



2016 State Reportable Conditions Assessment (SRCA) User Instructions

SRCA INTRODUCTION & BACKGROUND

The State Reportable Conditions Assessment (SRCA) is an annual, web-based assessment of reportable conditions. Ongoing since 2007, this joint effort by the Council of State and Territorial Epidemiologists (CSTE) and Centers for Disease Control and Prevention (CDC) collects publicly available information on what conditions are reportable in states, territories, and other large jurisdictions and who is required to report them. The SRCA is intended to be a publicly available, national repository of information that can be used by public health, researchers, and healthcare providers. CSTE is charged with providing a comprehensive and accurate list of reportable conditions by state and territory, and with your participation, CSTE will achieve a 100% response rate.

WHAT SHOULD BE REPORTED IN SRCA?

The SRCA covers reporting requirements, as defined by regulation or legislation, for conditions defined as reportable by clinicians (i.e., healthcare providers), laboratories, hospitals, and other reporters in your jurisdiction. SRCA responses should reflect these reporting regulations or rules as closely and accurately as possible. Any conditions that must be reported to the state public health agency should be considered reportable in the SRCA. If a condition is reportable to another department within your state (e.g., Department of Agriculture) but the state health agency receives this information as the result of a data-sharing agreement, then the condition should also be considered reportable. Conditions that are not named on your jurisdiction's lists but fall under general, catch-all reporting language, such as "all outbreaks," "disease of public health importance," etc., are considered implicitly reportable in the SRCA and should be included in your responses. More information on implicitly reportable conditions may be found further in the instructions.

In addition, the information entered into the SRCA should be accurate and reflective of your jurisdiction's reporting rules **prior to July 1, 2016** in order to reflect reporting requirements effective for the majority of the year.

HOW SRCA DATA IS USED

Data from the 2016 SRCA pertaining to nationally notifiable infectious diseases will be used in generating tables for the [Morbidity and Mortality Weekly Report \(MMWR\) Annual Summaries](#). In addition, CSTE will build a queryable results database on the CSTE website in which 2016 SRCA data will be displayed after the assessment is completed and results have been validated.

SRCA DATA COLLECTION TOOL

CSTE has an online data collection tool for 2016. Jurisdiction responses from the 2015 SRCA have been pre-populated into the 2016 SRCA in order to decrease the respondent burden. More details on the tool's functionality are included further in this document.

TIPS TO COMPLETING THE SRCA

Divide and conquer: The SRCA is divided by section based on condition types. You may find it helpful to delegate or assign certain sections. You may share the single jurisdiction login with colleagues to colleagues specializing in these areas (See Appendix 1 for full list of conditions in each section):

- | | |
|---|---|
| 1. Birth Defects and Congenital Anomalies | 8. Respiratory Conditions (Infectious) |
| 2. Blood Borne Diseases | 9. Selected Non-Infectious Diseases |
| 3. Enteric Diseases | 10. Sexually Transmitted Diseases |
| 4. Healthcare Associated Events | 11. Systemic Conditions |
| 5. Infectious Disease Not Otherwise Specified | 12. Toxic Effects of Non-Medicinal Substances |
| 6. Injuries | 13. Vaccine-Preventable Conditions |
| 7. Neurologic and Toxin-Mediated Conditions | 14. Zoonotic and Vectorborne Diseases |

Have references handy: It may be helpful to have your jurisdiction's reportable conditions laws, regulations, lists, and other documents readily available.

GETTING STARTED ON THE SRCA

Logging in:

1. Access the SRCA: <http://srca.cste.org>
2. Click "Log In" in the top right corner of the webpage.
3. Enter your username and password as you received via email. Click "Log in."
 - a. Checking the "Remember me" box should keep you logged in if you navigate away from the SRCA.
 - b. If you forget your password, please email SRCA@cste.org.
4. Click "Begin or resume the SRCA."

Navigation Toolbar: Once you log in, you will see a toolbar with the following functions:

STATE SRCA Instructions Section Status Add new condition Help

Hello, STATE! Log off

State SRCA

- a. Access overall SRCA with all conditions listed as default view.
- b. Select a condition section to view or edit.
- c. Select Nationally Notifiable Conditions Only view.
- d. Search for a condition.
- e. Download summary of SRCA responses.

Instructions

Section Status

- a. Update section completion status (reviewed and complete) and include contact information for QA follow-up purposes.

Add new condition

- a. Form to be completed for any new condition or condition subset. Note: Clicking will open form in same browser tab.

