definition: A waterborne disease outbreak is defined as two (2) or more persons who experience a similar illness after having contact with the same source of drinking or recreational water. If a potential exposure to waterborne diseases causing pathogens, follow these steps:

1. Inquire whether there are other ill persons.
2. Contact the Marshall County Health Department-(270) 527-1496

TUBERCULOSIS

Collaboration between the medical provider and the TB Coordinator at the Marshall County Health Department assures appropriate and timely follow-up and investigations for patients who are identified with Latent Tuberculosis Infection (LTBI) or Active Tuberculosis Disease.

The following pages provide information to aid Clinicians in screening those higher risk clients.

All active cases of TB are required to be reported to the local Health Department-Within one (1) business day.

Per 902 KAR 2:020, a pharmacist shall give notice if two (2) or more of the following medications used for the initial treatment of active tuberculosis are dispensed to an inpatient in a health facility or to an ambulatory patient in a health facility or a pharmacy: **Rifampin or Rifabutin, Pyrazinamide, or Ethambutol.**

It is standard procedure of the Marshall County Health Department to repeat any suspected positive PPD reading, if the test was not administered and read by a nurse within the local health department.

To reference guidelines for Tuberculosis and the evaluation of immigrants and refugees, please visit the Core Clinical Services Page through CHFS and choose between the two TB links. The link to the CHFS website can be found in the Appendix, Section.

PROCEDURE FOR THE MANTOUX TUBERCULIN SKIN TEST

Tuberculin skin testing is the standard method of identifying persons infected with tuberculosis. The intradermal Mantoux tuberculin skin test (TST)—not a multiple puncture test—should be used to determine if tuberculosis infection has occurred.

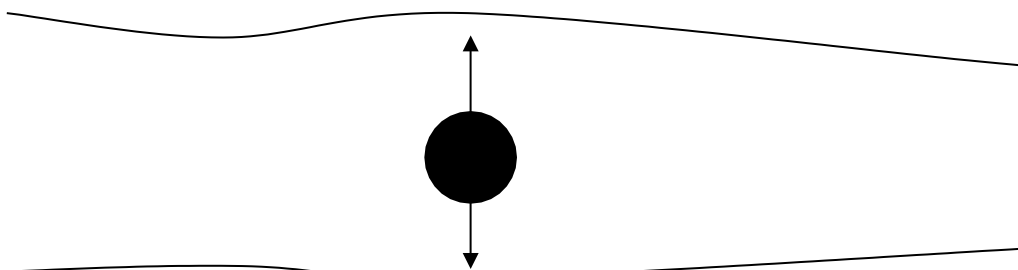
The Mantoux TST is performed by the intradermal injection of 0.1 mL of PPD tuberculin containing 5 TU (tuberculin units) into either the volar (flexor) or dorsal surface of the forearm (the volar area preferred). The injection should be made about 4 inches below the elbow, with a disposable **tuberculin** syringe, just beneath the surface of the skin, with the needle bevel facing upward, to produce a discrete, pale elevation of the skin (a wheal) 6 mm. to 10 mm. in diameter. A one-quarter- to one-half-inch, 27-gauge needle should be used.

A TST can be administered to individuals of any age who are at increased risk for acquiring LTBI or active TB disease, even to newborn infants.

Standard precautions pertaining to blood exposure and prevention of needle stick injuries should be employed.

The Mantoux TST should be read 48 to 72 hours after the injection. However, if the patient fails to show up for the scheduled reading, positive reactions may still be measurable up to one week after testing. If, however, the delayed reading after 72 hours is negative, any reaction may have waned, and the TST will need to be repeated immediately and read within 48 to 72 hours. The TST reading should be based on measurement of induration, not erythema, using a Mantoux skin test ruler. The diameter of induration should be measured transversely to the long axis of the forearm and recorded in millimeters. Record no induration as zero (0) millimeters.

A negative TST result does not exclude LTBI or active TB disease.



