



**RHODE ISLAND DEPARTMENT OF HEALTH
DIVISION OF DISEASE PREVENTION AND CONTROL
OFFICE OF COMMUNICABLE DISEASE
GUIDELINES FOR COMMUNICABLE DISEASE PREVENTION AND
CONTROL**

**Version 1: 9/30/02
Version 2 : 10/03/05**

TABLE OF CONTENTS

Diseases Listed Alphabetically

Those agents/organisms indicated in bold type in the lists below must be reported to HEALTH immediately by phone or fax to promptly initiate control measures.

	Page
Acquired Immunodeficiency Syndrome (AIDS).....	18
Amebiasis	7
Animal Bites	27
Anthrax	23
Babesiosis	4
Botulism	7,23
Brucellosis	23
Campylobacteriosis	8
Chancroid	20
Chlamydia genital infections.....	20
Cholera	8
Ciguatera Poisoning	12
Clostridium perfringens epsilon toxin	24
Coccidioidomycosis	27
Creutzfeldt Jakob Disease	28
Cryptosporidiosis.....	9
Cyclosporiasis	9
Dengue Fever	4
Diphtheria	15
Ehrlichiosis.....	4
Encephalitis (primary incl. arboviral or parainfectious)	1
Enterohemorrhagic <i>E.coli</i> gastroenteritis (EHEC)	10
Giardiasis.....	11
Glanders	24
Gonorrhea.....	21
Granuloma inguinale	20
Haemophilus influenzae	1
Hansen's disease.....	27
Hantavirus Pulmonary Syndrome	4
Hemolytic uremic syndrome (HUS).....	27
Hepatitis A	11

Office of Communicable Diseases: Phone 401-222-2577

Fax: 401-222-2488, or 401-222-2477
After hours on call system: 401-272-5952

HEALTH Laboratories: General Phone: 401-222-5600
Clinical Microbiology Laboratory Phone: 401-22—5585 / 5586
Guidelines for Communicable Disease Prevention and Control

VERSION 2-as of 10/03/05

Hepatitis B (acute infection).....	18
Hepatitis B surface antigen (HbsAg)	15
Hepatitis C (acute infection).....	19
Hepatitis D, E & unspecified.....	19
Histoplasmosis	27
HIV-1 or HIV-2 infection.....	17
Influenza Associated Pediatric Deaths	15
Influenza Associated Hospitalizations	16
Legionellosis	28
Leptospirosis	5
Listeriosis	1
Lyme disease.....	5
Lymphogranuloma Venereum.....	20
Malaria	5
Measles	16
Meningitis.....	2
Meningococcal disease	2
Mumps Virus	16
Ornithosis (psittacosis).....	5
Paralytic Shellfish Poisoning	12
Pelvic Inflammatory disease	21
Pertussis.....	17
Plague	24
Pneumococcal Invasive disease.....	3
Poliomyelitis.....	17
Q Fever	25
Rabies –human	6
Ricin Poisoning	25
Rocky Mountain Spotted Fever.....	6
Rubella virus.....	17
Salmonellosis	12
Scombroid Poisoning.....	12
Shigellosis	12
Smallpox.....	25
Staphylococcal enterotoxin B poisoning.....	25
Streptococcus agalactiae (group B).....	2
Streptococcus pyogenes (group A Beta Hemolytic Strep)	2
Syphilis, late latent (non-infectious).....	21
Syphilis, primary, secondary, latent	22

Office of Communicable Diseases: Phone 401-222-2577

Fax: 401-222-2488, or 401-222-2477
After hours on call system: 401-272-5952

HEALTH Laboratories: General Phone: 401-222-5600
Clinical Microbiology Laboratory Phone: 401-22—5585 / 5586
Guidelines for Communicable Disease Prevention and Control

VERSION 2-as of 10/03/05

Tetanus	17
Toxic Shock.....	3,28
Transmissible spongiform encephalopathies	28
Trichinosis.....	6
Tuberculosis	14
Tularemia	26
Typhoid Fever.....	13
Vancomycin Resistant Enterococcal Infection.....	3
Varicella	15
Vibrio parahaemolyticus infection.....	8
Vibrio vulnificus infection	8
Viral Hemorrhagic Fevers/(Ebola, Lassa, Marburg).....	26
VRSA/VISA	3, 28
Yellow fever	6
Yersiniosis.....	13

Office of Communicable Diseases: Phone 401-222-2577

Fax: 401-222-2488, or 401-222-2477
 After hours on call system: 401-272-5952

HEALTH Laboratories: General Phone: 401-222-5600
 Clinical Microbiology Laboratory Phone: 401-22—5585 / 5586
 Guidelines for Communicable Disease Prevention and Control

VERSION 2-as of 10/03/05

**RHODE ISLAND DEPARTMENT OF HEALTH
DIVISION OF DISEASE PREVENTION AND CONTROL
OFFICE OF COMMUNICABLE DISEASE
GUIDELINES FOR COMMUNICABLE DISEASE PREVENTION AND CONTROL**

- For every organism listed below the public health responsibilities include to conduct public health surveillance to monitor disease trends, and identify outbreaks/clusters. When outbreaks/clusters are identified, conduct epidemiologic investigation and implement prevention and control measures.
- Report all cases to Office of Communicable Disease (401-222-2577) unless otherwise noted.

INVASIVE DISEASE		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Encephalitis (primary, including arboviral, or parainfectious) CDC: http://www.cdc.gov/ncidod/dvbid/arbor/index.htm	1) Report every case immediately upon diagnosis or strong clinical suspicion. 2) Order arboviral testing to State Laboratory; all other tests go to commercial labs.	1) Conduct epidemiological investigation to determine environmental exposure and recommend environmental controls. 2) Case-manage lab specimens for arboviral testing (acute and convalescent). 3) Transmit surveillance data weekly to Centers for Disease Control and Prevention (CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR).
Haemophilus influenzae invasive disease (all serotypes) <i>Haemophilus influenzae</i> CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/haeminfluserob_t.htm	1) Report within four days. 2) Report vaccination status of patient for type b (Hib), only.	1) Conduct surveillance through chart review to monitor disease trends. 2) Retrieve isolates for typing. 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Listeriosis <i>Listeria monocytogenes</i> CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/listeriosis_g.htm	1) Report within four days. 2) Physician should remind testing lab to send isolate to State Laboratory.	1) Conduct patient interview to identify environmental source. 2) Conduct surveillance/retrieve isolates. 3) Counsel regarding nature of disease. 4) Perform PFGE testing on isolates. 5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

