

Notification of the following diseases shall be considered urgent and shall be made within twenty-four (24) hours:	Notification of the following diseases or conditions shall be considered priority and shall be made within one (1) business day:		Notification of the following diseases shall be considered routine and shall be made within five (5) business days:
<p>Anthrax; Botulism; Brucellosis (multiple cases, temporally or spatially clustered); Diphtheria; Hepatitis A, acute; Measles; Meningococcal infections; Middle East Respiratory Syndrome-associated Coronavirus (MERS-CoV) disease; Multi-system Inflammatory Syndrome in Children (MIS-C); Novel influenza A virus infections; Plague; Poliomyelitis; Rabies, animal; Rabies, human; Rubella; Severe Acute Respiratory Syndrome-Associated Coronavirus (SARS-CoV); Severe Acute Respiratory Syndrome-Associated Coronavirus 2 (SARS-CoV-2) (The virus that causes COVID-19); Smallpox; Tularemia; Varicella; Viral hemorrhagic fevers due to: 1. Crimean-Congo Hemorrhagic Fever virus; 2. Ebola virus; 3. Lassa virus; 4. Lujo virus; 5. Marburg virus; or 6. New world arenaviruses including: a. Guanarito virus; b. Junin virus; c. Machupo virus; d. Sabia virus. Yellow fever;</p>	<p>Arboviral diseases, neuroinvasive and non-neuroinvasive, including: 1. California serogroup virus diseases, including diseases caused by: a. California encephalitis virus; b. Jamestown Canyon virus; c. Keystone virus; d. La Crosse virus; e. Snowshoe hare virus; f. Trivittatus viruses; 2. Chikungunya virus disease; 3. Eastern equine encephalitis virus disease; 4. Powassan virus disease; 5. St. Louis encephalitis virus disease; 6. Venezuelan equine encephalitis disease; 7. West Nile virus disease; 8. Western equine encephalitis virus disease; and 9. Zika virus disease or infection or the birth of a child to a mother who was Zika-positive or Zika-inconclusive during any stage of pregnancy or during the periconceptional period; Brucellosis (cases not temporally or spatially clustered); Campylobacteriosis; Carbon monoxide poisoning Cholera; Cryptosporidiosis; Cyclosporiasis; Dengue virus infections; <i>Escherichia coli</i> O157:H7; Foodborne disease outbreak; Giardiasis; <i>Haemophilus influenzae</i> invasive disease;</p>	<p>Hansen’s disease (leprosy); Hantavirus infection, non-Hantavirus pulmonary syndrome; Hantavirus pulmonary syndrome (HPS); Hemolytic uremic syndrome (HUS), post-diarrheal; Hepatitis B, acute; Hepatitis B infection in a pregnant woman; Hepatitis B infection in an infant or a child aged five (5) years or less; Newborns born to Hepatitis B positive mothers at the time of delivery; Influenza-associated mortality; Legionellosis; Leptospirosis; Listeriosis; Mumps; Norovirus outbreak; Pertussis; Pesticide-related illness, acute; Psittacosis; Q fever; Rubella, congenital syndrome; Salmonellosis; Shiga toxin-producing <i>E. coli</i> (STEC); Shigellosis; Streptococcal toxic-shock syndrome; Streptococcus pneumoniae, invasive disease; Tetanus; Toxic-shock syndrome (other than Streptococcal); Tuberculosis; Typhoid fever; Varicella; Vibriosis; Waterborne disease outbreak;</p>	<p>Acute Flaccid Myelitis; Anaplasmosis; Babesiosis; Coccidioidomycosis; Creutzfeldt-Jakob disease; Ehrlichiosis; Hepatitis C, acute; Hepatitis C infection in a pregnant woman; Hepatitis C infection in an infant or a child aged five (5) years or less; Newborns born to Hepatitis C positive mothers at the time of delivery; Histoplasmosis; Lead poisoning; Lyme Disease; Malaria; Spotted Fever Rickettsiosis (Rocky Mountain Spotted Fever); Toxoplasmosis; and Trichinellosis (Trichinosis).</p>
	<p>Congenital syphilis;</p>	<p>Syphilis - primary, secondary, or early latent;</p>	<p>HIV infection or AIDS diagnosis;</p> <p>Chancroid; <i>Chlamydia trachomatis</i> infection; Gonorrhea; Granuloma inguinale; Lymphogranuloma venereum; or Syphilis, other than primary, secondary, early latent, or congenital.</p>



Submission of Clinical Isolates, or if Not Available, the Direct Specimen for the Following Diseases	Routine Notification within One (1) Business Day, by Electronic Laboratory Reporting and EPID 250:	Routine Notification within Five (5) Business Days, by Electronic Laboratory Reporting:	Report Immediately by Telephone:
<p>Botulism; Brucellosis; Campylobacteriosis; Candida auris; Carbapenem-resistant Acinetobacter; Carbapenem-resistant Enterobacteriaceae; Carbapenem-resistant Pseudomonas; Cholera and diseases caused by other <i>Vibrio</i> species; Diphtheria; <i>Escherichia coli</i> O157:H7; Hemolytic Uremic Syndrome (HUS) –Post Diarrheal; Listeriosis; Measles; Meningococcal infections; Rabies, animal; Rubella; Salmonellosis; Shiga toxin-producing <i>E. coli</i> (STEC); Shigellosis; Tuberculosis; Tularemia; Typhoid fever; Vancomycin-intermediate Staphylococcus aureus; Vancomycin-resistant Staphylococcus aureus; and Zika.</p>	<p>Candida auris; Carbapenem-resistant – Acinetobacter; Carbapenem-resistant – Enterobacteriaceae (CRE); Carbapenem-resistant – Pseudomonas; Vancomycin-intermediate Staphylococcus aureus (VISA); and Vancomycin-resistant Staphylococcus aureus (VRSA).</p> <p>(Refer to 902 KAR 2:020 for details.)</p> <hr/> <p>Notification of the following diseases or conditions shall be made within three (3) months of diagnosis:</p> <p>Asbestosis; Coal worker’s pneumoconiosis; or Silicosis.</p>	<ol style="list-style-type: none"> 1. Hepatitis B & Hepatitis C laboratory test results whether reported as positive or negative; <ol style="list-style-type: none"> a. Include the serum bilirubin levels taken within ten (10) days of the test of a patient who has tested positive; or b. Include the serum alanine aminotransferase levels taken within ten (10) days of the test of a patient who tested positive; and 2. Varicella laboratory test results reported as positive for: <ol style="list-style-type: none"> a. Isolation of varicella virus from a clinical specimen; b. Varicella antigen detected by direct fluorescent antibody test; or c. Varicella-specific nucleic acid detected by polymerase chain reaction (PCR); 3. Multi-drug Resistant Organisms: <ol style="list-style-type: none"> a. Clostridioides (Formerly <i>Clostridium</i>) <i>difficile</i> (<i>C. difficile</i>) b. Enterobacteriaceae species resistant to ceftazidime, ceftriaxone, or cefotaxime; c. Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA); and d. Vancomycin resistant Enterococcus species (VRE). <p>(Refer to 902 KAR 2:020 for details.)</p>	<ol style="list-style-type: none"> 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; or 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: <ol style="list-style-type: none"> 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; or e. A non-infectious chemical, biological, or radiological agent.