Measure TSTs Transversely

LEAD

Collaboration between the Medical Provider and the Lead Case Manager, located within the Marshall County Health Department, assures appropriate and timely follow-up and investigations for patients who are identified with elevated blood lead levels (EBBL's). Any level of lead in the blood is considered abnormal. Refer to your EPSDT policy for preventive screens/reimbursement.

Please contact the Marshall County Health Department Reportable Disease Nurse with any elevated blood lead level > 3µg/dL, including prenatal clients, and include lab results when faxing information to the health department.

Blood Lead Specimen Guidelines:

Contamination errors are common in trace metal analysis, so precautions must be taken to eliminate or reduce them. All staff obtaining blood lead specimens should view CDC's Blood Lead Collection Guidelines at: <https://www.cdc.gov/lead-prevention/hcp/clinical-guidance/>. All staff obtaining blood lead specimens must be familiar with their analyzing labs' requirements on blood lead specimen collection.

ANIMAL BITE REPORTING PROCEDURES

In accordance with KRS 258.065, Physicians are to report a person bitten by a dog, cat, ferret, or other animal to the local health department within twelve (12) hours after his/her first professional attendance.

During the client's appointment, it is also necessary to collect as much information as possible concerning the animal. To do so, please reference the Animal Bite Reporting Form provided in the Appendix section. A copy of the Animal Bite Reporting Form is also included for your reference and use.

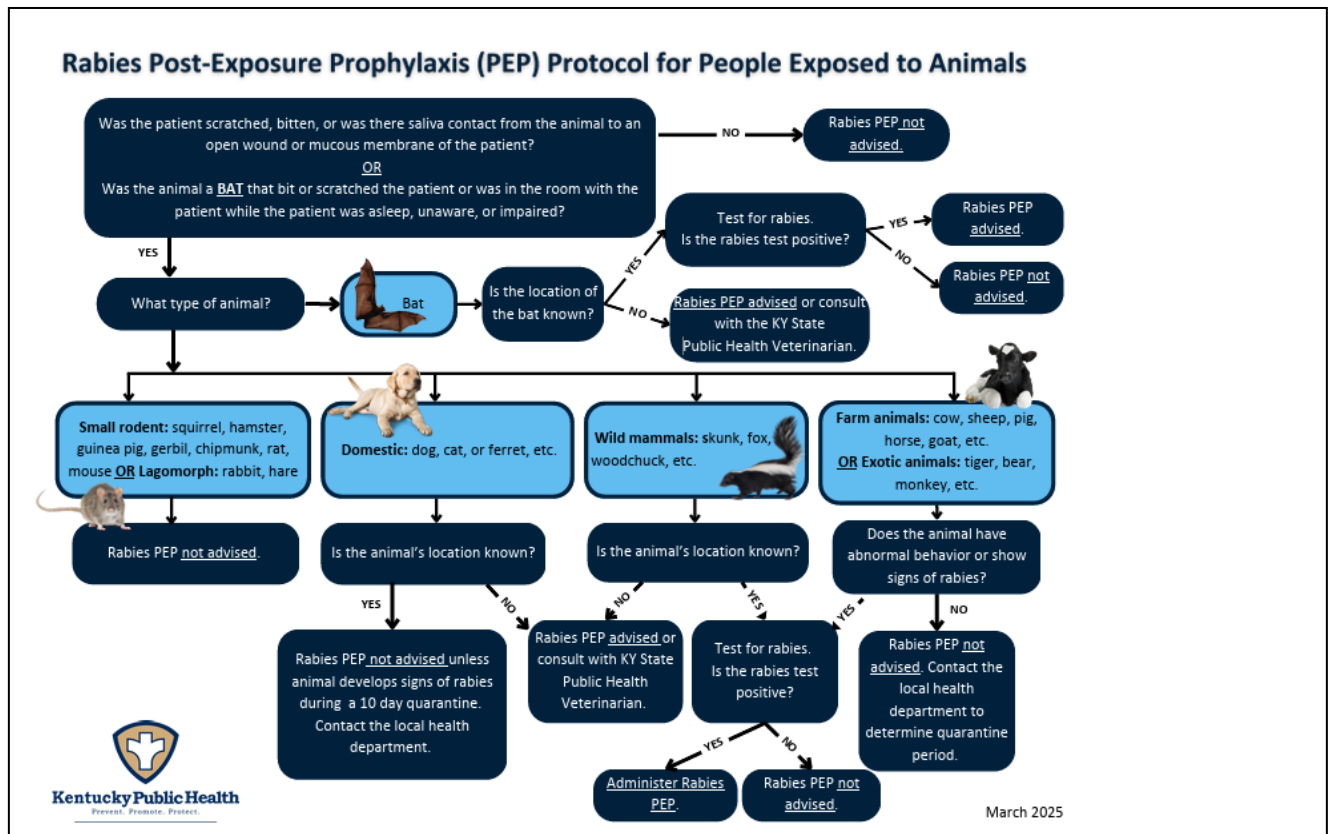
1. Completely fill out the Animal Quarantine Information (copies may be found in Appendix)
2. Fax the form to Marshall County Health Department: (270) 252-2698
 - a. Forms only need to be faxed to the health department; phone notification of an animal bite is not necessary.
 - b. If a client presents with a bite from a STRAY animal (dog or cat), take the information as stated above and FAX to the health department.
 - c. If a client presents with a bite from a WILD animal (skunk, raccoon, etc.) and the animal is NOT available for examination please follow the flow chart for PEP recommendations. If the client needs PEP. BAPTIST HEALTH PADUCAH ER/PHARMACY KEEPS THIS IN STOCK. PLEASE CONTACT THEM FOR MORE INFORMATION TO START THE PROCESS OF ADMINISTERING. The health department does not have this in stock and waiting for the order will delay treatment.

