

Protocol for Public Health Agencies to Notify CDC about the Occurrence of Nationally Notifiable Conditions, 2015

Alphabetically by Condition

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 (also known as routinely notifiable): 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 2014
Implemented: January 1, 2015
Updated: December 17, 2014

Condition	Cases Requiring Notification	Notification Timeliness
Anaplasmosis	Confirmed and probable cases	Standard
Anthrax <ul style="list-style-type: none"> - Source of infection not recognized - Recognized BT exposure/potential mass exposure - Serious illness of naturally-occurring anthrax 	Confirmed and probable cases	Immediate, extremely urgent
Anthrax <ul style="list-style-type: none"> - Naturally-occurring or occupational, responding to treatment 	Confirmed and probable cases	Immediate, urgent
Arboviral disease ¹	Confirmed and probable cases	Standard
Babesiosis	Confirmed and probable cases	Standard
Botulism <ul style="list-style-type: none"> - 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
Botulism <ul style="list-style-type: none"> - Infant, sporadic cases - Wound, sporadic cases 	All cases prior to classification	Standard
Brucellosis <ul style="list-style-type: none"> - Multiple cases, temporally/spatially clustered 	Confirmed and probable cases	Immediate, urgent
Brucellosis <ul style="list-style-type: none"> - Cases not temporally/spatially clustered 	Confirmed and probable cases	Standard
Campylobacteriosis	Confirmed and probable cases	Standard

Condition	Cases Requiring Notification	Notification Timeliness
Cancer	Confirmed cases ²	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 infections³	Confirmed, probable, and suspect cases	Standard
Diphtheria	All cases prior to classification	Immediate, urgent
Ehrlichiosis	Confirmed and probable cases	Standard
<i>Escherichia coli</i>, Shiga toxin-producing (STEC)	Confirmed and probable cases	Standard
Foodborne disease outbreaks	Confirmed outbreaks ⁴	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
Lead, exposure screening test result	All test results ⁵	Standard
Legionellosis	Confirmed and suspected cases	Standard
Leptospirosis	Confirmed and probable cases	Standard
Listeriosis	Confirmed and probable cases	Standard
Lyme disease	Confirmed, probable, and suspect cases	Standard
Malaria	Confirmed and suspected cases	Standard
Measles	Confirmed cases	Immediate, urgent
Meningococcal disease (<i>Neisseria meningitidis</i>)	Confirmed and probable cases	Standard
Mumps	Confirmed and probable cases	Standard

Condition	Cases Requiring Notification	Notification Timeliness
Novel influenza A virus infection, initial detections	Confirmed cases	Immediate, urgent
Paralytic poliomyelitis	Confirmed cases	Immediate, extremely urgent
Pertussis	All cases prior to classification	Standard
Pesticide-related illness, acute	Definite, probable, possible, and suspicious cases	Standard
Plague - Suspected intentional release	All cases prior to classification	Immediate, extremely urgent
Plague - All cases not suspected to be intentional	All cases prior to classification	Standard
Poliovirus infection, nonparalytic	Confirmed cases	Immediate, urgent
Psittacosis	Confirmed and probable cases	Standard
Q Fever (acute and chronic)	Confirmed and probable cases	Standard
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
Rabies in an animal - Animal not imported within past 60 days	Confirmed cases	Standard
Rickettsiosis, Spotted Fever	Confirmed and probable cases	Standard
Rubella	Confirmed cases	Immediate, urgent
Rubella, congenital syndrome	Confirmed cases	Standard
Salmonellosis	Confirmed and probable cases	Standard
SARS-associated coronavirus	All cases prior to classification	Immediate, extremely urgent
Shigellosis	Confirmed and probable cases	Standard
Silicosis	Confirmed cases	Standard
Smallpox	Confirmed and probable cases	Immediate, extremely urgent
<i>Staphylococcus aureus</i> infection - Vancomycin-intermediate (VISA) - Vancomycin-resistant (VRSA)	Confirmed cases	Standard
Streptococcal toxic shock syndrome (STSS)	Confirmed and probable cases	Standard
<i>Streptococcus pneumoniae</i>, invasive disease (IPD)	Confirmed cases	Standard
Syphilis	Confirmed and probable cases	Standard
Syphilis, congenital	Confirmed and probable cases	Standard
Tetanus	All cases prior to classification	Standard
Toxic shock syndrome (non-Strep)	Confirmed and probable cases	Standard
Trichinellosis (Trichinosis)	All cases prior to classification	Standard
Tuberculosis	Confirmed cases	Standard

Condition	Cases Requiring Notification	Notification Timeliness
Tularemia - Suspected intentional release	All cases prior to classification	Immediate, extremely urgent
Tularemia - All cases other than suspected intentional release	Confirmed and probable cases	Standard
Typhoid fever	Confirmed and probable cases	Standard
Varicella	Confirmed and probable cases	Standard
<i>Vibrio cholerae</i> infection (cholera)	Confirmed cases	Standard
Vibriosis	Confirmed and probable cases	Standard
Viral hemorrhagic fevers ⁶ - Suspected intentional	Confirmed and suspected cases	Immediate, extremely urgent
Viral hemorrhagic fevers ⁶ - All cases other than suspected intentional	Confirmed and suspected cases	Immediate, urgent
Waterborne disease outbreaks	All outbreaks ⁴	Standard
Yellow Fever	Confirmed and probable cases	Immediate, urgent

Source: CSTE Official List of Nationally Notifiable Conditions

¹ 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)

² Notification for all confirmed cases of cancers should be made at least annually

³ Dengue virus infections include: dengue and severe dengue

⁴ 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

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

⁶ Viral hemorrhagic fever diseases: Ebola or Marburg viruses, Lassa virus, Lujo virus, or new world Arenavirus (Guanarito, Machupo, Junin, and Sabia viruses), or Crimean-Congo hemorrhagic fever virus