Help

- a. Access contact information for SRCA help.
- b. Access frequently asked questions, which will be added as CSTE receives those questions.

Log off

COMPLETING THE SRCA

Review pre-populated responses:

Since the 2016 SRCA was pre-populated with last known jurisdiction responses from 2015, all conditions, unless Implicitly Reportable, should have responses. Respondents should review their assigned sections for any updates or inaccuracies. Note: State Epidemiologists will indicate which section(s) each respondent should complete. To track the review/completion process, utilize the “Section Status” page located in the navigation toolbar.

Enter or Edit data for conditions by section:

1. Choose a single condition section to edit by accessing the “Choose a Condition Section” dropdown list at the top of the table.

The screenshot shows the SRCA application interface. At the top, there's a navigation bar with links: STATE SRCA, Instructions, Section Status, Add new condition, and Help. On the right, it says 'Hello, STATE!' and 'Log off'. Below the navigation bar, there's a 'Choose a Condition Section' dropdown menu set to 'All'. A blue arrow points to this dropdown. To the right of the dropdown is a 'View only Nationally Notifiable Conditions' dropdown set to 'No'. Below these is a table with columns: Condition Name, NNC, Healthcare Providers, Hospitals, and Laboratory. The table lists various conditions, including Abdominal Wall Defects, Gastroschisis, Omphalocele, Alcohol-related Birth, Fetal Alcohol Spectrum Disorders (FASD), Fetal Alcohol Syndrome (FAS), Autism Spectrum Disorders, and Autism. Each row has checkboxes and text indicating reporting requirements for each column. A 'Save changes' button is on the left, and a 'Refresh' button is on the right.

2. Review all pre-populated data, including reporter type(s) and reporting requirement responses.

Note: Reporter types were customized for each jurisdiction in 2015 and verified by the State Epidemiologist. If your jurisdiction has a single column with multiple reporter types (e.g., Healthcare Providers – Laboratory), then reporting requirements chosen apply to all reporter types in that column. If you require changes to the reporter types, please contact SRCA@cste.org.

Save changes

 Refresh

Condition Name	NNC	Healthcare Providers	Hospitals	Laboratory
Condition Search				
Healthcare-associated Adverse Event	☐	Not Reportable	5 Business Day(s)	Not Reportable
Catheter-associated Urinary Tract Infection (UTI)	☐	Not Reportable	Not Reportable	Not Reportable
Central-line associated Bloodstream Infection	☐	Not Reportable	30 Day(s)	Not Reportable
Healthcare-associated Infection	☐	Not Reportable	30 Day(s)	Not Reportable
Hospital-acquired Infection	☐			
Ventilator-associated Pneumonia	☐	Not Reportable	Not Reportable	Not Reportable
Nosocomial Infection	☐			
Surgical Site Infection	☐	Not Reportable	30 Day(s)	Not Reportable
Vancomycin-resistant Enterococci (VRE) Infection	☐	Not Reportable	Not Reportable	Not Reportable

- To edit a reporting requirement, click on the relevant cell to access a dropdown list of jurisdiction-specific reporting timeframes. Choose reporting timeframe.

Note: Jurisdiction-specific reporting timeframes were also customized for each jurisdiction and updated in 2015. If you require any changes to your reporting timeframe options, please contact SRCA@cste.org.

Save changes

 Refresh

Condition Name	NNC	Healthcare Providers	Hospitals	Laboratory
Condition Search				
Healthcare-associated Adverse Event	☐	Not Reportable	5 Business Day(s)	Not Reportable
Catheter-associated Urinary Tract Infection (UTI)	☐	Not Reportable	Not Reportable	Not Reportable
Central-line associated Bloodstream Infection	☐	Not Reportable	30 Day(s)	Not Reportable
Healthcare-associated Infection	☐	Not Reportable	30 Day(s)	Not Reportable
Hospital-acquired Infection	☐			
Ventilator-associated Pneumonia	☐	Not Reportable	Not Reportable	
Nosocomial Infection	☐			
Surgical Site Infection	☐	Not Reportable	30 Day(s)	
Vancomycin-resistant Enterococci (VRE) Infection	☐	Not Reportable	Not Reportable	

Not Reportable

Immediately

Annually

24 Hours

3 Day(s)

5 Business Day(s)

10 Day(s)

Implicitly Reportable: Emerging or exotic disease

Implicitly Reportable: Event, bioterrorist

Implicitly Reportable: Event, terrorist

Implicitly Reportable: Exposure, biological

Implicitly Reportable: Exposure, chemical

Implicitly Reportable: Exposure, environmental

- Once a change has been made to a reporting requirement, the tool will flag the cell until the changed data is saved.