ANIMAL BITE EXPOSURE PEP RATIONALE

RABIES POST-EXPOSURE PROPHYLAXIS (PEP) PROTOCOL FOR PEOPLE EXPOSED TO ANIMALS

Data adapted from: Division of Epidemiology and Health Planning Rabies Program. Rabies Post-Exposure Prophylaxis (PEP) Protocol for People Exposed to Animals. Frankfort, KY: Department for Public Health.

Figure 3: Kentucky Department for Public Health Rabies Post-Exposure Prophylaxis (PEP) Protocol for People Exposed to Animals



https://www.chfs.ky.gov/agencies/dph/dehp/idb/Documents/PEP_FINAL_03.2025.pdf

MARSHALL COUNTY HEALTH DEPARTMENT CLINIC SERVICES

Below is a listing of the services provided by the Marshall County Health Department. If your clients would like further information on any of these services, please call the health department at (270) 527-1496.

Immunizations: Influenza (Flu), Shingles, Pneumococcal Polysaccharide (PPSV23), Pneumococcal Conjugate (PCV13), Meningococcal B, Tetanus, Diphtheria and Pertussis (Tdap), Tetanus and Diphtheria (Td), Polio, Measles, Mumps and Rubella (MMR), Meningococcal ACWY (MenACWY), Human Papillomavirus (HPV or Gardasil-9), Haemophilus Influenzae Type b (Hib), Hepatitis B, Hepatitis A, Diphtheria, Tetanus and Pertussis (DTaP), Chickenpox and Rotavirus, COVID-19

*Marshall County Health Department does not do off label vaccine administration. Any questions regarding this will be directed to one of our nurses.

Family Planning: Meet with clinician to discuss birth control options best for the individual patient/annual well woman exams/pap smears/mammograms if indicated.

WIC Program (Supplemental food program for Women, Infants and Children): This program provides families that meet income guidelines and nutrition risk criteria with healthy foods and nutritional counseling. Foods provided include milk, eggs, cereal, juice, fruit, vegetables, peanut butter and grains.

