

PROCEDURE

SUBJECT/TITLE:	Infectious Disease Procedure- Use of Ohio Department of Health Standardized Documents, Programs, and Services, including Outbreak Response
SCOPE:	Infectious Disease and Outbreak Staff
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ORIGINAL DATE ADOPTED:	8/1/19
LATEST EFFECTIVE DATE:	8/1/19
REVIEW/REVISION DATE(S):	09/08/2026
REVIEW FREQUENCY:	Every 2 years, or as needed
TOTAL # OF PAGES:	3
HC APPROVAL DATE:	8/1/19, 09/08/2026

PURPOSE

This procedure establishes guidelines for the use of Ohio Department of Health documents, programs, and services within the Infectious Disease programs. Utilizing standardized methods for data collection, reporting, investigation, laboratory testing, and other programmatic aspects will ensure that proper methods are being utilized and that investigations that cross GCHD jurisdictional borders can be handled appropriately.

The Galion City Health Department has determined that to ensure standardization of the investigations of infectious diseases that GCHD staff will utilize all Ohio Department of Health documents, programs, and services (including laboratory) unless otherwise approved.

BACKGROUND

The Infectious Disease Control Manual ([IDCM](#)) (*Attachment 1*) is a project of the Ohio Department of Health State Bureau of Infectious Diseases with the assistance of the Bureau of Health Services and the Bureau of Public Health Laboratories. It is designed to be a reference for local health departments, hospitals, laboratories and physicians in providing information about infectious diseases from a public health perspective, including prevention, control and reporting of suspected and diagnosed cases. This manual is divided into six (6) sections as follows:

[Section 1](#): General information, telephone numbers, abbreviations, definitions, lists of reportable diseases alphabetically and by class, surveillance and epidemiologic investigations and interagency collaboration.

[Section 2](#): Rules that pertain to infectious disease control.

[Section 3](#): Reportable and non-reportable infectious diseases are described in this section. Includes reporting requirements, description of the disease agents, case definition, signs and symptoms, diagnostic criteria, epidemiology of the disease and public health management. [Forms](#) needed for reporting and to assist in case investigation.

[Section 4](#): Describes the services available at the Ohio Department of Health Laboratories and discusses proper specimen submission.

[Section 5](#): Limitations on movement and infection control practices to prevent the spread of infectious diseases.

[Section 6](#): For informational purposes only. This section contains disease-specific information for selected diseases that are not reportable in Ohio. The material presented in this section is for informational purposes only.

The Ohio Infectious Disease Reporting System ([ODRS](#)) is an electronic system where the data for individual cases and laboratory reports are submitted to the Ohio Department of Health (ODH) by infection preventionists, healthcare providers, laboratories and city, county and combined health districts throughout the state. Data collected reflects

disease incidence for Ohio residents only, but include diseases acquired by Ohio residents while traveling out of state or overseas. Key features of ODRS Disease Reporting include, but are not limited to:

- Person Based Disease Surveillance System
- Persons can be listed with each of their reportable conditions
- Persons can also be linked to outbreaks
- Limited case management functionality for certain diseases (TB, syphilis, perinatal hepatitis B)
- Basic modules for all reportable conditions – Person Demographics, Laboratory, Clinical, Case Administration, Contact, Travel History
- Document upload feature in all cases to upload additional information, case report forms
- Data is entered via manual entry or ELR (electronic lab reporting)

PROCEDURE

The Infectious Disease Control Manual (IDCM) and Ohio Disease Reporting System (ODRS) are to be utilized by all staff working in Infectious Disease programs. The public health investigation process for each reportable disease is to be followed; including the use of necessary forms and/or worksheets.

Reporting

Reporting requirements for each disease must be followed as described within the IDCM. Diseases requiring reporting are found in the *“Know Your ABC’s: A Quick Guide to Reportable Infectious Diseases in Ohio” (Attachment 2)* which is set forth by the Ohio Administrative Code Chapter 3701-3.

