

Reportable diseases

Revised: June 14, 2019

■ Introduction

Certain infectious diseases must be reported to local and state public health officials and, ultimately, to the U.S. Centers for Disease Control and Prevention (CDC). The Council of State and Territorial Epidemiologists determines which diseases and conditions require state reporting as well as those that should also be reported to the CDC.^[1] Diseases and conditions classified as "reportable" require mandatory reporting; those deemed "notifiable" may be voluntarily reported. Nationally notifiable conditions aren't reportable in every state.^[1] (See [Nationally notifiable conditions](#).)

Typically, such infectious diseases or conditions fit into one of two categories: those reported individually based on a definitive or suspected diagnosis and those reported based on the number of cases per week. The most commonly reported infectious diseases are chlamydia, hepatitis, salmonellosis, shigellosis, syphilis, and gonorrhea.^[2]

In most states, the office of an outpatient's practitioner is required to report infectious diseases to health officials at the state or local level. In the hospital setting, the microbiology, immunology, or virology laboratory electronically submits the appropriate laboratory results for the specific reportable infectious disease to the local health department. The infection preventionist or epidemiologist communicates with the local health department and provides specific patient information when needed; however, knowledge of these reporting requirements and procedures is also necessary for nursing staff. Fast, accurate reporting helps identify and control infection sources, prevent epidemics, and guide public health planning.

◆ **Clinical alert:** For information on Coronavirus disease (COVID-19), please refer to the latest recommendations from the CDC, located at https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%253A%252F%252Fwww.cdc.gov%252Fcoronavirus%252F2019-ncov%252Fhcp%252Finfection-control.html, when caring for a patient with known or suspected Coronavirus disease.◆

NATIONALLY NOTIFIABLE CONDITIONS

The list below contains those non-infectious and infectious conditions that are currently nationally notifiable. The list is revised periodically. As emerging pathogens, environmental hazards, or conditions emerge as public health concerns, the Centers for Disease Control and Prevention (CDC) adds them to the list. When surveillance of a condition no longer proves useful, the CDC deletes the condition from the list.

Non-infectious conditions

Cancer

Carbon monoxide poisoning

Lead, elevated blood levels

- Lead, elevated blood levels, children (younger than age 16 years)
- Lead, elevated blood levels, adult (16 years or older)

Pesticide-related illness and injury, acute

Silicosis

Infectious conditions

Anthrax

Arboviral diseases, neuroinvasive and non-neuroinvasive

- California serogroup virus diseases
- Chikungunya virus disease
- Eastern equine encephalitis virus disease
- Powassan virus disease
- St. Louis encephalitis virus disease
- Western equine encephalitis virus disease
- West Nile virus disease

Babesiosis

Botulism

- Foodborne
- Infant
- Wound
- Other

Brucellosis

Campylobacteriosis

Carbapenemase-producing, carbapenem-resistant *Enterobacteriaceae* (CP-CRE)

- CP-CRE, *Enterobacter* species
- CP-CRE, *Escherichia coli* (E.coli)
- CP-CRE, *Klebsiella* species

Chancroid

Chlamydia trachomatis infection

Cholera

Coccidioidomycosis

Congenital syphilis

- Syphilitic stillbirth

Cryptosporidiosis

Cyclosporiasis

Dengue virus infections

- Dengue
- Dengue-like illness
- Severe dengue

Diphtheria

Ehrlichiosis and anaplasmosis

- *Anaplasma phagocytophilum* infection
- *Ehrlichia chaffeensis* infection
- *Ehrlichia ewingii* infection
- Undetermined human ehrlichiosis or anaplasmosis

Foodborne disease outbreak

Giardiasis

Gonorrhea

Haemophilus influenzae, invasive disease

Hansen's disease

Hantavirus infection, non-Hantavirus pulmonary syndrome

Hantavirus pulmonary syndrome

Hemolytic uremic syndrome, postdiarrheal

Hepatitis A, acute

Hepatitis B, acute

Hepatitis B, chronic

Hepatitis B, perinatal virus infection

Hepatitis C, acute

Hepatitis C, chronic

Hepatitis C, perinatal infection

HIV infection (AIDS has been reclassified as HIV stage III)

Influenza-associated pediatric mortality

Invasive pneumococcal disease

Latent tuberculosis infection

Legionellosis

Leptospirosis

Listeriosis

Lyme disease

Malaria

Measles

Meningococcal disease

Mumps

Novel influenza A virus infections

Pertussis

Pesticide-related illness and injury, acute

Plague

Poliomyelitis, paralytic

Poliovirus infection, nonparalytic

Psittacosis

Q fever

- Q fever, acute
- Q fever, chronic

Rabies, animal

Rabies, human

Rubella

Rubella, congenital syndrome

Salmonella Paratyphi infection (*Salmonella enterica* serotypes Paratyphi A, B [tartrate negative], and C [*S. Paratyphi*])

Salmonella Typhi infection (*Salmonella enterica* serotype Typhi)

Salmonellosis

Severe acute respiratory syndrome–associated coronavirus

Shiga toxin–producing *Escherichia coli* infection

Shigellosis

Smallpox

Spotted fever rickettsiosis

Streptococcal toxic shock syndrome

Syphilis

- Syphilis, primary
- Syphilis, secondary
- Syphilis, early non-primary, non-secondary
- Syphilis, unknown duration or late

Tetanus

Toxic shock syndrome (other than streptococcal)

Trichinellosis

Tuberculosis

Tularemia

Typhoid fever

Vancomycin-intermediate *Staphylococcus aureus* infection

Vancomycin-resistant *Staphylococcus aureus* infection

Varicella (chickenpox)