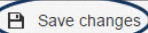
Healthcare-associated Infection	Not Reportable
---------------------------------	----------------

- Review all reporting requirements within the section, complete any incomplete requirements, and edit existing requirements as necessary.

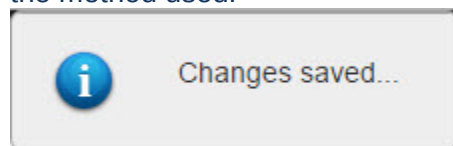
Note: The State Epidemiologist will be unable to submit the SRCA unless every reporting requirement is completed.

Saving SRCA responses:

The SRCA data collection tool automatically saves every 60 seconds. The tool will then automatically refresh and any flags in changed cells will disappear. If you finish editing a section and do not want to wait for the tool to automatically save, you may manually save using the “Save changes” button in the top left of the table.

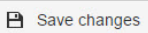
				
Condition Name	NNC	Healthcare Providers	Hospitals	Laboratory
				

The box below will appear at the top of your screen to confirm changes have been saved, regardless of the method used.



Searching for conditions:

You may search for individual conditions within a section by using the search box at the top of the table. To search within all sections, you must expand the table to all conditions by choosing “All” in the “Choose a Condition Section” dropdown menu.

				
Condition Name	NNC	Healthcare Providers	Hospitals	Laboratory
				

Implicitly reportable conditions:

All jurisdiction timeframe options include “Implicitly Reportable - *category*”. Conditions that are not specifically listed as reportable but would be considered reportable under general language in the jurisdiction’s laws, such as calling for reporting of “any condition of public health importance” or other similar terms are considered “implicitly reportable” in the SRCA. Respondents will be required to select all appropriate implicit reporting categories (e.g. “event, bioterrorist,” “outbreaks of clusters of public concern,” or “occurrence of any unusual disease of public health importance”) for the 2016 SRCA. For any questions or concerns, please contact SRCA@cste.org.

Section Status:

The “Section Status” page in the navigation toolbar will help State Epidemiologists and users keep track of the completion status of the SRCA. Once you review and complete a section of the SRCA, go to “Section Status,” mark which section you completed, and include your name and email address for QA follow-up purposes.

Refresh			
SRCA Section	Is completed?	Completed by: (name, email address)	Edit Row?
Birth Defects and Congenital Anomalies	☐		
Bloodborne Diseases	☐		
Enteric Diseases	☐		
Healthcare-Associated Events	☐		
Infectious Disease Not Otherwise Specified	☐		
Injuries	☐		

ADD NEW CONDITION/CONDITION SUBSET

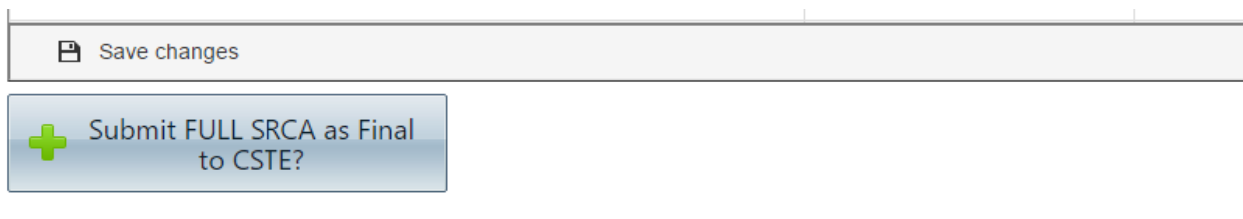
To add a new condition to your SRCA, or to add a new subset to a condition already in your SRCA, navigate to the “Add new condition” page in the navigation toolbar. Clicking “Add new condition” will open the “New Subset Form Information” form in your same browser tab. In order to standardize the nomenclature of additional conditions or subsets, CSTE standardized the condition modifier choices. The full list of modifiers may be found in Appendix 2.

The form will require you to enter your contact information in case CSTE staff have questions about your condition form submission.

You will also need to select the condition for which you are creating a subset. For example, if blood lead level by itself (“Lead Level”) is not reportable in your jurisdiction, but elevated blood lead level in children younger than 5 years of age (“Lead Level, Blood, <5 years, ≥ 10 $\mu\text{g/dL}$ ”) is reportable, you may submit the new subset form requesting that “Lead Level, Blood, <5 years, ≥ 10 $\mu\text{g/dL}$ ” be added to your SRCA.