Office of Communicable Diseases
HEALTH Laboratories
Guidelines for Communicable Disease Prevention and Control

Phone 401-222-2577
General Phone: 401-222-5600

Fax: 401-222-2488, or 401-222-2477
Clinical Microbiology

After hours on call system: 401-272-5952
Laboratory Phone: 401-22—5585 / 5586
VERSION 2-as of 10/03/05

INVASIVE DISEASE (continued)		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Meningitis (aseptic, bacterial, viral or fungal) CDC: http://www.cdc.gov/ncidod/diseases/submenus/sub_meningitis.htm	Report within four days.	1) Conduct surveillance through chart review to monitor disease trends. 2) Retrieve isolates for specific organisms.
Meningococcal disease <i>Neisseria meningitides</i> RI DOH: http://www.health.ri.gov/disease/communicable/meningitis.php CDC: http://www.cdc.gov/ncidod/diseases/submenus/sub_meningitis.htm	1) Report every case immediately upon diagnosis or strong clinical suspicion. 2) Report meningococcal vaccine vaccination status of patient. 3) Physician should remind testing lab to send isolate to State Laboratory.	1) Conduct epidemiological investigation. 2) Identify close contacts and coordinate administration of prophylaxis. 3) Retrieve isolates for serogrouping. 4) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Group A streptococcal invasive disease (Group A Beta Hemolytic Strep, including Necrotizing Fasciitis and Toxic Shock Syndrome) <i>Streptococcus pyogenes</i> RI DOH: http://www.health.ri.gov/disease/communicable/gas.php CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/group_astreptococcal_g.htm	Report within four days.	1) Conduct surveillance through chart review to monitor disease trends. 2) Retrieve isolates. 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Group B streptococcal invasive disease (Group B Strep) <i>Streptococcus agalactiae</i> RI DOH: http://www.health.ri.gov/disease/communicable/gbs.php CDC: http://www.cdc.gov/groupbstrep/	Report within four days.	Conduct surveillance through chart review to monitor disease trends.

INVASIVE DISEASE (continued)

Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Pneumococcal invasive disease <i>Streptococcus pneumoniae</i> CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/strep_pneum_t.htm	1) Report within four days. 2) For patients aged 0-59 months, report pneumococcal vaccine vaccination status. 3) For patient aged 0-59 months, physician should remind testing lab to send isolate to State Laboratory.	1) Conduct surveillance through chart review to monitor disease trends. 2) Retrieve isolates for serotyping on potential vaccine failures among cases aged 0-59 months. 3) Assure drug susceptibility testing is performed according to standards. 4) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Streptococcal Toxic Shock <i>Streptococcus pyogenes</i> CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/group_astreptococcal_t.htm	Report within four days.	1) Conduct surveillance through chart review to monitor disease trends. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Toxic Shock Syndrome CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/toxicshock_t.htm	Report within four days.	1) Conduct surveillance through chart review to monitor disease trends. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Vancomycin resistant enterococcal infection (VRE, invasive only) CDC: http://www.cdc.gov/ncidod/hip/ARESIST/vre.htm	Report within four days.	Conduct surveillance through chart review to monitor disease trends.
Vancomycin resistant/intermediate Staphylococcus aureus (VRSA/VISA) infection CDC: http://www.cdc.gov/ncidod/hip/vanco/VANCO.HTM	Report every case immediately upon diagnosis.	1) Perform confirmatory testing on isolate. 2) Conduct epidemiological investigation.

VECTORBORNE AND ZOO NOTIC DISEASES		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Babesiosis <i>Babesia sp.</i> RI DOH: http://www.health.ri.gov/disease/communicable/babesiosis.php CDC: http://www.cdc.gov/ncidod/dpd/parasites/babesia/default.htm	1) Report within four days. 2) Order transfer of stained slides to State Laboratory.	1) Conduct surveillance through chart review to monitor disease trends. 2) Case manage the transfer of stained slides to State Laboratory. 3) Mail educational material on prevention of disease.
Dengue fever CDC: http://www.cdc.gov/ncidod/diseases/submenus/subdengue.htm	Report within four days.	Conduct surveillance through chart review.
Ehrlichiosis <i>Ehrlichia species</i> RI DOH: http://www.health.ri.gov/disease/communicable/ehrlichiosis.php CDC: http://www.cdc.gov/ncidod/dvrd/ehrlichia/Index.htm	Report within four days.	1) Conduct surveillance through chart review to monitor disease trends. 2) Mail educational material on prevention of disease. 3) Transmit surveillance data weekly to Centers for Disease Control and Prevention (CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR).
Hantavirus Pulmonary Syndrome <i>Hantavirus</i> CDC: http://www.cdc.gov/ncidod/diseases/hanta/hps/index.htm	1) Report every case immediately upon diagnosis or strong clinical suspicion. 2) Order all tests to State Laboratory; do not use commercial laboratories.	1) Conduct epidemiological investigation to detect environmental source. 2) Case manage lab specimens. 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

VECTORBORNE AND ZOOONOTIC DISEASES		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Leptospirosis <i>Leptospira</i> species CDC: http://www.cdc.gov/ncidod/diseases/submenus/sub_lepto.htm	Report within four days.	1) Conduct epidemiological investigation to detect environmental source. 2) Case manage lab specimens.
Lyme Disease <i>Borrelia burgdorferi</i> RI DOH: http://www.health.ri.gov/disease/communicable/lyme/index.php CDC: http://www.cdc.gov/ncidod/diseases/submenus/sub_lyme.htm	1) Report incident cases within four days of diagnosis on a Lyme disease case report form. 2) Report cases with new onset of symptoms and Western Blot positive, or erythema migrans > 5 cm alone 3) Order a two-step laboratory test; specify that a Western blot should be done whenever an ELISA is positive.	1) Conduct surveillance to monitor disease trends. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Malaria <i>Plasmodium</i> species CDC: http://www.cdc.gov/malaria/	1) Report within four days. 2) Order transfer of stained slides to State Laboratory.	1) Conduct surveillance through chart review. 2) Case manage transfer of stained slides to State Laboratory. 3) Mail educational material on prevention of disease. 4) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Ornithosis (psittacosis) <i>Chlamydia psittaci</i> CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/psittacosis_t.htm	Report within four days.	1) Conduct surveillance through chart review. 2) If outbreak, determine environmental source. 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