Data Collection

The reporting of infectious diseases shall occur by the methods and timeframes prescribed within the IDCM. The use of the Ohio Disease Reporting System (ODRS) is a primary method of regular data collection; this is the standardized method across Health Departments within the state of Ohio. [Forms](#) (and/or worksheets) needed for reporting and to assist in case investigation are available within Section 3 of the IDCM (*Attachment 3*); this, again, is a standardized method across Health Departments within the state of Ohio. The forms and/or worksheets prescribed within the IDCM are to be utilized by staff working within Infectious Disease programs unless the data is being directly entered into the ODRS or on a form that has been adopted by the GCHD. The ODRS User Manual (*Attachment 5*) is a useful tool when learning to navigate the system.

Laboratory Testing

The laboratory testing of reportable infectious diseases is completed by the Bureau of Public Health Laboratory, Ohio Department of Health (ODHL). The ODHL assists local public health jurisdictions, clinics, hospitals, and other state agencies in the diagnosis of diseases and surveillance activities. The Microbiology Client Services Manual and/or the ODH Microbiology website (*Attachment 4*) provides general information on services, guidelines for collection, handling and shipping of specimens, and a menu of tests that can be run. Standardized forms and directions are found within this manual as well as on the Ohio Department of Health Microbiology [webpage](#).

The Laboratory Information Module in ODRS presents the laboratory results from the ODHL as well as any other outside laboratories that are required to report infectious diseases to the health department.

Outbreak Procedures

Steps in an Outbreak Investigation:

I. Verify the Diagnosis

A. Confirm pertinent laboratory and clinical findings with the reporting source.

B. If the diagnosis is a confirmed, suspected, or probable Class A disease, perform the following:

1. If the report of the diagnosis is made DURING business hours (Mon-Thurs between 8:00 AM and 5:00 PM and Fri 8am-Noon), call the Ohio Department of Health's (ODH) Outbreak Response and Bioterrorism Investigation Team (ORBIT) immediately at (614) 995-5599 and follow ODH instructions.

2. If the report is made AFTER business hours, call ODH's after-hours line at (614) 722-7221 and follow ODH instructions.

- a. As part of the ODH's response to an investigation, 24/7 laboratory resources capable of providing rapid detection, investigation, and containment of health problems and environmental health hazards are available to GCHD through the ODH after-hours line.

3. Notify health department leadership according to internal protocols.

C. If the diagnosis does not involve a suspected, probable, or confirmed Class A disease, confirm the existence of an outbreak.

Note: For legal reporting requirements and classifications of reportable conditions, refer to Ohio Administrative Code Chapter 3701-3.

For disease-specific case definitions, isolation requirements, and guidance on public health management, refer to Section 3 of the ODH's Infectious Disease Control Manual (IDCM).

II. Confirm Existence of an Outbreak

A. Determine whether the current case(s) meet outbreak criteria. An outbreak may be confirmed under any of the following conditions:

1. A single case of any Class A disease (e.g., smallpox) is sufficient to confirm the existence of an outbreak, unless otherwise classified per CDC guidelines.
2. Two or more cases of a similar illness may indicate an outbreak when the number of cases exceeds what is normally expected for a given time(e.g., within two weeks), within a specific location (such as a shared institution, affiliation, exposure, or small geographic area), or among a target population (such as students or long-term care residents).
 - a. Household clusters may not typically meet outbreak criteria under general community definitions. However, for some diseases, like foodborne illnesses, multiple cases in the same household may be considered an outbreak if there is a suspected shared exposure (e.g., a contaminated food item) and illness onset falls within the expected incubation period.
 - b. Outbreak criteria vary by disease and setting. Refer to the disease-specific guidance in the ODH IDCM and consult with ODH ORBIT as needed to determine if an outbreak classification is warranted.

3. The number of reported cases exceeds the established monthly threshold based on the city of Galion's 5-year historical data located in the Communicable Disease 5-Year Threshold folder.

- a. This does not automatically confirm an outbreak but should prompt further investigation to assess potential clustering or shared exposures. If no links or common sources are identified, the increase may be attributed to unrelated sporadic cases or normal reporting variation.