Screening and treatment:

- Tuberculosis (TB skin test)
- Sexually Transmitted Diseases
- Lead (young children)
- HIV
- Cancer (Pap and Mammogram referrals)
- Hypertension (Screening and Referrals)
- Cholesterol (Screening and Referrals)
- Diabetes (Screening, Referrals, and Education)

Other services valuable to the community:

- Diabetes classes
 - o Diabetes Self-Management Education: Individual appointments for diabetic diet management with Registered Dietician.
- Smoking Cessation Classes: This class series is 13 weeks and participants are provided with their choice of either Nicorette gum or Nicotine patch to aid in smoking cessation. The group meets in a support group format and regular discussion time is provided. Classes are ongoing.
- HANDS Program: Educational home visitation program for new parents up to 90 days postpartum.

**Call for times and information

Marshall County Health Department Website:

<https://www.marshallcohealthdepartment.com/2020/>

KRS-KAR Legislative Searching Service:

<https://legislature.ky.gov/LRC/Pages/default.aspx>

EPID 200 (Revised):

<https://chfs.ky.gov/agencies/dph/dehp/idb/Documents/EPID200.pdf>

Cabinet for Health and Family Services:

<http://chfs.ky.gov/>

Clinical Service Guide:

<https://chfs.ky.gov/agencies/dph/dpqi/hcab/Pages/ccsguide.aspx>

National Notifiable Diseases Surveillance System (contains most up to date information on case definitions):

<https://ndc.services.cdc.gov/>

CHFS Diseases and Conditions webpage (information on all of KY reportable diseases):

<https://chfs.ky.gov/agencies/dph/dehp/idb/Pages/default.aspx>

CHFS Epi Rapid Response Team webpage (resources for ERRT teams/providers during outbreaks):