VECTORBORNE AND ZONOTIC DISEASES (continued)		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Rabies-Human <i>Rabies virus</i> RI DOH: http://www.health.ri.gov/disease/communicable/rabies/index.php CDC: http://www.cdc.gov/ncidod/dvrd/rabies/	1) Report every case immediately upon diagnosis or strong clinical suspicion. 2) Order all tests to State Laboratory; do not use commercial laboratories. 3) Consult with State Laboratory on specimen collection and handling.	1) Case manage lab specimens. 2) Conduct epidemiological investigation to identify contacts. 3) Provide post-exposure prophylaxis for contacts. 4) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Rocky Mountain spotted fever <i>Rickettsia rickettsii</i> RI DOH: http://www.health.ri.gov/disease/communicable/rmsf.php CDC: http://www.cdc.gov/ncidod/dvrd/rmsf/index.htm	1) Report within four days. 2) Consult with State Laboratory of diagnostic testing.	1) Conduct surveillance through chart review. 2) Case manage lab specimens. 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Trichinosis <i>Trichinella</i> species CDC: http://www.cdc.gov/ncidod/dpd/parasites/trichinosis/default.htm	Report within four days.	1) Conduct epidemiological investigation. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Yellow fever CDD: http://www.cdc.gov/ncidod/dvbid/yellowfever/index.htm	Report immediately upon diagnosis or strong clinical suspicion.	1) Conduct epidemiological investigation. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

ENTERIC DISEASES		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Amebiasis <i>Entamoeba histolytica</i> RI DOH: http://www.health.ri.gov/disease/communicable/amebiasis.php CDC: http://www.cdc.gov/ncidod/dpd/parasites/amebiasis/default.htm	1) Report within four days. 2) Treat known carriers.	1) Conduct patient interview to identify exposure, and recent travel history. 2) Determine if case is in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler). 3) If case has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, case may return to work or day care. 4) Counsel case on proper hand washing and food handling practices. 5) Mail educational materials on proper hand washing and safe food handling practices.
Botulism <i>Clostridium botulinum</i> CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/botulism_g.htm	Report every case immediately upon diagnosis or strong clinical suspicion, for consultation regarding eligibility for testing at CDC.	1) Assist medical providers in case management, and laboratory testing at CDC labs. 2) If indicated, procure anti-toxin from CDC. 3) Conduct surveillance/ outbreak detection. 4) Coordinate activities with Office of Food Protection. 5) Transmit surveillance data weekly to Centers for Disease Control and Prevention (CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR).

ENTERIC DISEASES		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Campylobacteriosis <i>Campylobacter species</i> DOH: http://www.health.ri.gov/disease/communicable/campylobacteriosis.php CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/campylobacter_g.htm	1) Report within four days. 2) Determine if patient is in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler). 3) If patient employed in high-risk setting, counsel on enteric precautions. 4) If patient has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, patient may return to work or day care.	1) Conduct surveillance (patient interview not conducted) to monitor disease trends. 2) Mail educational material on proper hand washing and safe food handling practices.
Cholera <i>Vibrio cholerae</i> 01 or 0139 CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/cholera_g.htm Vibrio parahaemolyticus infection <i>Vibrio parahaemolyticus</i> CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/vibrioparahaemolyticus_g.htm Vibrio vulnificus infection <i>Vibrio vulnificus</i> CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/vibriovulnificus_g.htm	1) Report every case immediately upon diagnosis or strong clinical suspicion. 2) Physicians can consult State Laboratory, if needed.	1) Conduct epidemiological investigation to detect environmental source/outbreaks. 2) Identify close contacts and if appropriate, coordinate administration of chemoprophylaxis (<i>V. cholerae</i> , only). 3) Determine if case is in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler). 4) If case has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, case may return to work or day care. 5) Counsel case on proper hand washing and food handling practices. 6) Coordinate activities with Office of Food Protection. 7) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

ENTERIC DISEASES (continued)		
Disease <i>Agent</i>	Medical Provider Responsibility	Public Health Responsibility
Cryptosporidiosis <i>Cryptosporidium parvum</i> RI DOH: http://www.health.ri.gov/disease/communicable/cryptosporidiosis.php CDC: http://www.cdc.gov/ncidod/dpd/parasites/cryptosporidiosis/default.htm	Report within four days.	1) Conduct patient interview to identify exposure, and recent travel history. 2) Determine if case is in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler). 3) If case has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, case may return to work or day care. 4) Counsel case on proper hand washing and food handling practices. 5) Mail educational materials on proper hand washing and safe food handling practices. 6) Conduct surveillance to monitor disease trends. 7) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Cyclosporiasis <i>Cyclospora cayetanensis</i> CDC: http://www.cdc.gov/ncidod/dpd/parasites/cyclospora/default.htm	1) Report within four days. 2) Physician can consult State Laboratory for ova and parasite testing.	1) Conduct patient interview to identify exposure, and recent travel history. 2) Determine if case is in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler). 3) If case has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, case may return to work or day care. 4) Counsel case on proper hand washing and food handling practices. 5) Mail educational materials on proper hand washing and safe food handling practices. 6) Conduct surveillance to monitor disease trends. 7) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

ENTERIC DISEASES (continued)		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Enterohemorrhagic <i>E. coli</i> (EHEC) gastroenteritis <i>Escherichia coli</i> 0157: H7 or <i>Enterohemorrhagic Escherichia coli shiga toxin+</i> RI DOH: http://www.health.ri.gov/disease/communicable/ecoli.php CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/escherichiacoli_g.htm	1) Report within four days. 2) Physician should remind testing laboratory to send isolate to State Laboratory.	1) Conduct patient interview to identify exposure, and recent travel history. 2) Determine if case is in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler). 3) If patient has active diarrhea, exclude from high-risk settings until diarrhea has resolved. After diarrhea has resolved, case may return to work or daycare only after producing two consecutive negative stool cultures taken at least 24 hours apart and no earlier than 48 hours after antibiotics are discontinued. 4) Counsel patient on proper hand washing and food handling practices. 5) Mail educational materials on proper hand washing and safe food handling practices. 6) Conduct surveillance to monitor disease trends. 7) Perform PFGE testing on isolates. 8) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