SUBMITTING COMPLETED SRCA

State Epidemiologists are required to review his/her jurisdiction’s completed SRCA prior to submission. Once every section of the SRCA is reviewed and completed, you may submit via the Submit button at the bottom of the page. If there are any reporting requirements left blank, the State Epi will be unable to submit.



The screenshot shows a user interface for submitting a State Reportable Conditions Assessment (SRCA). It features two buttons: a light gray button with a floppy disk icon and the text "Save changes", and a blue button with a green plus icon and the text "Submit FULL SRCA as Final to CSTE?".

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Exporting SRCA Responses:

To export a summary of your jurisdiction’s completed responses to the SRCA, please click the green Excel button at the top right of the table. This will initiate the download of the spreadsheet into an excel. Please note, the excel button will export the conditions currently displayed on your jurisdictions SRCA.

Additional tip: To filter the spreadsheet based on the asterisks indicating the NNC’s, filter with the identifier of ‘~*’.

FOR HELP

Please do not hesitate to contact CSTE at SRCA@cste.org with any questions, clarifications, concerns or edits to your SRCA.

APPENDIX 1: Alphabetical List of Conditions by Condition Category Grouping (*Nationally Notifiable Conditions [NNC])

Birth Defects and Congenital Anomalies

Abdominal Wall Defects	Fetal Alcohol Spectrum Disorders (FASD)	Other Specified Developmental Deformity
Alcohol-related Birth Defects	Fetal Alcohol Syndrome (FAS)	Other Specified Genetic Disorder
Anencephaly	Galactosemia	Other Specified metabolic Disorder
Autism	Gastroschisis	Phenylketonuria
Autism Spectrum Disorders	Hypospadia	Primary Congenital Hypothyroidism
Biotinidase Deficiency	Inborn Errors of Metabolism	Spina Bifida
Cardiac Defect	Infant Hearing Loss	Sudden Infant Death Syndrome (SIDS)
Cleft Lip	Limb Reduction	
Cleft Lip/Palate	Maple Syrup Urine Disease	
Cleft Palate	Neural Tube Defect	
Congenital Hyperthyroidism	Omphalocele	
Down's Syndrome (Trisomy 21)		
Epispadia		

Bloodborne Diseases

Acquired Immunodeficiency Syndrome (AIDS)/HIV Stage III	*Hepatitis B, Perinatal	Hepatitis Viral Infection
Hepatitis B	Hepatitis C	Hepatitis Viral Infection, Non-A Non-B
*Hepatitis B, Acute	*Hepatitis C, Acute	*HIV Infection
*Hepatitis B, Chronic	*Hepatitis C, Past or Present	
	Hepatitis D	

Enteric Diseases

Amebiasis	Enterovirus Infections	Salmonella spp. Infections
Campylobacteriosis	<i>Escherichia coli</i> Infection	*Salmonellosis
*Cholera	* <i>Escherichia coli</i> Infection, <i>Escherichia coli</i> (shiga-toxin producing)	*Shigellosis
Clostridium difficile Infection	Foodborne Disease	Staphylococcal Disease
Clostridium perfringens Infection	*Foodborne Disease, Outbreak	Staphylococcal Enterotoxin B Intoxication
Clostridium perfringens Toxin Poisoning	*Giardiasis	*Trichinellosis
Cryptococcosis	*Hepatitis A	*Typhoid Fever
*Cryptosporidiosis	*Hepatitis A, Acute	Vibriosis
*Cyclosporiasis	Hepatitis E	*Vibriosis, <i>Vibrio cholerae</i> non-O1/-O139
Enterobacteriaceae Infection	*Listeriosis	Waterborne Disease
Enterobacteriaceae Infection, Carbapenem, Resistant	Norovirus Infections	*Waterborne Disease, outbreak
	Rotavirus Infections	Yersiniosis

Healthcare-Associated Events

Catheter-associated Urinary Tract Infection (UTI)	Healthcare-associated Adverse Event	Surgical Site Infection
Central-line associated Bloodstream Infection	Healthcare-associated Infection	Vancomycin-resistant Enterococci (VRE) Infection
	Hospital-acquired Infection	Ventilator-associated Pneumonia
	Nosocomial Infection	

Infectious Disease Not Otherwise Specified

Acanthamoeba Disease (excluding keratitis)	Acanthamoeba Keratitis	Conjunctivitis
	Balamuthia mandrillaris Disease	