<https://chfs.ky.gov/agencies/dph/dphps/phpb/Pages/rapid-response.aspx>

Rabies Post Exposure Prophylaxis Protocol (PEP) for People Exposed to Animals

https://www.chfs.ky.gov/agencies/dph/dehp/idb/Documents/PEP_FINAL_03.2025.pdf

APPENDIX 1: 902 KAR 2:020: TABLE OF REPORTABLE DISEASE AND CONDITIONS

<div>  <h2>REPORTABLE DISEASES AND CONDITIONS IN KENTUCKY</h2> <p>902 KAR 2:020: Amended Table of Reportable Diseases and Conditions in Kentucky (Effective 02/10/2025)</p> <p>https://www.kentucky.gov/legislature/ky.gov/interim/902/002/0020.pdf</p> <p>* Select Any Disease/Condition to be redirected to the CDC Case Definition *</p> <p>Updated: 2/10/2025</p> </div>		
URGENT NOTIFICATION WITHIN 24 HOURS: BY ELECTRONIC LABORATORY REPORTING AND REQUIRED EPID FORM	PRIORITY NOTIFICATION WITHIN ONE (1) BUSINESS DAY: BY ELECTRONIC LABORATORY REPORTING AND REQUIRED EPID FORM	ROUTINE NOTIFICATION WITHIN FIVE (5) BUSINESS DAYS: BY ELECTRONIC LABORATORY REPORTING AND REQUIRED EPID FORM
<ul style="list-style-type: none"> Anthrax Botulism Brucellosis (multiple cases, temporally or spatially clustered) Cronobacter spp., invasive disease in an infant <12 months of age Diphtheria Hepatitis A, acute Measles Melioidosis Meningococcal infections <ul style="list-style-type: none"> Neisseria meningitidis (isolate from sterile specimen site) Middle East Respiratory Syndrome associated Coronavirus (MERS-CoV) disease Novel Influenza A virus infections Orthopox virus infection, including: <ul style="list-style-type: none"> Mpox Smallpox Vaccinia Plague Polio myelitis Rabies, animal Rabies, human Rubella Severe Acute Respiratory Syndrome Associated Coronavirus (SARS-CoV) disease Tularemia Viral hemorrhagic fevers due to: <ul style="list-style-type: none"> Crimean-Congo Hemorrhagic Fever virus Ebola virus Lassa virus Luján virus Marburg virus New world arenaviruses including: <ul style="list-style-type: none"> Guanarito virus Junín virus Machupo virus Sabía virus Yellow fever 	<ul style="list-style-type: none"> Arboviral diseases, neuroinvasive and non-neuroinvasive, including: <ol style="list-style-type: none"> California serogroup virus diseases, including diseases caused by: <ul style="list-style-type: none"> California encephalitis virus Jamestown Canyon virus Keystone virus La Crosse virus Snowshoe hare virus Trivittatus virus Chikungunya virus disease Eastern equine encephalitis virus disease Powassan virus disease St. Louis encephalitis virus disease Venezuelan equine encephalitis disease West Nile virus disease Western equine encephalitis virus disease Zika virus, non-congenital or congenital Brucellosis (cases not temporally or spatially clustered) Campylobacteriosis Carbon monoxide poisoning Cholera COVID-19 associated mortality in a patient who is: <ul style="list-style-type: none"> <18, OR Pregnant/postpartum (within 3 months of delivery) Cryptosporidiosis Cyclosporiasis Dengue virus infections Foodborne disease outbreak Free-living amoeba infections: <ul style="list-style-type: none"> Acanthamoeba disease Acanthamoeba keratitis Balamuthia mandrillaris Naegleria fowleri causing primary amebic meningoencephalitis (PAM) Giardiasis Haemophilus influenzae invasive disease Hantavirus infection, non-Hantavirus pulmonary syndrome Hantavirus pulmonary syndrome (HPS) Hemolytic uremic syndrome (HUS), postdiarrheal Hepatitis B, acute Hepatitis B infection in a pregnant woman Hepatitis B infection in an infant or child aged two (2) years or less Newborns born to Hepatitis B positive mothers at the time of delivery Influenza-associated mortality in a patient who is: <ul style="list-style-type: none"> <18, OR Pregnant/postpartum (within 3 months of delivery) Legionellosis, including Pontiac Fever and extrapulmonary disease Leprosy (Hansen's Disease) Leptospirosis Listeriosis <ul style="list-style-type: none"> Listeria monocytogenes Mumps Norovirus outbreak Pertussis Pesticide-related illness, acute Psittacosis Q fever Respiratory Syncytial virus (RSV)-associated mortality in a patient who is: <ul style="list-style-type: none"> <18, OR Pregnant/postpartum (within 3 months of delivery) Rubella, congenital syndrome Salmonella Shiga toxin-producing E. coli (STEC) Shiga toxin-producing E. coli (STEC) or verotoxin-producing E. coli (VTEC) including E. coli O145:H7 Shigellosis Streptococcal toxic-shock syndrome Streptococcus pneumoniae, invasive disease (i.e. invasive pneumococcal disease) Syphilis - primary, secondary, or early latent Tetanus Toxic-shock syndrome (other than Streptococcal) Tuberculosis <ul style="list-style-type: none"> mycobacterium tuberculosis (TB) Typhoid fever Varicella Vibriosis <ul style="list-style-type: none"> Vibrio species, including those that cause cholera and other disease Waterborne disease outbreak 	<ul style="list-style-type: none"> Acute Flaccid Myelitis Alpha-gal Syndrome Anaplasmosis Babesiosis Chancroid Chlamydia trachomatis infection Coccidioidomycosis Creutzfeldt-Jakob disease Ehrlichiosis Gonorrhea Granuloma inguinale Hepatitis C, acute Hepatitis C infection <ul style="list-style-type: none"> in a pregnant woman in an infant or child aged three (3) years or less Newborns born to Hepatitis C positive mothers at the time of delivery HIV infection or AIDS diagnosis Histoplasmosis Lead poisoning Lyme Disease Lymphogranuloma venereum Malaria Multi-system Inflammatory Syndrome in Children (MIS-C) Spotted Fever Rickettsiosis (Rocky Mountain Spotted Fever) Syphilis - other than primary, secondary, early latent, or congenital Toxoplasmosis Trichinellosis (Trichinosis)
<h3>NOTIFICATION WITHIN 3 MONTHS OF DIAGNOSIS:</h3> <ul style="list-style-type: none"> Asbestosis Pneumoconiosis, including Coal worker's pneumoconiosis Silicosis 		
<h3>ROUTINE NOTIFICATION WITHIN FIVE (5) BUSINESS DAYS:</h3> <p>BY ELECTRONIC LABORATORY REPORTING</p> <ul style="list-style-type: none"> Hepatitis B & Hepatitis C laboratory test results whether reported as positive or negative: <ul style="list-style-type: none"> Include the serum bilirubin levels taken within ten (10) days of the test of a patient who has tested positive; or Include the serum alanine amino transferase levels taken within ten (10) days of the test of a patient who tested positive Laboratory-confirmed influenza, detected by: <ul style="list-style-type: none"> Reverse transcriptase polymerase chain reaction (RT-PCR) Nucleic acid detection; or viral culture Laboratory confirmed Respiratory Syncytial virus (RSV), detected by <ul style="list-style-type: none"> Nucleic Acid Amplification Test (NAAT), including polymerase chain reaction (PCR) Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) detected by: <ul style="list-style-type: none"> NAAT, including PCR; or SARS-CoV-2 molecular sequencing Varicella laboratory test results reported as positive for: <ul style="list-style-type: none"> Isolation of varicella virus from a clinical specimen Varicella antigen detected by direct fluorescent antibody test Varicella-specific nucleic acid detected by PCR Multi-drug Resistant Organisms: <ul style="list-style-type: none"> Clostridioides (Formerly Clostridium) difficile (C. difficile) Enterobacteriales species resistant to ceftazidime, ceftriaxone, or cefotaxime Methicillin-resistant Staphylococcus aureus (MRSA) Vancomycin resistant Enterococcus species (VRE). 		
<h3>Report Immediately by Telephone:</h3> <p>1. A suspected incidence of bioterrorism caused by a biological agent</p> <p>2. Submission of a specimen to the Kentucky Division of Laboratory Services for select agent identification or select agent confirmation testing</p> <p>3. An outbreak of a disease or condition that resulted in multiple hospitalizations or death.</p> <p>4. An unexpected pattern of cases, suspected cases, or deaths which may indicate the following shall be reported immediately by telephone to the local health department in the county where the health professional is practicing or where the facility is located:</p> <ol style="list-style-type: none"> A newly-recognized infectious agent An outbreak An emerging pathogen which may pose a danger to the health of the public An epidemic A non-infectious chemical, biological, or radiological agent. 		