ENTERIC DISEASES (continued)		
Disease <i>Agent</i>	Medical Provider Responsibility	Public Health Responsibility
Giardiasis <i>Giardia duodenalis</i> (lamblia) RI DOH: http://www.health.ri.gov/disease/communicable/giardiasis.php CDC: http://www.cdc.gov/ncidod/dpd/parasites/giardiasis/default.htm	1) Report within four days. 2) Determine if patient is involved in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler). 3) If patient employed in high-risk setting, counsel on enteric precautions. 4) If patient has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, patient may return to work or day care.	1) Conduct surveillance (patient interview not conducted) to monitor disease trends. 2) Mail educational material on proper hand washing and safe food handling practices. 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Hepatitis A Hepatitis A virus RI DOH: http://www.health.ri.gov/disease/communicable/hepa.php CDC: http://www.cdc.gov/ncidod/diseases/hepatitis/a/index.htm	1) Report every case (positive IgM and liver function tests) immediately upon diagnosis or strong clinical suspicion. 2) Immune Globulin (IG) for contacts is made available through the Office of Communicable Diseases.	1) Conduct patient interview to identify exposure, and recent travel history. 2) Determine if case is involved in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler). 3) Coordinate administration of IG for exposed contacts (including mass immunization clinics). 4) If patient has active diarrhea, exclude from high-risk employment settings until diarrhea has resolved or one week after onset of jaundice. 5) Counsel on proper hand washing and food preparation. 6) Conduct surveillance to monitor disease trends and detect outbreaks. 7) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

ENTERIC DISEASES (continued)		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Ciguatera poisoning, Paralytic shellfish poisoning and Scombroid poisoning CDC: http://www.cdc.gov/nceh/ciguatera/default.htm	Report every case immediately upon diagnosis or strong clinical suspicion.	<ol style="list-style-type: none"> 1) Conduct patient interview to identify environmental source. 2) Conduct surveillance/outbreak detection. 3) Coordinate activities with Office of Food Protection/FDA (tracebacks).
Salmonellosis <i>Salmonella specie</i> RI DOH: http://www.health.ri.gov/disease/communicable/salmonellosis.php CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/salmonellosis_g.htm	<ol style="list-style-type: none"> 1) Report within four days. 2) Determine if patient is involved in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler). 3) If patient employed in high-risk setting, counsel on enteric precautions. 4) If patient has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, patient may return to work or day care. 	<ol style="list-style-type: none"> 1) Conduct surveillance to monitor disease trends and detect outbreaks. 2) Mail educational material on proper hand washing and safe food handling practices. 3) Perform PFGE testing on isolates. 4) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Shigellosis <i>Shigella species</i> RI DOH: http://www.health.ri.gov/disease/communicable/shigellosis.php CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/shigellosis_g.htm	Report within four days.	<ol style="list-style-type: none"> 1) Conduct patient interview to identify exposure, and recent travel history. 2) Determine if case is involved in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler). 3) If case has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, case may return to work or day care. 4) Counsel case on proper hand washing and food handling practices. 5) Mail educational materials on proper hand washing and safe food handling practices. 6) Conduct surveillance to monitor disease trends and detect outbreaks. 7) Perform PFGE testing on isolates. 8) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

ENTERIC DISEASES (continued)		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Typhoid fever <i>Salmonella typhi</i> CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/typhoidfever_g.htm	Report every case immediately upon diagnosis or strong clinical suspicion.	<ol style="list-style-type: none"> 1) Conduct patient interview to identify exposure, and recent travel history. 2) Determine if case is involved in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler). 3) Foodhandlers, daycare attendee or workers, and health care workers must be excluded from high risk setting. 4) To return to work or daycare: case must produce not fewer than 3 consecutive negative cultures of feces taken at least 24 hours apart and at least 48 hours after any antimicrobials, and not earlier than 1 month after onset; if any one of these are positive, repeat cultures at intervals of 1 month during the 12 months following onset until at least 3 negative cultures are obtained. 5) Counsel case on proper hand washing and food handling practices. 6) Obtain cultures on all household contacts. 7) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Yersiniosis <i>Yersinia spp.</i> CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/yersinia_g.htm	<ol style="list-style-type: none"> 1) Report within four days. 2) Determine if patient is involved in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler). 3) If patient employed in high-risk setting, counsel on enteric precautions. 4) If patient has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, patient may return to work or day care. 	<ol style="list-style-type: none"> 1) Conduct surveillance (patient interview not conducted) to monitor disease trends. 2) Mail educational material to individual on proper hand washing and food handling techniques.

TUBERCULOSIS		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Tuberculosis disease <i>Mycobacterium tuberculosis</i> and <i>M. bovis</i> RI DOH: http://www.health.ri.gov/disease/communicable/tb/index.php CDC: http://www.cdc.gov/nchstp/tb/faqs/qa.htm	<ol style="list-style-type: none"> 1) Obtain and complete a <i>Tuberculosis Reporting Form</i> and send to TB program within four days. 2) Referral to the state TB Clinic (401-793-2427) for consultation is strongly recommended. 3) Patient should be referred to TB program for directly observed therapy (DOT). <p>Note: By statute, all biological samples or specimens taken from Rhode Island residents for performing laboratory cultures for tuberculosis must be sent to the HEALTH Laboratory for analysis. Samples may be split with one portion to be sent to HEALTH Laboratory and the other portion sent to another appropriately credentialed laboratory. A waiver from this clause may be obtained by special application.</p>	<ol style="list-style-type: none"> 1) Conduct patient interview to identify and test household and all other contacts. 2) Perform laboratory identification, culture and sensitivity testing. 3) Administer DOT until completion of treatment is certified. 4) Offer comprehensive social service support to patients on DOT. 5) Enforce quarantine regulations when necessary. 6) Transmit surveillance data weekly to Centers for Disease Control and Prevention (CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR).
Positive PPD in a child less than 6 years of age.	<ol style="list-style-type: none"> 1) Report to the TB program within four days. This event indicates exposure to an infectious case of active TB. 2) Referral to the state TB Clinic (401-793-2427) for consultation is strongly recommended. 	<ol style="list-style-type: none"> 1) Conduct patient interview to identify and test household and all other contacts. 2) Perform laboratory identification, culture and sensitivity testing. 3) Administer DOT until completion of treatment is certified. 4) Offer comprehensive social service support for DOT.