B. If applicable, assess the potential impact of the situation:

1. Evaluate the severity of illness (e.g., hospitalizations).
2. Assess the risk for further transmission, especially in high-risk or congregate settings (e.g., schools, childcare, healthcare, long-term care).

C. Notify ODH and initiate outbreak tracking systems

1. Once an outbreak is confirmed or strongly suspected, notify ORBIT at (740)995-5599 and follow ODH instructions.
 - a. Enter all known outbreak details into the Ohio Disease Reporting System (ODRS) within one business day.
 - b. Continue updating the ODRS outbreak profile throughout the investigation.
2. Determine whether the outbreak is eligible for the National Outbreak Reporting System (NORS).
 - a. If the outbreak meets NORS criteria (e.g., foodborne, waterborne, enteric disease), submit the required NORS report within 7 days.

Note: If the existence of an outbreak is confirmed, GCHD will initiate the outbreak investigation process within 3 hours of the initial notification.

III. Establish a Case Definition

- A. Develop a working case definition to standardize case identification and classification.

The case definition should be simple, practical, and based on available information.

It should describe the person, place, time, event, and clinical criteria relevant to the suspected outbreak.

1. Person
 - a. Demographic characteristics (e.g., age, sex, occupation) of individuals affected.
2. Place
 - a. Geographic area involved (e.g., school, city, county, event location).
 - b. Specific site(s) or exposure locations, if known (e.g., restaurant, daycare, long-term care facility).
3. Time
 - a. Symptom onset date(s).
 - b. Timeframe during which exposure is believed to have occurred.
4. Event (if applicable)
 - a. Shared event(s) attended by those affected (e.g., wedding, church potluck, graduation).
5. Clinical criteria
 - a. Predominant symptoms (e.g., diarrhea, cough, rash).
 - b. Laboratory criteria for diagnosis (e.g., positive PCR, culture, serology).
 - c. Exclusion criteria if needed (e.g., symptoms not consistent with the outbreak pattern).
6. Other considerations
 - a. Known or suspected mechanism of exposure (e.g., contaminated food, person-to-person transmission).
 - b. Setting-specific concerns (e.g., food handler involvement, healthcare exposure).

Note: The case definition is susceptible to change, especially as more information is gathered throughout the investigation.

IV. Identify and Count Cases

- A. Count all known cases that are consistent with the working case definition.

1. Include confirmed, probable, and suspect cases as defined in the case definition.
2. Non-laboratory-confirmed cases may be included if they have compatible clinical illness and a clear epidemiologic link to a lab-confirmed case.
3. Create or use an existing GCHD line list template located in the ODH IDCM to record case information, including but not limited to:
 - a. ODRS Case ID
 - b. Date of Birth and Sex
 - c. Symptom Onset Date
 - d. Test Date (If applicable)
 - e. Lab status
 - f. Exposure History
 - g. Case Classification (confirmed, probable, suspected)

- B. Conduct active surveillance to identify additional cases.

1. Notify critical partners (e.g., hospitals, urgent care, physicians, school nurses, daycares, nursing homes, infection preventionists) of the outbreak or increase in illness.
 - a. Share the working case definition or summary of symptoms.
 - b. Request that similar cases be reported to the health department promptly.

2. Provide health department contact information and instructions for reporting suspected cases.

3. Contact the original reporting facility or provider to inquire about additional symptomatic individuals matching the case definition.
4. If the outbreak appears widespread or crosses jurisdictional lines, consider sending a public health alert through the Ohio Public Health Communication System (OPHCS)
5. Record all newly identified cases in the line list.

V. Identify Exposed Persons and Contacts of Cases

A. Identify individuals who may have been exposed to a confirmed, probable, or suspect case but do not currently meet the case definition. These individuals may be at risk of developing illness and may require notification, monitoring, exclusion, or other follow-up actions.

