

# Protocol for Public Health Agencies to Notify CDC about the Occurrence of Nationally Notifiable Conditions, 2014

## *Categorized by Notification Timeliness*

**IMMEDIATE, EXTREMELY URGENT:** Call the CDC Emergency Operations Center (EOC) at 770.488.7100 within 4 hours of a case meeting the notification criteria, followed by submission of an electronic case notification to CDC by the next business day.

**STANDARD:** Submit electronic case notification within the next reporting cycle.

**IMMEDIATE, URGENT:** Call the CDC EOC at 770.488.7100 within 24 hours of a case meeting the notification criteria, followed by submission of an electronic case notification in next regularly scheduled electronic transmission.

Approved by CSTE: June 2013  
Implemented: January 1, 2014  
Updated November 5, 2013

Condition	Cases Requiring Notification	Notification Timeliness
<b>Anthrax</b> - Source of infection not recognized - Recognized BT exposure/potential mass exposure - Serious illness of naturally-occurring anthrax	Confirmed and probable cases	Immediate, extremely urgent
<b>Botulism</b> - Foodborne (except endemic to Alaska) - Intentional or suspected intentional release - Infant botulism (clusters or outbreaks) - Cases of unknown etiology/not meeting standard notification criteria	All cases prior to classification	Immediate, extremely urgent
<b>Plague</b> - Suspected intentional release	All cases prior to classification	Immediate, extremely urgent
<b>Paralytic poliomyelitis</b>	Confirmed cases	Immediate, extremely urgent
<b>SARS-associated coronavirus</b>	All cases prior to classification	Immediate, extremely urgent
<b>Smallpox</b>	Confirmed and probable cases	Immediate, extremely urgent
<b>Tularemia</b> - Suspected intentional release	All cases prior to classification	Immediate, extremely urgent
<b>Viral hemorrhagic fevers<sup>1</sup></b> - Suspected intentional	Confirmed and suspected cases	Immediate, extremely urgent
<b>Anthrax</b> - Naturally-occurring or occupational, responding to treatment	Confirmed and probable cases	Immediate, urgent
<b>Brucellosis</b> - Multiple cases, temporally/spatially clustered	Confirmed and probable cases	Immediate, urgent

Diphtheria	All cases prior to classification	Immediate, urgent
Novel influenza A virus infection, initial detections	Confirmed cases	Immediate, urgent
Measles	Confirmed cases	Immediate, urgent
Poliovirus infection, nonparalytic	Confirmed cases	Immediate, urgent
Rabies in a human	Confirmed cases	Immediate, urgent
Rabies in an animal - Imported from outside continental US within past 60 days	Confirmed cases	Immediate, urgent
Rubella	Confirmed cases	Immediate, urgent
Viral hemorrhagic fevers <sup>1</sup> - All cases other than suspected intentional	Confirmed and suspected cases	Immediate, urgent
Yellow Fever	Confirmed and probable cases	Immediate, urgent
Anaplasmosis	Confirmed and probable cases	Standard
Arboviral disease <sup>2</sup> (Calif. Serogroup, EEE, Powassan, SLE, WEE, WNV)	Confirmed and probable cases	Standard
Babesiosis	Confirmed and probable cases	Standard
Botulism - Infant, sporadic cases - Wound, sporadic cases	All cases prior to classification	Standard
Brucellosis - Cases not temporally/spatially clustered	Confirmed and probable cases	Standard
Cancer	Confirmed cases <sup>3</sup>	Standard
Chancroid	Confirmed and probable cases	Standard
<i>Chlamydia trachomatis</i> infection	Confirmed cases	Standard
Coccidioidomycosis	Confirmed cases	Standard
Cryptosporidiosis	Confirmed and probable cases	Standard
Cyclosporiasis	Confirmed and probable cases	Standard
Dengue virus infections	Confirmed, probable, and suspect cases	Standard
Ehrlichiosis	Confirmed and probable cases	Standard
<i>Escherichia coli</i> , Shiga toxin-producing (STEC)	Confirmed and probable cases	Standard
Foodborne disease outbreaks	Confirmed outbreaks <sup>4</sup>	Standard
Giardiasis	Confirmed and probable cases	Standard
Gonorrhea	Confirmed and probable cases	Standard
<i>Haemophilus influenzae</i> , invasive disease	All cases prior to classification	Standard
Hansen's disease	Confirmed cases	Standard
Hantavirus pulmonary syndrome	Confirmed cases	Standard
Hemolytic uremic syndrome, post-diarrheal	Confirmed and probable cases	Standard
Hepatitis A, acute	Confirmed cases	Standard
Hepatitis B, acute	Confirmed cases	Standard
Hepatitis B, chronic	Confirmed and probable cases	Standard
Hepatitis B, perinatal infection	Confirmed cases	Standard
Hepatitis C, acute	Confirmed cases	Standard
Hepatitis C, past or present	Confirmed and probable cases	Standard
HIV infection	Confirmed cases of HIV infection; perinatally exposed infants prior to classification	Standard
Influenza-associated mortality, pediatric	Confirmed cases	Standard