VACCINE PREVENTABLE DISEASES		
Disease <i>Agent</i>	Medical Provider Responsibility	Public Health Responsibility
Deaths resulting from complications of Varicella	Report within four days.	1) Conduct surveillance through chart review to monitor disease trends. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Varicella (chickenpox) Varicella-zoster virus CDC: http://www.cdc.gov/nip/diseases/varicella/ RI DOH: http://www.health.ri.gov/disease/communicable/chickenpox.php	Report cases of varicella within 4 days on varicella case report form	1) Conduct surveillance to monitor disease trends. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Diphtheria <i>Corynebacterium diphtheriae</i> CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/diphtheria_t.htm	Report every case to the Division of Family Health, Childhood Immunization Program (222-2312) immediately upon diagnosis or strong clinical suspicion.	1) Conduct epidemiological investigation. 2) Identify close contacts, and coordinate screening of carriers, quarantine, and administration of prophylaxis. 3) Retrieve isolates. 4) Transmit surveillance data weekly to Centers for Disease Control and Prevention (CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR).
Hepatitis B surface antigen (HBsAg) positive pregnant women	Report every case to the Perinatal Hepatitis B Program (222-2312) within four days of diagnosis.	1) Track infant to assure preventive vaccinations is received. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Influenza Associated Pediatric Deaths <i>Influenza virus</i> RI DOH: http://www.health.ri.gov/flu/index.php CDC: http://www.cdc.gov/flu/	Report within four days	1) Conduct surveillance through chart review to validate report and monitor disease trends. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR

VACCINE PREVENTABLE DISEASES		
Disease <i>Agent</i>	Medical Provider Responsibility	Public Health Responsibility
Influenza Associated Hospitalizations <i>Influenza virus</i> RI DOH: http://www.health.ri.gov/flu/index.php CDC: http://www.cdc.gov/flu/	Report weekly in aggregate, with names and demographic information throughout the year	1) Review to monitor disease trends and feedback to stakeholders. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR
Measles <i>Measles virus</i> RI DOH: http://www.health.ri.gov/disease/communicable/measles.php CDC: http://www.cdc.gov/nip/diseases/measles/default.htm	1) Report every case to the Division of Family Health, Childhood Immunization Program (222-2312) immediately upon diagnosis or strong clinical suspicion. 2) All laboratory testing must be ordered to the State Laboratory. 3) Advise patient to stay out of work or school until four days after onset of rash.	1) Conduct epidemiological investigation to determine exposure, travel history and identify close contacts. 2) Implement control measures. 3) Coordinate prophylactic vaccination/ IG administration. 4) Case manage laboratory testing. 5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Mumps Mumps virus CDC: http://www.cdc.gov/nip/diseases/mumps/default.htm RI DOH: http://www.health.ri.gov/disease/communicable/mumps.php	1) Report every case to the Division of Family Health, Childhood Immunization Program (222-2312) immediately upon diagnosis or strong clinical suspicion. 2) Advise patient to stay out of work or school until nine days after onset of parotid swelling.	1) Conduct patient interview. 2) Identify susceptible contacts and make recommendations for exclusion from work and school. 3) Implement control measures. 4) Case manage laboratory testing. 5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

VACCINE PREVENTABLE DISEASES		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Pertussis <i>Bordetella pertussis</i> CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/pertussis_t.htm RI DOH: http://www.health.ri.gov/disease/communicable/pertussis.php	1) Report every case to the Division of Family Health, Childhood Immunization Program (222-2312) immediately upon diagnosis or strong clinical suspicion. 2) Isolate case at home (respiratory isolation , if hospitalized) until five day of erythromycin treatment is completed. 3) Administer 14 day course of erythromycin prophylaxis for household and other close contacts, regardless of immunization status and age.	1) Conduct patient interview and assure that all contacts have been identified and prophylaxed. 2) Assess immunization status of any identified close contacts under age 7 (coordinate vaccination, if appropriate). 3) Case manage laboratory specimens. 4) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Poliomyelitis Polio virus (wild or vaccine-strain) CDC: http://www.cdc.gov/nip/publications/pink/polio.pdf RI DOH: http://www.health.ri.gov/disease/communicable/polio.php	Report every case to the Division of Family Health, Childhood Immunization Program (222-2312) immediately upon diagnosis or strong clinical suspicion.	1) Conduct epidemiological investigation to determine transmission source and implement control measures. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Rubella (German measles) Rubella virus CDC: http://www.cdc.gov/ncidod/diseases/submenus/sub_rubella.htm RI DOH: http://www.health.ri.gov/disease/communicable/rubella.php	Report every acute case to the Division of Family Health, Childhood Immunization Program (222-2312) immediately upon diagnosis or strong clinical suspicion.	1) Conduct epidemiological investigation to determine transmission source and implement control measures. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Tetanus <i>Clostridium tetani</i> CDC: http://www.cdc.gov/nip/diseases/tetanus/default.htm	Report every case to the Division of Family Health, Childhood Immunization Program (222-2312) within four days.	1) Conduct surveillance. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

BLOOD BORNE PATHOGENS		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Acquired Immunodeficiency Syndrome (AIDS) RI DOH: http://www.health.ri.gov/hiv/index.php CDC: http://www.cdc.gov/hiv/	Report all patients with AIDS diagnosis by name to the HIV/AIDS Surveillance program on the HIV and AIDS Reporting System (HARS) form within four days of diagnosis.	1) Conduct surveillance to monitor morbidity and mortality trends. 2) Maintain a registry. 3) Transmit surveillance data to CDC for inclusion in the MMWR.
HIV-1 or HIV-2 infection Human immunodeficiency virus RI DOH: http://www.health.ri.gov/hiv/index.php CDC: http://www.cdc.gov/hiv/	1) Report all patients with a positive HIV test using the unique identification code on a HARS form, within four days of diagnosis. DO NOT REPORT NAMES. 2) Physician must perform HIV counseling and testing in accordance with state regulations. 3) To access information on state sponsored HIV treatment or case management services call the HIV/AIDS program number: 401-222 2320.	1) Conduct surveillance to monitor disease trends. 2) Maintain a registry.
Hepatitis B (acute infection) Hepatitis B virus RI DOH: http://www.health.ri.gov/disease/communicable/std/hep-b.php CDC: http://www.cdc.gov/ncidod/diseases/hepatitis/b/index.htm	1) Report within four days. 2) Report liver function tests: AST, ALT, and bilirubin.	1) Conduct surveillance to monitor disease trends. 2) Conduct patient interview to assess high-risk behaviors and counsel. 3) Transmit data weekly to CDC for inclusion in Morbidity and Mortality Weekly Report (MMWR).

