

# REPORTABLE DISEASES IN ILLINOIS

Information reportable by law and allowed by HIPAA CFR §164 512(b)



Per the Control of Communicable Disease Code of Illinois, it is the responsibility of physicians, physician assistants, nurses, nurse aides or any other person having knowledge of any of the following diseases, **confirmed or suspected**, to report the case to the Chicago Department of Public Health (CDPH) within the number or hours or days indicated.

## IMMEDIATE (within 3 hours by phone\*)

- Any unusual case or cluster of cases that may indicate a public health hazard<sup>1</sup> (e.g. MERS-CoV, Ebola Virus Disease, Acute Flaccid Myelitis)
- Any suspected bioterrorism threat or event<sup>1</sup>
- Anthrax<sup>1,†</sup>
- Botulism, foodborne<sup>1</sup>
- Brucellosis (if suspected to be a bioterrorist event or part of an outbreak)<sup>1,†</sup>
- Diphtheria<sup>4,†</sup>
- Influenza A, variant<sup>4</sup>
- Plague<sup>1,†</sup>
- Poliomyelitis<sup>1,†</sup>
- Q-fever (if suspected to be a bioterrorist event or part of an outbreak)<sup>1,†</sup>
- Smallpox<sup>1</sup>
- Severe Acute Respiratory Syndrome (SARS)<sup>1</sup>
- Tularemia (if suspected to be a bioterrorist event or part of an outbreak)<sup>1,†</sup>

## 24 HOURS

Reports can be made electronically via I-NEDSS<sup>‡</sup> or by mail, telephone, or fax; contact corresponding program for disease specific reporting requirements.

- Botulism: intestinal, wound, and other<sup>1</sup>
- Brucellosis<sup>1,†</sup>
- Chickenpox (varicella)<sup>4</sup>
- Cholera (Vibrio cholera O1 or O139)<sup>1,†</sup>
- Enteric Escherichia coli infections(O157:H7, STEC, EHEC, EPEC, ETEC)<sup>†</sup>
- Foodborne or waterborne illness<sup>1</sup>
- Haemophilus influenza, meningitis and other invasive disease<sup>1,†</sup>
- Hantavirus pulmonary syndrome<sup>1</sup>
- Hemolytic uremic syndrome, post diarrheal<sup>1,†</sup>
- Hepatitis A<sup>2</sup>
- Influenza-associated intensive care unit hospitalization<sup>4</sup>
- Measles<sup>4</sup>
- Mumps<sup>4</sup>
- Neisseria meningitidis, meningitis and invasive disease<sup>1,†</sup>
- Pertussis (whooping cough)<sup>4</sup>
- Q-fever<sup>1,†</sup>
- Rabies, (potential) human and/or animal exposure<sup>1</sup>
- Rubella<sup>4</sup>
- Smallpox vaccination, complications of<sup>1</sup>
- Staphylococcus aureus, Methicillin resistant (MRSA) 2 or more cases in a community setting<sup>1</sup>
- Staphylococcus aureus, Methicillin resistant (MRSA) in infants under 61 days of age<sup>1</sup>
- Staphylococcus aureus, intermediate or high level resistance to vancomycin<sup>1,†</sup>
- Streptococcal infections, Group A, invasive and sequelae
- Tularemia<sup>1,†</sup>
- Typhoid Fever<sup>1,†</sup>

## 7 DAYS

Reports can be made electronically via I-NEDSS<sup>‡</sup> or by mail, telephone, or fax; contact corresponding program for disease specific reporting requirements.

- AIDS<sup>6</sup>
- Arboviral Infection (e.g., Dengue fever, California encephalitis, St. Louis encephalitis, West Nile Virus, Chikungunya, and Zika Virus)<sup>1,†</sup>
- Campylobacter<sup>1</sup>
- Chancroid<sup>3</sup>
- Chlamydia<sup>3</sup>
- Creutzfeldt-Jakob Disease (CJD)<sup>1</sup>
- Cryptosporidiosis<sup>1</sup>
- Cyclosporiasis<sup>1</sup>
- Drug-resistant organism, extensively<sup>1,3</sup>
- Gonorrhea<sup>3</sup>
- Hepatitis B, Hepatitis C, and Hepatitis D<sup>2</sup>
- Histoplasmosis<sup>1</sup>
- HIV infection<sup>6</sup>
- Influenza deaths in persons less than 18 years of age<sup>4</sup>
- Legionellosis<sup>1,†</sup>
- Leprosy (Hansen's Disease)<sup>1,†</sup>
- Leptospirosis<sup>1,†</sup>
- Listeriosis<sup>1,†</sup>
- Malaria<sup>1,†</sup>
- Ophthalmia neonatorum (gonococcal)<sup>3</sup>
- Psittacosis<sup>1</sup>
- Reye Syndrome<sup>1</sup>
- Salmonellosis (other than typhoid)<sup>1,†</sup>
- Shigellosis<sup>1,†</sup>
- Streptococcus pneumoniae, invasive disease (< 5 years)<sup>4</sup>
- Syphilis (including congenital syphilis)<sup>3</sup>
- Tetanus<sup>4</sup>
- Tickborne Disease (e.g., ehrlichiosis, anaplasmosis, babesiosis, Lyme disease, and spotted fever rickettsioses)<sup>1</sup>
- Toxic shock syndrome due to staphylococcus aureus infection<sup>1</sup>
- Trichinosis<sup>1</sup>
- Tuberculosis<sup>5,†</sup>
- Vibriosis (Non-cholera Vibrio infections)<sup>1,†</sup>
- Yersiniosis<sup>1</sup>

### For additional information on reporting requirements, contact the corresponding program surveillance unit (1-6)

1. Communicable Disease Surveillance: (312) 746-5925 or (312) 746-5377
  2. Communicable Disease Hepatitis Surveillance: (312) 746-6197
  3. Sexually Transmitted Infection (STI) Surveillance: (312) 747-0697  
Sexually Transmitted Infection Surveillance Fax: (312) 745-7627
  4. Vaccine Preventable Disease Surveillance: (312) 746-5911/5901
  5. Tuberculosis Surveillance: (312) 746-6013; Fax (312) 746-5134
  6. HIV/AIDS Surveillance: (312) 747-9614
- Confidential fax number for Communicable Disease, Hepatitis, and Vaccine Preventable Disease: (312) 746-6388 or (312) 746-6144

**\*During normal business hours, cases may be reported by calling the corresponding program. On weekends, holidays, or after hours, call 311 and ask for the communicable disease physician on call.**

† IDPH requires an isolate or clinical materials be submitted to the IDPH laboratory (2121 W. Taylor St, Chicago, IL. 60612, 312-793-1322)

‡ Illinois National Electronic Disease Surveillance System (I-NEDSS). To sign up for an I-NEDSS account visit: <http://portalhome.dph.illinois.gov/>