Primary Amebic
Meningoencephalitis

Trachoma

Injuries

Animal Bites
Burns
Contaminated Sharps Injury
Disaster Casualty
Drownings and Submersions
Drug (Controlled Substance)
Overdose
Farm-related

Gunshot Wounds
Hazardous Substances
Emergency Event
Head Injury
Hyperthermia
Hypothermia
Intimate Partner Violence
Motor Vehicle Injury

Noise-induced Hearing Loss
Smoke Inhalation
Spinal Cord Injury
Suicide
Traumatic Fatalities
Traumatic Injuries
Violent Injuries

Neurologic and Toxin-Mediated Conditions

Acute Flaccid Paralysis
Botulism
*Botulism, food
*Botulism, infant
*Botulism, wound
*Botulism, other
Ciguatera

Creutzfeldt-Jakob Disease
Domoic Acid Poisoning
Encephalitis
Fish and Shellfish Poisoning
Guillain-Barre Syndrome
Meningitis
Mushroom Poisoning

Neurotoxic Shellfish Poisoning
Paralytic Shellfish Poisoning
Ricin Poisoning
Scombroid
Variant Creutzfeldt-Jakob
Disease

Respiratory Conditions (Infectious)

Acute Upper Respiratory Illness
*Coccidioidomycosis
Histoplasmosis
Influenza-like Illness
*Legionellosis
Pneumonia

*Psittacosis
Respiratory Syncytial Virus
(RSV) Infection
*Severe Acute Respiratory
Syndrome-associated
Coronavirus Disease

Staphylococcal Enterotoxin B
Pulmonary Poisoning
*Tuberculosis

Selected Non-Infectious Diseases

Asbestosis
Asthma
Berylliosis
Byssinosis
*Cancer
Cerebral Palsy

Chronic Fatigue Syndrome
Coal Workers' Pneumoconiosis
Diabetes
Hypersensitivity Pneumonitis
Mesothelioma
Parkinson's Disease

Pneumoconiosis
Pneumonitis
Scabies
*Silicosis

Sexually Transmitted Diseases

*Chancroid
**Chlamydia trachomatis*
Infection
Chlamydial Infection
Genital Warts
*Gonorrhea
Granuloma Inguinale
Herpes Genitalis
Herpes Simplex

Lymphogranuloma Venereum
Mucopurulent Cervicitis (MPC)
*Neurosyphilis
Nongonococcal Urethritis
(NGU)
Ophthalmia Neonatorum
Pelvic Inflammatory Disease
(PID)
Syphilis

*Syphilis, Primary
*Syphilis, Secondary
*Syphilis, Latent
*Syphilis, Early Latent
*Syphilis, Unknown Duration
*Syphilis, [Late] Non-
Neurological
*Syphilis, Congenital
*Syphilitic Stillbirth

Systemic Conditions

*Hansen's Disease
Hemolytic Uremic Syndrome
*Hemolytic Uremic Syndrome,
Post-diarrheal
Hepatitis G
Kawasaki Disease
Rash Outbreak
Reye's Syndrome
Rheumatic Fever

Septicemia
Staphylococcus aureus Infection
**Staphylococcus aureus*
Infection, Vancomycin-
intermediate
**Staphylococcus aureus*
Infection, Vancomycin-
resistant
Streptococcal Disease

*Streptococcal Toxic Shock
Syndrome (STSS)
Streptococcus pneumoniae
Infection
**Streptococcus pneumoniae*
Infection, invasive
Toxic Shock Syndrome
*Toxic Shock Syndrome other
than Streptococcal

Toxic Effects of Non-medicinal Substances

Arsenic Poisoning
Cadmium Poisoning
Chemical Pneumonitis
Farmers' Lung
Lead Level
*Lead Level, Blood, <16 years,
≥10 µg/dL

*Lead Level, Blood, ≥16 years,
≥10 µg/dL
Lead Poisoning
Mercury Poisoning
Toxic Effects of Agricultural
Chemicals
Toxic Effects of Carbon
Monoxide

Toxic Effects of Chemicals
Toxic Effects of Heavy Metals
Toxic Effects of Pesticides
* Toxic Effects of Pesticides,
acute

Vaccine-Preventable Conditions

*Congenital Rubella Syndrome
*Diphtheria
Haemophilus influenzae
Infection
**Haemophilus influenzae*
Infection, invasive
Immunization-related Adverse
reaction
Influenza
*Influenza, Pediatric, Mortality

*Influenza, influenza A virus,
novel cases
*Measles
Meningococcal Disease
*Mumps
*Non-Paralytic Poliovirus
Infection
*Paralytic Poliomyelitis
*Pertussis
*Rubella