BLOOD BORNE PATHOGENS		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Hepatitis C (acute infection) Hepatitis C virus RI DOH: http://www.health.ri.gov/disease/communicable/hepc.php CDC: http://www.cdc.gov/ncidod/diseases/hepatitis/c/index.htm	1) Report within four days. 2) Report liver function tests: AST, ALT, and bilirubin.	1) Conduct surveillance to monitor disease trends. 2) Conduct patient interview to assess high-risk behaviors and counsel. 3) Transmit data weekly to CDC for inclusion in Morbidity and Mortality Weekly Report (MMWR).
Hepatitis D, E, and unspecified viral hepatitis (acute infection) Hepatitis D virus Hepatitis E virus CDC: Hepatitis D http://www.cdc.gov/ncidod/diseases/hepatitis/d/index.htm CDC: Hepatitis E http://www.cdc.gov/ncidod/diseases/hepatitis/e/index.htm	1) Report within four days. 2) Report liver function tests: AST, ALT, and bilirubin.	1) Conduct surveillance to monitor disease trends. 2) Conduct patient interview to assess high-risk behaviors and counsel. 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

SEXUALLY TRANSMITTED DISEASES (STDs)		
Disease <i>Agent</i>	Medical Provider Responsibility	Public Health Responsibility
Chancroid <i>Haemophilus ducreyi</i> Granuloma inguinale disease <i>Calymmatobacterium granulomatis</i> Lymphogranuloma Venereum <i>Chlamydia trachomatis</i> RI DOH: http://www.health.ri.gov/disease/communicable/std/chancroid.php CDC: http://www.cdc.gov/ncidod/dastlr/gcdir/Index.html#HDlink	1) Report to STD program by phone (401-222-2577), fax (401-222-1105), or mail. Report on the "Confidential Report for Sexually Transmitted Diseases" form within four days. 2) Offer patient HIV counseling and testing. 3) All sexual partners of patient need to be identified, evaluated, and treated.	1) Conduct surveillance. 2) Conduct a patient interview, provide prevention counseling, identify partners of all cases, refer for testing and treatment. 3) Transmit surveillance data weekly to Centers for Disease Control and Prevention (CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR).
Chlamydia genital infections <i>Chlamydia trachomatis</i> RI DOH: http://www.health.ri.gov/disease/communicable/std/chlamydia.php CDC: http://www.cdc.gov/std/chlamydia/default.htm	1) Report to STD program by phone (401-222-2577), fax (401-222-1105), or mail. Report on the "Confidential Report for Sexually Transmitted Diseases" form within four days. 2) Offer patient HIV counseling and testing. 3) All sexual partners [in past 30 days for symptomatic index patients, past 60 days for asymptomatic patients] need to be identified, evaluated and treated. Due to large caseloads, partner services from the Health Department are provided on a limited basis.	1) Conduct surveillance to monitor disease trends. 2) Conduct patient interview, provide prevention counseling, identify partners of cases ages 18 years and younger, refer for testing and treatment. NOTE: Case patients older than 18 will not receive this service. 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

SEXUALLY TRANSMITTED DISEASES (STDs)		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Gonorrhea <i>Neisseria gonorrhoeae</i> RI DOH: http://www.health.ri.gov/disease/communicable/std/gonorrhea.php CDC: http://www.cdc.gov/nchstp/dstd/GonorrheaInfo.htm	1) Report to STD program by phone (401-222-2577) , fax (401-222-1105) , or mail. Report on the "Confidential Report for Sexually Transmitted Diseases" form within four days. 2) Offer patient HIV counseling and testing. 3) All sexual partners [in past 30 days for symptomatic index patients, past 60 days for asymptomatic patients] need to be identified, evaluated and treated. Due to large caseloads, partner services from the Health Department are provided in the Greater Providence area only.	1) Conduct surveillance. 2) Conduct a patient interview, provide prevention counseling, identify partners of all cases, refer for testing and treatment. 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Pelvic Inflammatory Disease RI DOH: http://www.health.ri.gov/disease/communicable/std/pid.php CDC: http://www.cdc.gov/std/PID/STDFact-PID.htm	1) Report to STD program by phone (401-222-2577) , fax (401-222-1105) , or mail. Report on the "Confidential Report for Sexually Transmitted Diseases" form within four days. 2) Offer patient HIV counseling and testing.	1) Conduct surveillance. 2) Conduct a patient interview, provide prevention counseling, identify partners of all cases, refer for testing and treatment. 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Syphilis, late latent (non-infectious) <i>Treponema pallidum</i> RI DOH: http://www.health.ri.gov/disease/communicable/std/syphilis.php CDC: http://www.cdc.gov/std/syphilis/default.htm	1) Report to STD program by phone (401-222-2577) , fax (401-222-1105) , or mail. Report on the "Confidential Report for Sexually Transmitted Diseases" form within four days. 2) Offer patient HIV counseling and testing. 3) For information on past titers and treatment, contact the STD Program Syphilis registry (phone: 401-222-2577).	1) Conduct surveillance. 2) Maintain a registry. 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

SEXUALLY TRANSMITTED DISEASES (STDs)		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Syphilis: primary, secondary, latent (infectious) RI DOH: http://www.health.ri.gov/disease/communicable/std/syphilis.php CDC: http://www.cdc.gov/std/syphilis/default.htm	1) Report to STD program by phone (401-222-2577), fax (401-222-1105), or mail. Report on the "Confidential Report for Sexually Transmitted Diseases" form immediately . 2) Offer patient HIV counseling and testing. 3) All sexual contacts [in past 30 days for symptomatic index patients, past 60 days for asymptomatic patients] need to be identified, evaluated and treated. The time periods before treatment used for identifying at-risk sex partners are 3 months plus duration of symptoms for primary syphilis, 6 months plus duration of symptoms for secondary syphilis, and 1 year for early latent syphilis.	1) Conduct surveillance. 2) Conduct a patient interview, provide prevention counseling, identify partners of all cases, refer for testing and treatment. 3) Transmit surveillance data weekly to CDC for inclusion in the MoMWR.