APPENDIX 5: ANIMAL BITE REPORTING FORM



ANIMAL BITE REPORTING FORM

Procedure: All animal bites are required to be reported to the local health department pursuant to **KRS 258.065**.

Any clinical, rabies testing or vaccine questions should be directed to the Environmental Health Specialist, (270) 252-2719. Matters requiring urgent attention should be directed to the Marshall County 911 center.

After hours animal bites coming into the 911 call center should be reported to the Animal Control Officer (ACO), who will then contact the Environmental Health Specialist. The following notification order should be used by the ACO when reporting animal bites after hours:

1. Michael Carlson, Environmental Director (270) 210-4616

PERSON REPORTING: (Name) _____ **Agency/facility:** _____

Date: _____

Address of Agency/facility: _____ **City** _____ **State** _____ **Phone** _____

Person Bitten (victim, patient):

Name: _____ **Date of Bite:** _____ **D.O.B.** _____

Address: _____ **City** _____ **State** _____ **Phone:** _____

Guardians name if victim is a minor: _____ **Phone:** _____

Address where incident occurred:

Description of incident:

Animal: Owner Information:

Name: _____ **Phone:** _____

Address: _____ **City** _____ **State** _____

Animal Information:

Type of Animal: _____ **Breed:** _____

Color: _____ **Name:** _____ **Age:** _____

Environmental Health Section
267 Slickback Road
Benton, KY 42025

Phone: 270-252-2719
Fax: 270-252-2698
Rev. 11-2015