*Smallpox
Smallpox Vaccination Adverse
Event
*Tetanus
Vaccinia Adverse Event
Vaccinia Disease
*Varicella
*Varicella, mortality

Zoonotic and Vectorborne Diseases

Anaplasmosis
*Anaplasmosis, *Anaplasma*
phagocytophilum
*Anaplasmosis, undetermined
Angiostrongyliasis
*Anthrax
Arboviral Disease
Arenavirus Infection
*Babesiosis
Bartonellosis
Blastomycosis
*Brucellosis
California Serogroup Virus
Disease
*California Serogroup Virus
Disease, Neuroinvasive

*California Serogroup Virus
Disease, Non-Neuroinvasive
Chagas Disease
Chikungunya
Cysticercosis
Colorado Tick Fever
*Crimean-Congo Hemorrhagic
Fever Virus Infection
*Dengue Fever
*Dengue Hemorrhagic Fever
*Dengue Shock Syndrome
Eastern Equine Encephalitis
Virus Disease
*Eastern Equine Encephalitis
Virus Disease, Neuroinvasive

*Eastern Equine Encephalitis
Virus Disease, Non-
Neuroinvasive
*Ebola Virus Infection
Ehrlichiosis
*Ehrlichiosis, *Ehrlichia*
chaffeensis
*Ehrlichiosis, *Ehrlichia ewingii*
*Ehrlichiosis, undetermined
Filariasis
Glanders
*Hantavirus Pulmonary
Syndrome
Japanese Encephalitis Virus
Disease
LaCrosse Virus Infection
*Lassa Virus Infection

Leishmaniasis
Leptospirosis
Louse-Borne Relapsing Fever
*Lujo Virus Infection
*Lyme Disease
*Malaria
*Marburg Virus Infection
Meliodosis
Monkeypox
*New World Arenavirus
Infection
Nipah Virus Infection
Orthopox
*Plague
Powassan Virus Disease
*Powassan Virus Disease,
Neuroinvasive
*Powassan Virus Disease, Non-
Neuroinvasive

Q Fever
*Q Fever, acute
*Q Fever, chronic
Rabies
*Rabies, animal
*Rabies, human
Rickettsial Disease
Rift Valley Fever
Rocky Mountain Spotted Fever
*Spotted Fever Rickettsiosis
St. Louis Virus Disease
*St. Louis Virus Disease,
Neuroinvasive
*St. Louis Virus Disease, Non-
Neuroinvasive
Taeniasis
Tick-borne Relapsing Fever
Toxoplasmosis
*Tularemia

Typhus Fever
Venezuelan Equine Encephalitis
Virus Disease
Vesicular Stomatitis
Viral Hemorrhagic Fever
West Nile Virus Disease
*West Nile Virus Disease,
Neuroinvasive
*West Nile Virus Disease, Non-
Neuroinvasive
Western Equine Encephalitis
Virus Disease
*Western Equine Encephalitis
Virus Disease, Neuroinvasive
*Western Equine Encephalitis
Virus Disease, Non-
Neuroinvasive
*Yellow Fever

APPENDIX 2: Available Modifiers for Creating Subset Conditions (Optional)