AGENTS OF BIOTERRORISM		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Anthrax <i>Bacillus anthracis</i> RI DOH: http://www.health.ri.gov/environment/biot/anthrax/anthrax_info.php#pub CDC: http://www.bt.cdc.gov/agent/anthrax/index.asp	1) ID consultation is recommended. 2) Report every case immediately upon diagnosis or strong clinical suspicion. 3) Blood , cerebrospinal fluid [CSF], and specimens taken from cutaneous lesions should be sent to hospital microbiology laboratories for culture. Alert laboratory of suspicion of anthrax diagnosis. Note: nasal swabs are not a diagnostic test. 4) Further testing is available- contact State Laboratory for consultation; do not use commercial laboratories.	1) Conduct epidemiological investigation to detect environmental source. 2) Retrieve isolates of <i>Bacillus species</i> for confirmatory testing. 3) Implement HEALTH Bioterrorism protocols and procedures, if appropriate. 4) Recommend chemoprophylaxis for persons at risk, if appropriate. 5) Transmit surveillance data weekly to Centers for Disease Control and Prevention (CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR).
Botulism <i>Clostridium botulinum</i> RI DOH: http://www.health.ri.gov/environment/biot/botulism_public.php CDC: http://www.bt.cdc.gov/agent/botulism/index.asp	1) ID consultation is recommended. 2) Report every case immediately upon diagnosis or strong clinical suspicion, for consultation regarding laboratory testing.	1) Assist medical providers in case management, and laboratory testing at CDC labs. 2) If indicated, procure anti-toxin from CDC. 3) Conduct surveillance/ outbreak detection. 4) Coordinate activities with Office of Food Protection. 5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Brucellosis <i>Brucella species</i> CDC: http://www.cdc.gov/ncidod/diseases/submenus/sub_brucellosis.htm	1) ID consultation is recommended. 2) Report every case immediately upon diagnosis or strong clinical suspicion. 3) Contact hospital microbiology laboratory for specimen collection guidance. Specimens should be sent to hospital microbiology laboratories for culture. Alert laboratory of suspicion of brucellosis diagnosis. 4) Further testing is available- contact State Laboratory for consultation; do not use commercial laboratories.	1) Conduct epidemiological investigation to detect environmental source. 2) Case manage lab specimens. 3) Implement HEALTH Bioterrorism protocols and procedures, if appropriate. 4) Recommend treatment; chemoprophylaxis of persons at risk if appropriate. 5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

AGENTS OF BIOTERRORISM (continued)		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Clostridium perfringens epsilon toxin poisoning	<ol style="list-style-type: none"> 1) Report every case immediately upon diagnosis or strong clinical suspicion. 2) Consult with State Laboratory for guidance on specimen collection and testing; do not use commercial laboratories. 	<ol style="list-style-type: none"> 1) Conduct epidemiological investigation to detect environmental source. 2) Case manage lab specimens. 3) Implement HEALTH Bioterrorism protocols and procedures, if appropriate. 4) Recommend treatment; chemoprophylaxis of persons at risk if appropriate. 5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Glanders <i>Burkholderia mallei</i>	<ol style="list-style-type: none"> 1) ID consultation is recommended. 2) Report every case immediately upon diagnosis or strong clinical suspicion. 3) Consult with State Laboratory for guidance on specimen collection and testing; do not use commercial laboratories. 	<ol style="list-style-type: none"> 1) Conduct epidemiological investigation to detect environmental source. 2) Case manage lab specimens. 3) Implement HEALTH Bioterrorism protocols and procedures, if appropriate. 4) Recommend treatment; chemoprophylaxis of persons at risk if appropriate. 5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Plague <i>Yersinia pestis</i> RI DOH: http://www.health.ri.gov/environment/biot/plague_public.php CDC: http://www.bt.cdc.gov/agent/plague/	<ol style="list-style-type: none"> 1) ID consultation is recommended. 2) Report every case immediately upon diagnosis or strong clinical suspicion. 3) Contact hospital microbiology laboratory for specimen collection guidance. Specimens should be sent to hospital microbiology laboratories for culture. Alert laboratory of suspicion of plague diagnosis. 4) Further testing is available- contact State Laboratory for consultation; do not use commercial laboratories. 	<ol style="list-style-type: none"> 1) Conduct epidemiological investigation to detect environmental source. 2) Case manage lab specimens. 3) Implement HEALTH Bioterrorism protocols and procedures, if appropriate. 4) Recommend treatment; chemoprophylaxis of persons at risk if appropriate. 5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

AGENTS OF BIOTERRORISM (continued)		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Q fever <i>Coxiella burnetii</i> CDC: http://www.cdc.gov/ncidod/dvrd/qfever/index.htm	1) ID consultation is recommended. 2) Report every case immediately upon diagnosis or strong clinical suspicion. 3) Consult with State Laboratory for guidance on specimen collection and testing; do not use commercial laboratories.	1) Conduct epidemiological investigation to detect environmental source. 2) Case manage lab specimens. 3) Implement HEALTH Bioterrorism protocols and procedures, if appropriate. 4) Recommend treatment; chemoprophylaxis of persons at risk if appropriate. 5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Ricin poisoning RI DOH: http://www.health.ri.gov/environment/biot/ricin_public.php CDC: http://www.bt.cdc.gov/agent/ricin/	Report every case immediately upon diagnosis or strong clinical suspicion.	Extensive public health response per State plan.
Smallpox Variola virus RI DOH: http://www.health.ri.gov/environment/biot/smallpox/smallpoxprepare.php CDC: http://www.bt.cdc.gov/agent/smallpox/	1) Report every case immediately upon diagnosis or strong clinical suspicion. 2) Alert Hospital Infection Control officer immediately to activate Hospital Response Plan. 3) Consult with State Laboratory for guidance on specimen collection and testing; do not use commercial laboratories.	Extensive public health response per State plan.
Staphylococcal enterotoxin B poisoning	1) Report every case immediately upon diagnosis or strong clinical suspicion. 2) Consult with State Laboratory for guidance on specimen collection and testing; do not use commercial laboratories.	Extensive public health response per State plan.