1. Prioritize individuals with close or prolonged contact during the likely exposure period (e.g., household members, coworkers, classmates, or event attendees).
2. Use a variety of methods to identify exposed persons or contacts:
 - a. Interview confirmed cases to gather information about close contacts and recent interactions.
 - b. Review existing health department data, including ODRS and Epicenter, for related cases or patterns.
 - c. Check complaint logs and internal reports for other individuals with similar exposures.
 - d. Contact facilities and healthcare providers (e.g., hospitals, urgent cares, schools, long-term care facilities) for reports of individuals who may have been exposed.
 - e. If a specific location or event is implicated, review records such as attendance logs, visitor lists, or schedules to identify those who may have been present during the exposure window.
 - f. For contacts who are minors, attempt to obtain parent or guardian contact information through schools, childcare centers, or healthcare providers. If that information is not immediately available, use the minor's date of birth to assist in identifying records through CureMD or other available medical systems, ensuring HIPAA compliance.
3. Maintain a separate contact and exposure tab in the line list to support follow-up activities.
 - a. Record relevant details such as name, relationship to case(s), exposure setting and date, and any recommended action (e.g., symptom monitoring, exclusion, prophylaxis).
 - b. Update the line list regularly and coordinate with the communicable disease team and any external partners to ensure timely follow-up is completed for all identified contacts.

VI. Assemble the Epidemiology (EPD Team and Prepare for Field Work

A. Convene the EPI team, if applicable, based on the scale and nature of the outbreak.

1. Activation of the EPI Team may be recommended by the Health Commissioner, Director of Nursing, Director of Environmental Health and/or the County's EPI, if assistance is needed.
2. GCHD maintains 24/7 access to epidemiology and environmental health staff through the department's internal on-call system. GCHD Division Leadership staff can be activated after hours to support urgent outbreak detection, investigation, and containment activities.

If additional epidemiologic capacity is needed, GCHD may consult with regional support from Franklin County and ORBIT for assistance.

B. Prepare field investigation tools and logistics

1. Determine data collection methodology and tools for the field.
2. Develop outbreak-specific questionnaires or adapt standardized case interview forms/logs.
3. Establish a clear process for how interviews will be conducted and how data will be documented.
4. Assemble all necessary field investigation materials as follows:
 - a. Personal Protective Equipment (PPE).
 - b. Mobile communication tools (e.g., cell phones, MARCS radios).
 - c. Case questionnaires, contact logs, activity logs, lab request forms, and symptom trackers.
 - d. Laptop computers equipped with Microsoft Suite and chargers.
 - e. Specimen collection kits (if applicable).
 - f. Office supplies (e.g., clipboards, pens, printed forms).

VII. Conduct Descriptive Epidemiology

A. Use the line list and standardized forms to describe the outbreak in terms of person, place, and time.

1. By Person

- a. Use the line list to organize key information on each case, including:
 - Demographics (e.g., age, sex, race/ethnicity, occupation)
 - Clinical presentation and symptom onset
 - Lab status and exposure history
- b. For food or waterborne outbreaks, consider creating a Food History Form to record details of food and/or recent water exposures.

2. By Time

- a. Create an epidemic curve (epi curve) showing the number of new cases by date of symptom onset. This can later be used in the outbreak report.
- b. Use the curve to:
 - Estimate the incubation period (calculate mean, median, mode, range)
 - Identify the outbreak pattern (e.g., point source, propagated, continuous, mixed):
 - **Common source outbreak** - individuals are exposed to the same source of infection (e.g., contaminated food or water) over a brief period.
 - **Propagated outbreak** - disease spreads from person to person, often in waves based on incubation periods.
 - **Mixed outbreak** - begins as a common source and is followed by person-to-person spread.
 - **Other/complex outbreaks** - some outbreaks may not fit these patterns and require further investigation (e.g., zoonotic or vector-borne transmission).
 - Monitor new case trends and detect secondary transmission

3. By Place

- a. Create spot maps or visual diagrams utilizing GIS or Google Maps showing where cases live, work, or were exposed (e.g., residence, facility, event site).