<u>Age (Choose AGE GROUP or AGE RANGE)</u>		
AGE GROUP:	Toddler	Adult
Congenital	Child	Elderly/Geriatric
Perinatal	Pre-adolescent	
Newborn/Neonatal	Adolescent	AGE RANGE: Enter minimum
Infant	Pediatric	and/or maximum age
<u>Etiologic Agent</u>		
14-3-3 Protein	Burkholderia pseudomallei	Cryptococcus non.
Acanthamoeba spp.	Cadmium	V.neoformans
Acid-Fast Bacillus	California Serogroup Virus	Cryptococcus spp.
Adenovirus	Campylobacter coli	Cryptosporidium parvum
Ajellomyces capsulatum	Campylobacter enteritis	Cryptosporidium spp.
Ajellomyces dermatitidis	Campylobacter fetus	Cyclospora cayetanensis
Alphavirus	Campylobacter jejuni	Cyclospora spp.
Anaplasma phagocytophilum	Campylobacter spp.	Dengue Virus
Anaplasma spp.	Carbon Monoxide	Eastern Equine Encephalitis
Arenavirus	Chemical	Virus
Arsenic	Chikungunya Virus	Ebola Virus
Asbestos	Chlamydia psittaci	Echovirus
Babesia divergens	Chlamydia trachomatis	Ehrlichia chaffeensis
Babesia duncani	Chlamydiaceae	Ehrlichia ewingii
Babesia microti	Clostridium botulinum	Ehrlichia spp.
Babesia spp.	Clostridium botulinum Toxin	Entamoeba histolytica
Bacillus anthracis	Clostridium difficile	Enterobacter sakazakii
Balamuthia mandrillaris	Clostridium perfringens	Enterobacteriaceae
Bartonella spp.	Clostridium perfringens Toxin	Enterobacter spp.
Beryllium	Clostridium tetani	Enterobacter cloacae
Bordetella holmesii	Coal	Enterobacter aerogenes
Bordetella parapertussis	Coccidioides immitis	Enterococcus spp.
Bordetella pertussis	Coccidioides posadasii	Enterovirus
Borrelia afzelii	Coccidioides spp.	Escherichia coli
Borrelia burgdorferi	Colorado Tick Fever Virus	Escherichia coli
Borrelia duttoni	Corynebacterium diphtheriae	(Enteroggregative)
Borrelia garinii	Cotton Dust	Escherichia coli
Borrelia hermsii	Coxiella burnetii	(Enterohemorrhagic)
Borrelia parkeri	Crimmean-Congo Hemorrhagic	Escherichia coli (Enteroinvasive)
Borrelia recurrentis	Fever Virus	Escherichia coli
Borrelia spp.	Cryptococcus gattii	(Enteropathogenic)
Brucella abortus	Cryptococcus neoformans	Escherichia coli
Brucella canis	Species Complex	(Enterotoxigenic)
Brucella melitensis	Cryptococcus neoformans var.	Escherichia coli (Shiga-Toxin
Brucella spp.	grubii	Producing)
Brucella suis	Cryptococcus neoformans var.	Escherichia coli (Sorbitol-
Bunyaviridae	neoformans	Negative)
Burkholderia mallei		Escherichia coli O157:H7

2016 State Reportable Conditions Assessment (SRCA) User Instructions

Filovirus	Mercury	Salmonella spp.
Flavivirus	Monkeypox Virus	Salmonella spp. (Non-typhi)
Francisella tularensis	Mumps Virus	Salmonella typhi
Giardia intestinalis	Mycobacterium africanum	Sarcoptes scabiei
Giardia spp.	Mycobacterium avium Complex	Saxitoxin
Haemophilus ducreyi	Mycobacterium bovis	Severe Acute Respiratory
Haemophilus influenzae	Mycobacterium bovis BCG	Syndrome-related Coronavirus
Haemophilus influenzae Non-Type b	Mycobacterium canettii	Shigella boydii
Haemophilus influenzae Type b	Mycobacterium caprae	Shigella dysenteriae
Hantavirus	Mycobacterium leprae	Shigella flexneri
Heavy Metal	Mycobacterium microti	Shigella sonnei
Hepatitis A Virus	Mycobacterium pinnipedii	Shigella spp.
Hepatitis B Virus	Mycobacterium spp.	Silica
Hepatitis C Virus	Mycobacterium spp. (Non-leprae and Non-TB)	Snowshoe Hare Virus
Hepatitis D Virus	Mycobacterium spp. (Non-leprae)	St. Louis Virus
Hepatitis E Virus	Mycobacterium spp. (Non-TB)	Staphylococcal Enterotoxin B
Hepatitis G Virus	Mycobacterium tuberculosis	Staphylococcus aureus
Human Herpes Virus 1	Mycobacterium tuberculosis Complex	Staphylococcus aureus (Coagulase-Positive)
Human Herpes Virus 2	Naegleria fowleri	Staphylococcus aureus Toxin
Human Immunodeficiency Virus 1	Neisseria gonorrhoeae	Staphylococcus spp.
Human Immunodeficiency Virus 2	Neisseria meningitidis	Streptococcus agalactiae (Group B)
Human Papillomavirus	Nipah Virus	Streptococcus haemolyticus
Human T-Cell Leukemia Virus 2	Norovirus	Streptococcus pneumoniae
Human T-Lymphotropic Virus Type 1	Orthopoxvirus	Streptococcus pyogenes (Group A)
Influenza A Virus	Pesticide	Streptococcus spp.
Influenza Virus	Plasmodium falciparum	T-2 Mycotoxin
Jamestown Canyon Virus	Plasmodium malariae	Taenia solium
Japanese Encephalitis Virus Group	Plasmodium ovale	Taenia spp.
Keystone Virus	Plasmodium spp.	Toxoplasma gondii
Klebsiella spp. Klebsiella granulomatis	Plasmodium vivax	Toxoplasma spp.
Klebsiella oxytoca	Pneumocystis jiroveci	Treponema pallidum
Klebsiella pneumoniae	Poliovirus	Trichinella spiralis
LaCrosse Virus	Powassan Virus	Trichinella spp.
Lassa Virus	Rabies Virus	Trivittatus
Lead	Respiratory syncytial Virus	Trypanosoma cruzi
Legionella pneumophila	Ricin Toxin	Undetermined
Legionella spp.	Rickettsia akari (rickettsialpox)	Unspecified
Leptospira interrogans	Rickettsia felis	Vaccinia Virus
Leptospira spp.	Rickettsia prowazekii	Varicella Zoster Virus
Leishmania spp.	Rickettsia rickettsii	Variola Virus
Listeria Monocytogenes	Rickettsia spp.	Venezuelan Equine Encephalitis Virus
Listeria spp.	Rickettsia typhi	Vesicular Stomatitis Virus
Marburg Virus	Rift Valley Fever Virus	Vibrio alginolyticus
	Rotavirus	Vibrio cholerae
	Rubella Virus	Vibrio cholerae Non-O1
	Rubeola Virus	