AGENTS OF BIOTERRORISM (continued)		
Disease <i>Agent</i>	Medical Provider Responsibility	Public Health Responsibility
Tularemia <i>Francisella tularensis</i> CDC: http://www.bt.cdc.gov/agent/tularemia/	1) Report every case immediately upon diagnosis or strong clinical suspicion. 2) Contact hospital microbiology laboratory for specimen collection guidance. Specimens should be sent to hospital microbiology laboratories for culture. Alert laboratory of suspicion of tularemia diagnosis. 3) Further testing is available- contact State Laboratory for consultation; do not use commercial laboratories.	1) Conduct epidemiological investigation to detect environmental source. 2) Case manage lab specimens. 3) Implement HEALTH Bioterrorism protocols and procedures, if appropriate. 4) Recommend treatment; chemoprophylaxis of persons at risk if appropriate. 5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Viral hemorrhagic fevers (Ebola, Lassa, Marburg, etc) CDC: http://www.bt.cdc.gov/agent/vhf/	1) Report every case immediately upon diagnosis or strong clinical suspicion. 2) Consult with State Laboratory for guidance on specimen collection and testing; do not use commercial laboratories.	1) Conduct epidemiological investigation to detect exposure. 2) Case manage lab specimens. 3) Implement HEALTH Bioterrorism protocols and procedures, if appropriate.

OTHER CONDITIONS		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Animal bites RI DOH: http://www.health.ri.gov/disease/communicable/rabies/index.php CDC: http://www.cdc.gov/healthypets/	Report every animal to human bite and any other potential rabies exposures immediately (see rabies guidelines).	1) Case-manage all potential rabies exposures to humans. 2) Conduct patient interview, gather history, assess risk, counsel and recommend prophylaxis for appropriate cases.
Coccidiomycosis <i>Coccidioides immitis</i> CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/coccidioidomycosis_t.htm	Report within four days.	1) Conduct surveillance through chart review. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Hansen's disease (leprosy) <i>Mycobacterium lepra</i> CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/hansen_t.htm	Report within four days.	1) Conduct surveillance through chart review. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Hemolytic uremic syndrome (HUS) CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/escheriacoli_g.htm	Report within four days.	1) Conduct surveillance through chart review. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Histoplasmosis <i>Histoplasma capsulatum</i> CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/histoplasmosis_g.htm	Report within four days.	Conduct surveillance through chart review.

OTHER CONDITIONS		
Disease <i>Agent</i>	Medical Provider Responsibility	Public Health Responsibility
Legionellosis <i>Legionella</i> species CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/legionellosis_g.htm	Report within four days.	1) Conduct surveillance through chart review. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Toxic Shock Syndrome CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/toxicshock_t.htm	Report within four days.	1) Conduct surveillance through chart review to monitor disease trends. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Transmissible spongiform encephalopathies (including Creutzfeldt-Jakob Disease) CDC: http://www.cdc.gov/ncidod/dvrd/cjd/	Report within four days.	Conduct surveillance through chart review. Facilitate confirmation. Report suspect vCJD to CDC.
Vancomycin resistant/intermediate Staphylococcus aureus (VRSA/VISA), non-invasive. <i>Staphylococcus aureus</i> CDC: http://www.cdc.gov/ncidod/hip/vanco/VANCO.HTM	Report every case immediately upon diagnosis.	1) Perform confirmatory testing on isolate. 2) Conduct epidemiological investigation.

OTHER CONDITIONS (continued)		
Disease	Medical Provider Responsibility	Public Health Responsibility
<p>"Outbreak or cluster" means the occurrence in a community or region of cases of an illness clearly in excess of the number of cases normally expected. The number of cases indicating an outbreak or cluster will vary according to the infectious agent or the conditions/hazards, size and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence. A single case of a communicable disease long absent from a population or the first invasion by a disease not previously recognized in that area requires immediate reporting and epidemiologic investigation; two (2) cases of such a disease associated in time and place are sufficient evidence of transmission to be considered an epidemic. Outbreaks or clusters are therefore identified by significant increases in the usual incidence of the disease in the same area, among the specified population, at the same season of the year. Some examples of outbreaks are as follows: 1. Foodborne outbreak/poisoning: the occurrence of two (2) or more cases of a similar illness resulting from the ingestion of a common food; 2. Institutional: cluster of similar illness in institutional settings, such as nursing homes, hospitals, schools, day care centers, etc.; 3. Waterborne: at least two (2) persons experiencing a similar illness after ingestion of drinking water and epidemiologic evidence that implicates water as the probable source of the illness; 4. A single case of rare and unusual diagnoses, such as smallpox, ebola, or human rabies; 5. Outbreaks of unusual diseases or illness that may indicate acts of terrorism using biological agents, such as anthrax, botulism, ricinosis, epsilon toxin of <i>Clostridium perfringens</i>, and <i>Staphylococcus enterotoxin B</i>.</p>	<p>Report every case immediately upon diagnosis or strong clinical suspicion.</p>	<p>The Rhode Island Department of Health will:</p> <ol style="list-style-type: none"> 1) Characterize the extent and consequences of the outbreak through descriptive epidemiology and/or analytical studies. 2) Provide recommendations for control measures. 3) Enforce control measures and evaluate outcomes. 4) Conduct public and professional information activities. 5) Activate state and national resources, as needed.

REFERENCES and RESOURCES:

American Academy of Pediatrics. 2003 Red Book: Report of the Committee on Infectious Diseases, 26th Edition. Illinois, American Academy of Pediatrics, 2003.

Heymann., David L., ed. Control of Communicable Diseases Manual, 18th Edition. Washington, DC, American Public Health Association, 2004.

Extensive informational resources on communicable diseases of public health importance for clinicians can be found at:

<http://www.health.ri.gov/disease/communicable/index.php>