<b>Lead, exposure screening test result</b>	All test results <sup>5</sup>	Standard
<b>Legionellosis</b>	Confirmed and suspected cases	Standard
<b>Leptospirosis</b>	Confirmed and probable	Standard
<b>Listeriosis</b>	Confirmed and probable cases	Standard
<b>Lyme disease</b>	Confirmed, probable, and suspect cases	Standard
<b>Malaria</b>	Confirmed and suspected cases	Standard
<b>Meningococcal disease (<i>Neisseria meningitidis</i>)</b>	Confirmed and probable cases	Standard
<b>Mumps</b>	Confirmed and probable cases	Standard
<b>Pertussis</b>	All cases prior to classification	Standard
<b>Pesticide-related illness, acute</b>	Definite, probable, possible, and suspicious cases	Standard
<b>Plague</b> - All cases not suspected to be intentional	All cases prior to classification	Standard
<b>Psittacosis</b>	Confirmed and probable cases	Standard
<b>Q Fever (acute and chronic)</b>	Confirmed and probable cases	Standard
<b>Rabies in an animal</b> - Animal not imported within past 60 days	Confirmed cases	Standard
<b>Rickettsiosis, Spotted Fever</b>	Confirmed and probable cases	Standard
<b>Rubella, congenital syndrome</b>	Confirmed cases	Standard
<b>Salmonellosis</b>	Confirmed and probable cases	Standard
<b>Shigellosis</b>	Confirmed and probable cases	Standard
<b>Silicosis</b>	Confirmed cases	Standard
<b><i>Staphylococcus aureus</i> infection</b> - Vancomycin-intermediate (VISA) - Vancomycin-resistant (VRSA)	Confirmed cases	Standard
<b><i>Streptococcus pneumoniae</i>, invasive disease (IPD)</b>	Confirmed cases	Standard
<b>Streptococcal toxic shock syndrome (STSS)</b>	Confirmed and probable cases	Standard
<b>Syphilis</b>	Confirmed and probable cases	Standard
<b>Syphilis, congenital</b>	Confirmed and probable cases	Standard
<b>Tetanus</b>	All cases prior to classification	Standard
<b>Toxic shock syndrome (non-Strep)</b>	Confirmed and probable cases	Standard
<b>Trichinellosis (Trichinosis)</b>	All cases prior to classification	Standard
<b>Tuberculosis</b>	Confirmed cases	Standard
<b>Tularemia</b> - All cases other than suspected intentional release	Confirmed and probable cases	Standard
<b>Typhoid fever</b>	Confirmed and probable cases	Standard
<b>Varicella</b>	Confirmed and probable cases	Standard
<b><i>Vibrio cholerae</i> infection (cholera)</b>	Confirmed cases	Standard
<b>Vibriosis</b>	Confirmed and probable cases	Standard
<b>Waterborne disease outbreaks</b>	All outbreaks	Standard

Source: CSTE Official List of Nationally Notifiable Conditions

<sup>1</sup> Viral hemorrhagic fever diseases: Ebola or Marburg viruses, Lassa virus, Lujo virus, new world Arenavirus (Guanarito, Machupo, Junin, and Sabia viruses), or Crimean-Congo hemorrhagic fever virus

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<sup>2</sup> Arboviral diseases: California serogroup virus disease (Calif. Serogroup), Eastern equine encephalitis virus disease (EEE), Powassan virus disease (Powassan), St. Louis encephalitis virus disease (SLE), Western equine encephalitis virus disease (WEE), West Nile virus disease (WNV)

<sup>3</sup> Notification for all confirmed cases of cancers should be made at least annually

<sup>4</sup> Outbreaks are defined by state and local health departments, all situations deemed by a local or state health department to be an outbreak are notifiable

<sup>5</sup> Notification for lead exposure screening results should be submitted quarterly for children and twice a year for adults