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Vibrio cholerae Non-O1/-O139	Vibrio parahaemolyticus	Yersinia Enterocolitica
Vibrio cholerae O1	Vibrio spp.	Yersinia pestis
Vibrio cholerae O139	Vibrio spp. (Non-cholera)	Yersinia pseudotuberculosis
Vibrio damsela	Vibrio vulnificus	Yersinia spp.
Vibrio fluvialis	West Nile Virus	Yersinia spp. (Non-pestis)
Vibrio furnissii	Western Equine Encephalitis	
Vibrio hollisae	Virus	
Vibrio imicus	Yellow Fever Virus	

Etiologic Type

Bacterial	Particulate	Toxin
Fungal	Prion	Viral
Parasitic	Protozoal	

Special Circumstances

Bioterrorist event	Initial diagnosis	Novel cases
Cluster	Institutional setting	Outbreak
Community-acquired	Intentional release	Perinatal exposure
Community-associated	Intentional transmission	Post-diarrheal
Healthcare facility onset	International	Post-infectious
Healthcare associated	Morbidity	Post-streptococcal
Hospitalization	Mortality	Pregnant woman
Imported case	Naturally-occurring	

Treatment

Change in treatment outcome	Responding to treatment	Treatment prescribed
Post-exposure prophylaxis	Treatment administered	

Occupational

All work related cases	In a food handler	Other occupation
In a child care worker	In a healthcare worker	

Disease Status

Active	Colonization	Latent (unknown duration)
Acute	Critical	Primary
Carriers	Early latent	Secondary
Cases	Late latent	Tertiary
Chronic	Latent	

Infected Species

Alternative livestock	Dogs	Sheep
Animal	Goats	Swine
Aquaculture	Horses	Wildlife – avian
Cats	Human	Wildlife – mammal
Cattle	Poultry	Wildlife – reptile/amphibian

Antibiotic (Choose one value each from ANTIBIOTIC and ANTIBIOTIC SENSITIVITY)

ANTIBIOTIC:	Doripenem	Ertapenem
Carbapenem	Drug	Glycopeptide

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Imipenem	Oxacillin	ANTIBIOTIC SENSITIVITY:
Meropenem	Penicillin	Intermediate
Methicillin	Vancomycin	Resistant

Lab Finding (*Will not appear as part of condition name)

CD4 count	IMP	VIM
Carbapenemase	KPC	Viral load*
ESBL	NDM	
Hemoglobin A1c*	OXA-48	

Threshold (Enter minimum and/or maximum value with unit)

Cell Count %	IU/L	µg/g
Cells/µL	µg/dl	

Lab Outcome

Indeterminate lab test	Positive lab test
Negative lab test	Positive culture
Ordered lab test	Quantitative lab test result

Source/Site

Blood	Invasive	Perirectal
Clinical	Neuroinvasive	Rectal
CNS	Neurological	Sterile site
CSF	Non-neurological	Stool
Food	Ophthalmic	Urine
Genital	Oral	Wound

Case Details (Will not appear as part of condition name)

CASE CLASSIFICATION:	REPORTING METHOD:	DATE EFFECTIVE: <i>Enter date</i>
Confirmed	Aggregate Count	
Probable	Individual Case Report	
Suspect		