B. Determine the population at risk and evaluate exposure among case contacts.

1. Define the likely population at risk based on shared exposures or settings.
2. Conduct contact investigation as needed by:
 - a. Interviewing case contacts using standardized questionnaires.
 - b. Assessing symptoms consistent with the outbreak.
 - c. Establish relative risk (e.g., high, medium, low) based on type, frequency, and setting of exposure.
 - d. If a contact develops symptoms consistent with the working case definition, reclassify as a case and add to the case line list.
 - e. If asymptomatic, continue monitoring and follow-up as appropriate.

C. Document all descriptive epidemiology activities and findings

1. Ensure epi curve(s), maps, line list summaries, and other descriptive Analyses are saved in the appropriate outbreak folder within the Epi Team.
2. Summarize initial findings to inform hypothesis development and next steps.

VIII. Initiate Laboratory and Environmental Investigations

A. Coordinate with Environmental Health staff to determine the need for an environmental investigation.

1. If the outbreak is suspected to be food borne, waterborne, or environmentally related, the Environmental Health Director or designee should initiate an investigation and determine if any of the following agencies should be notified or involved:
 - a. Ohio Department of Health (ODH)
 - b. Ohio Department of Agriculture (ODA)
 - c. Ohio Environmental Protection Agency (OEPA)
 - d. Ohio Department of Natural Resources (ODNR)
 - e. U.S. Food and Drug Administration (FDA)
2. If a specific facility (e.g., restaurant, school, long-term care) is implicated:
 - a. Conduct an inspection and risk assessment (i.e. - HACCP), including food preparation and sanitation review.
 - Interview facility staff or food workers for symptoms and food handling practices.
 - Obtain the facility menu, food employee list, sick records, work schedules, and employee roles.
 - Collect relevant food and environmental samples as appropriate.
 - Trace back implicated food items and collect packaging or receipts when possible.
 - Initiate corrective or enforcement actions if imminent health hazards or food safety violations contributed to the outbreak. Legal referral may be considered in coordination with GCHD Leadership and/or the Board of Health.
 - b. Document all findings and recommendations in a final environmental report.
 - c. Share inspection findings with the communicable disease team and contribute to ODRS and outbreak report documentation.
 - d. If requested, report findings back to the case once the investigation is complete.

B. Coordinate laboratory specimen collection and testing.

1. Work with cases, physicians, and hospitals to collect clinical specimens before administration of prophylaxis when possible.
 - a. Stool, blood, respiratory, or other specimens should be collected based on the suspected agent.
 - b. If multiple individuals report similar symptoms after a shared exposure (e.g., eating at the same restaurant, attending the same event), or if close contacts of symptomatic individuals develop similar symptoms, provide appropriate specimen collection kits (e.g., Cary Blair, Ova & Parasite) along with instructions, and coordinate same-day pickup, when possible.
 - c. Use appropriate collection kits and ensure proper storage and handling.
2. Obtain permission from ORBIT (614-995-5599) before submitting any outbreak-related specimens to the ODH Laboratory. Once approved, submit all orders through the eLIMS portal. If you have not previously been granted portal access, please contact the ODH Lab at 614-728-0544. Transportation of specimens to ODH using one of the following methods:

- a. Hand delivery- For urgent or time-sensitive specimens, direct delivery to the Ohio Department of Health Laboratory is preferred. Notify the assigned ODH epidemiologist for the outbreak prior to drop-off so they can alert the laboratory in advance. Specimens should be delivered to:

Ohio Department of Health Laboratory

Building 22
8995 E. Main Street
Reynoldsburg, OH 43068

- b. Mercury Services - An account can be established by calling 1(800) 527-2187 or by emailing contact@mercuryservice.com, MF 7:00 AM to 5:00 PM. This service is not on demand, and same day service is usually not available. Specimens will be delivered the morning following a pick-up.

