





Fax

ATTN: Logan County Healthcare  FROM: Kelly Reaver, DON

FAX: 937-592-6746 PAGES: 6

PHONE: 937-651-6197 DATE: 12/12/2019

RE: Infectious Disease Reportin  CC:

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

The attached documents include up to date disease reporting information, and 24/7 Public Health Emergency contact information.

Please be aware that there is a "Healthcare Provider Information/Alert" link on the front page our web site at www.loganhealth.org

Please Fax Back this sheet with your updated/current contact information for reportable Disease Communication:

Name: _____

Phone: _____

FAX: _____

email: _____



HOW TO AND WHY: REPORT INFECTIOUS DISEASES IN LOGAN COUNTY 12-2019

To all Logan County Healthcare Providers;

RE: Reportable disease notification.

(A) A health care provider with knowledge of a case or suspect case of a disease which is required by law to be reported, including all class "A", class "B", and class "C" categories of disease designated as reportable under rule 3701-3-02 of the Administrative Code, shall submit a case report in the manner set forth in rule 3701-3-05 of the Administrative Code.

(1) A health care provider may submit electronic reports in the manner approved by the director.

(2) Unless otherwise demonstrated, a health care provider who submits electronic reports in the manner approved by the director shall be presumed compliant with section 3701.23 of the Revised Code and rules 3701-3-02, 3701-3-04, and 3701-3-05 of the Administrative Code.

(B) Reports of cases and suspect cases shall include, but not limited to, the following:

(1) Case or suspect case information: name, diagnosis or suspected diagnosis, date of birth, sex, telephone number, and street address including city, state, and zip code.

(2) Health care provider information: name, telephone number, and street address including city, state, and zip code.

(3) Supplementary information as needed to complete official surveillance forms provided or set forth by the director.

(C) Any individual having knowledge of a person suffering from a disease suspected of being communicable is authorized to report to public health authorities all known facts relating to the case or incident.

Effective: 9/16/2016

Please make sure that the Disease Report form is filled out completely. (Form and Reportable Infectious Disease Guide are included with this packet)

Also include the lab slip with the result of the Reportable Disease. This will save time for the Healthcare Provider and Health District by preventing calls back and forth. You may include the patient's face sheet/demographics also.

Thank you for your help.

Infectious Disease Team – Kelly Reaver, RN – Director of Nursing -937-651-6197



Contact Information for Community Partners

Boyd C. Hoddinott, MD, MPH
Health Commissioner

Donna Peachey
Deputy Health Commissioner- 937-651-6217

Christina Bramlage
Director of Business Operations- 937-651-6209

Timothy M. Smith, MS, RS
Environmental Health Director – 937-651-6212

Kelly Reaver, RN
Director of Nursing – 937-651-6197

Kim Houchin
Registrar-Vital Statistics – 937-651-6202

Tracy Davis, RN
WIC Director – 937-651-6213

Lou Ann Albers, RN
PIO / Emergency Prep. Coord. / Infectious Disease Nurse Back Up – 937-651-6191

Cathy Summers
Health Education & Immunization Coordinator – 937-651-6186

Alberta Hartshorn, RN
Children with Medical Handicaps Coordinator (CMH) – 937-651-6188

Steve Cummings
IT Administrator

General email is: LCHD@loganhealth.org

For After Hours Public Health Emergencies Call:
Sheriffs Dispatch @ 937-599-3333 or 937-592-5731