Varicella deaths

Vibriosis

Viral hemorrhagic fever

- Crimean-Congo hemorrhagic fever virus
- Ebola virus
- Lassa virus
- Lujo virus
- Marburg virus
- New World arenavirus, Guanarito virus
- New World arenavirus, Junin virus
- New World arenavirus, Machupo virus
- New World arenavirus, Sabia virus

Yellow fever

Zika virus disease and Zika virus infection

- Zika virus disease, congenital
- Zika virus disease, noncongenital
- Zika virus infection, congenital
- Zika virus infection, noncongenital

Sources: Centers for Disease Control and Prevention. (2019). "2019 National notifiable infectious diseases" [Online]. Accessed April 2019 via the Web at <https://www.cdc.gov/nndss/conditions/notifiable/2019/> and Centers for Disease Control and Prevention. (2019). "2019 National notifiable non-infectious conditions" [Online]. Accessed April 2019 via the Web at <https://www.cdc.gov/nndss/conditions/notifiable/2019/non-infectious-conditions/>

■ Equipment

- Optional: reportable disease form, isolation sign, gloves, gown, mask and goggles or mask with face shield, respirator

■ Implementation

- Verify that the infectious disease is a reportable disease, if possible.³
- Follow your facility's protocol for reporting infectious diseases. Typically, you should contact your facility's infection preventionist or epidemiologist. If that person isn't available, contact the nursing supervisor or the infectious disease practitioner on call.
- Institute isolation precautions, as appropriate, *to protect against disease transmission*.^{4 5}
- Perform hand hygiene.^{4 6 7 8 9 10}
- Put on personal protective equipment, as needed, according to the specific reportable disease.^{11 12}
- Confirm the patient's identity using at least two patient identifiers.¹³
- Provide privacy.^{14 15 16 17}
- Explain the infectious disease reporting requirements to the patient and family (if appropriate) according to their individual communication and learning needs *to increase their understanding, allay their fears, and enhance cooperation*.¹⁸ Assure them that personal information will remain protected.
- Obtain additional infectious disease–related information from the patient as needed, including recent travel history.⁵ Complete an electronic or handwritten reportable disease form, if required.
- Remove and discard your personal protective equipment, if worn.^{11 12}
- Perform hand hygiene.^{4 6 7 8 9 10}
- Document the procedure.^{19 20 21 22}

■ Special Considerations

- Selected microorganisms, including those that cause anthrax, botulism, pneumonic plague, smallpox, tularemia, and viral hemorrhagic fever, are considered potential biological warfare agents. Cases of suspected exposure to or infection with these agents must be reported immediately to the local or state health department.²³

■ Documentation

Document infectious disease reports made to the infection preventionist, epidemiologist, nursing supervisor, or infectious disease practitioner on call, including the disease, the name of the person contacted, and the date and time of the report. Document any isolation precautions instituted. Document teaching provided to the patient and family (if appropriate), their understanding of the teaching, and any need for follow-up teaching.

This procedure has been reviewed by the Academy of Medical-Surgical Nurses.



■ Related Procedures

- [Bronchoscope reprocessing, automated reprocessor, respiratory therapy](#)
- [Bronchoscope reprocessing, manual, respiratory therapy](#)
- [Cleaning the OR](#)
- [Contact precautions](#)
- [Disinfection, noncritical patient care equipment](#)
- [Disinfection, noncritical patient care equipment, ambulatory care](#)
- [Disinfection, noncritical patient care equipment, respiratory therapy](#)
- [Disinfection, patient care equipment, home care](#)
- [Disinfection, semicritical patient care equipment](#)

- [Disinfection, semicritical patient care equipment, ambulatory care](#)
- [Disinfection, semicritical patient care equipment, respiratory therapy](#)
- [Drying hands and arms, OR](#)
- [Endoscope reprocessing, automated reprocessor](#)
- [Endoscope reprocessing, manual](#)
- [Equipment cleaning and disinfection, neonatal](#)
- [Infection control, OR](#)
- [Infection control, PACU](#)
- [Steam sterilization](#)
- [Steam sterilizer use and care, OR](#)
- [Sterile field management, OR](#)
- [Sterile technique, basic](#)
- [Sterilization of instruments using an autoclave, ambulatory care](#)
- [Surgical attire, donning](#)

■ References

([Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions](#))

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Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions

The following leveling system is from *Evidence-Based Practice in Nursing and Healthcare: A Guide to Best Practice* (2nd ed.) by Bernadette Mazurek Melnyk and Ellen Fineout-Overholt.

Level I: Evidence from a systematic review or meta-analysis of all relevant randomized controlled trials (RCTs)

Level II: Evidence obtained from well-designed RCTs

Level III: Evidence obtained from well-designed controlled trials without randomization

Level IV: Evidence from well-designed case-control and cohort studies

Level V: Evidence from systematic reviews of descriptive and qualitative studies

Level VI: Evidence from single descriptive or qualitative studies

Level VII: Evidence from the opinion of authorities and/or reports of expert committees

Modified from Guyatt, G. & Rennie, D. (2002). Users' Guides to the Medical Literature. Chicago, IL: American Medical Association; Harris, R.P., Helfand, M., Woolf, S.H., Lohr, K.N., Mulrow, C.D., Teutsch, S.M., et al. (2001). Current Methods of the U.S. Preventive Services Task Force: A Review of the Process. American Journal of Preventive Medicine, 20, 21-35.