3. Refer to the OOH IDCM and Laboratory Submission Guidelines for complete specimen handling, packaging, and shipping instructions.
 - a. a. Ensure specimens are packaged according to guidance for the specific test (e.g., refrigeration of sample).
 - b. Improper packaging may result in specimen rejection or testing delays.
4. The following lab supplies can be ordered and shipped/picked up via ODH Lab Customer Service (614-728-0544) or from any ORBIT epi (include quantity and shipping address in request):
 - a. C&S (Cary Blair) stool transport medium: order in multiples of 10;
 - b. b. Specimen cups for bulk stool specimens (for *C. perfringens* use mainly, also for vomitus for norovirus testing);
 - c. Formalin Ova & Parasite kits ("O&P") for parasite testing;
 - d. "Stool hats" to facilitate stool collecting;
 - e. Food sample kits

C. If the outbreak involves a healthcare-associated (nosocomial) or iatrogenic illness:

1. Coordinate with infection practitioners (IPs), occupational health, or facility leadership.
2. Interview facility staff for evidence of illness and review infection control practices.
3. Collect clinical specimens from patients and/or staff as needed. Evaluate the healthcare environment and medical equipment, if appropriate.
 - a. Environmental Health staff, including sanitarians, are available upon request to support facility assessments or infection control evaluations.
4. Exclude or restrict ill personnel in accordance with ODH guidance.
5. Submit all specimens to ODH for testing and retain documentation for final reporting.

IX. Develop and Refine Hypothesis

- A. Generate a working hypothesis based on available descriptive, environmental, and clinical data. Each exposure of interest represents a separate hypothesis to be tested.
 1. Review the initial line list, descriptive epidemiology findings, and laboratory results.
 - a. Identify common exposures among cases (e.g., food item, water source, setting, contact with symptomatic individuals).
 - b. Review environmental inspection findings and preliminary lab results.
 - c. Consider person, place, and time patterns to suggest a likely source and mode of transmission.
 2. Supplement initial review with external references and hypothesis generation methods.
 - a. Review scientific literature and prior outbreaks involving similar symptoms, agents, or settings.
 - b. If a clear hypothesis does not emerge:
 - Conduct open-ended interviews with initial cases to explore all

- possible exposures.
- Consider forming a focus group with a subset of cases to identify common experiences.
- Compare exposure histories of ill individuals to non-ill contacts when possible.

B. Define and document the working hypothesis.

1. The hypothesis should include:
 - a. The suspected source or exposure (e.g., contaminated food, water, surface, or person).
 - b. The suspected agent and mode of transmission (e.g., fecal-oral, droplet, airborne, contact).
 - c. The population(s) at-risk and likely time frame of exposure.
2. Clearly document the hypothesis in the appropriate outbreak folder within the EPI Team.

C. Compare the hypothesis to existing knowledge and historical patterns.

1. Assess biological plausibility based on known incubation periods, symptoms, and transmission routes.
2. Determine if the hypothesis is consistent with environmental, clinical, and epidemiological evidence.

D. Use the working hypothesis to guide the selection of analytical study methods, future interviews, or targeted control measures.

XI. Implement and Evaluate Control and Prevention Methods

A. Implement control and prevention measures as soon as possible, do not wait for full confirmation if the epidemiologic evidence is strong.

1. Use knowledge of the etiologic agent, mode of transmission, and contributing factors to guide appropriate interventions.
2. Control strategies may include, but are not limited to:
 - a. Isolating symptomatic cases to prevent further transmission.
 - b. Quarantining exposed individuals who are not yet symptomatic, based on risk.
 - c. Excluding or restricting ill employees from sensitive settings (e.g., food handlers, healthcare, childcare) until illness has resolved and return-to-work criteria are met.
 - d. Temporarily closing facilities or establishments (e.g., restaurants, classrooms) until sanitation issues are corrected or environmental risk is mitigated.
 - e. Administering treatment, prophylaxis, or both, if appropriate for the disease.
 - This may include initiating mass prophylaxis or vaccination clinics.
 - Monitor and document adverse events following prophylaxis or vaccination per protocol.
 - f. Providing public and professional education on symptoms, prevention, and disease transmission.
 - g. Implementing corrective actions such as hand hygiene reinforcement, surface disinfection, proper food handling practices, or equipment sterilization, based on the outbreak setting.

B. Tailor control measures to case and exposure status.

1. Differentiate recommendations based on whether the individual is:
 - a. A confirmed, probable, or suspect case.
 - b. Exposed, potentially exposed, or unexposed.
2. Consider high-risk settings and populations when applying control strategies.

- C. Evaluate the effectiveness of control measures and adjust as needed.
 1. Continue monitoring case counts, symptom reports, and compliance with control measures.
 2. Modify or expand interventions if new exposures are identified or if current measures are insufficient.
- D. Maintain active surveillance after the outbreak ends.
 1. Monitor for new cases or secondary exposures that occur after control measures have been put in place.
 2. Ensure that all required actions and follow-up activities are documented in the final outbreak report.

XII. Communicate Findings

- A. Throughout the outbreak investigation, assess and carry out the need to share information internally and externally.
 1. Coordinate with the department's Public Information Officer (PIO) and relevant leadership to determine the level and type of communication needed.
 2. Use appropriate channels to communicate updates, prevention information, and findings to appropriate audiences (GCHD staff, partner agencies, coordinating jurisdictions) through:
 - a. Internal audiences (e.g., FCHD staff, partner agencies, coordinating jurisdictions) utilizing Email, phone, fax, and/or OPHCS.
 - b. External audiences (e.g., ODH, hospitals, local officials, schools, general public) through the Health Alert Network (HAN), Central Ohio Health Alert Network (COHAN), Press releases, social media, website updates, and Direct communication with affected facilities or populations.
 3. Follow communication guidance outlined in the GCHD/CCPH Emergency Response Plan.
- B. Submit all final outbreak documentation and reports.
 1. Complete and upload the report in the Administration section of the ODRS outbreak module.
 - a. Include all required elements outlined in the ORBIT reporting template such as:
 - Context/Background
 - Initiation of Investigation
 - Investigation Methods
 - Investigation Findings/Results
 - Discussion and/or Conclusions
 - Recommendations
 - Key Investigators and/or Report Authors
 - ODRS Submission Date
 2. Outbreaks within ODRS should be closed within 90 days following the last reported case associated with the outbreak.
- C. Conduct an After-Action Review and develop a final After-Action Report (AAR) at the discretion of the Health Commissioner.
 1. Organize an after-action debrief with the EPI Team and any key responders involved in the investigation. (Discuss what went well, what could be improved, and any challenges or delays.)
 2. The After-Action Report should include:
 - a. Chronological summary of the response
 - b. Key decisions made and response activities carried out
 - c. Epidemiologic, laboratory, and environmental findings
 - d. Strengths and limitations of the outbreak response
 - e. Recommendations for improving protocols, communication,

- staffing, or coordination
- f. Evaluation of the effectiveness of the response and how GCHD Outbreak Plan functioned in practice
3. Put the AAR and final outbreak report together in the outbreak folder.
4. Submit the AAR to the GCHD/CCPH Emergency Preparedness Coordinator for further submission to ODH within 90 days.

ATTACHMENTS

- Attachment 1** [Infectious Disease Control Manual](#)
- Attachment 2** [Know Your ABC's: A Quick Guide to Reportable Infectious Diseases in Ohio](#)
- Attachment 3** [IDCM Forms and Worksheets](#)
- Attachment 4** [Microbiology Client Services Manual](#)

REFERENCES

- Ohio Administrative Code (OAC) Chapter 3701-3: <https://codes.ohio.gov/ohio-administrative-code/chapter-3701-3>
- Ohio Department of Health Infectious Disease Control Manual (IDCM):
<https://odh.ohio.gov/know-our-programs/infectious-disease-control-manual/>
- Ohio Disease Reporting System (ODRS): <https://odhgateway.odh.ohio.gov/>
- National Outbreak Reporting System (NORS): <http://nors.cdc.gov/>
- Ohio Public Health Communication System (OPHCS): <http://ophcs.odh.ohio.gov>

CONTRIBUTORS

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SIGNATURES

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09 / 08 / 2026
Date