

CSTE List of Nationally Notifiable Conditions

June 2010

This list indicates the nationally notifiable conditions for which health departments provide information to CDC. It specifies the manner and time frame in which the health department notifies CDC. Local requirements for reporting to public health by healthcare providers, laboratorians and others generally include these conditions but may require reporting of additional diseases, syndromes or findings and may specify different time frames. For information on local reporting requirements, contact the city, county or state health department.

IMMEDIATE, EXTREMELY URGENT - Notification within 4 hours

Call CDC EOC at 770-488-7100 within 4 hours; follow-up with electronic transmission of report by the next business day

CONDITION	CASES REQUIRING NOTIFICATION
Anthrax	
Source of infection not recognized	Confirmed and probable cases
Recognized BT exposure/potential mass exposure	Confirmed and probable cases
Serious illness of naturally-occurring anthrax	Confirmed and probable cases
Botulism	
Foodborne (except endemic to Alaska)	All cases prior to classification
Intentional or suspected intentional release	All cases prior to classification
Infant botulism (clusters or outbreaks)	All cases prior to classification
Cases of unknown etiology/not meeting standard notification criteria	All cases prior to classification
Plague	
Suspected intentional release	All cases prior to classification
Paralytic poliomyelitis	Confirmed cases
SARS - associated coronavirus	All cases prior to classification
Smallpox	Confirmed and probable cases
Tularemia	
Suspected intentional release	All cases prior to classification
Viral Hemorrhagic Fevers	
Suspected intentional	Confirmed and suspected cases

IMMEDIATE, URGENT - Notification within 24 hours

Call CDC EOC at 770-488-7100 within 24 hours; follow-up with report in next regularly scheduled electronic transmission

CONDITION	CASES REQUIRING NOTIFICATION
Anthrax	
Naturally-occurring or occupational, responding to treatment	Confirmed and probable cases
Brucellosis	
Multiple cases, temporally/spatially clustered	Confirmed and probable cases
Diphtheria	All cases prior to classification
Novel influenza A virus infection	Confirmed cases
Measles	Confirmed cases
Poliovirus infection, nonparalytic	Confirmed cases
Rabies in a human	Confirmed cases
Rabies in an animal	
Imported from outside continental US within past 60 days	Confirmed cases
Rubella	Confirmed cases
Viral hemorrhagic fevers	
All cases other than suspected intentional	Confirmed and suspected cases
Yellow Fever	Confirmed and probable cases

STANDARD - Notification by electronic transmission

Submit within the next normal reporting cycle (i.e., within 7 days for NNDSS conditions)

CONDITION	CASES REQUIRING NOTIFICATION
Anaplasmosis	Confirmed and probable cases
Arboviral disease (Calif. serogroup, EEE, Powassan, SLE, WNV, WEE)	Confirmed and probable cases
Babesiosis	Confirmed and probable cases
Botulism	
Infant, sporadic cases	All cases prior to classification
Wound, sporadic cases	All cases prior to classification
Brucellosis	
Cases not temporally/spatially clustered	Confirmed and probable cases
Cancer	Confirmed cases ¹
Chancroid	Confirmed and probable cases
Chlamydia trachomatis infection	Confirmed cases

STANDARD - Notification by electronic transmission**Submit within the next normal reporting cycle (i.e., within 7 days for NNDSS conditions)**

CONDITION	CASES REQUIRING NOTIFICATION
Coccidioidomycosis	Confirmed cases
Cryptosporidiosis	Confirmed and probable cases
Cyclosporiasis	Confirmed and probable cases
Dengue virus infections	Confirmed, probable and suspect cases
Ehrlichiosis	Confirmed and probable cases
<i>Escherichia coli</i> , Shiga toxin-producing (STEC)	Confirmed and probable cases
Foodborne disease outbreaks	Confirmed outbreaks [‡]
Giardiasis	Confirmed and probable cases
Gonorrhea	Confirmed and probable cases
<i>Haemophilus influenzae</i> , invasive disease	All cases prior to classification
Hansen's disease	Confirmed cases
Hantavirus pulmonary syndrome	Confirmed cases
Hemolytic uremic syndrome, post-diarrheal	Confirmed and probable cases
Hepatitis A, acute	Confirmed cases
Hepatitis B, acute	Confirmed cases
Hepatitis B, chronic	Confirmed and probable cases
Hepatitis C, acute	Confirmed cases
Hepatitis C, chronic	Confirmed and probable cases
HIV Infection	Confirmed cases of HIV infection; perinatally exposed infants prior to classification
Influenza-associated mortality, pediatric	Confirmed cases
Lead, exposure screening test result	All test results [#]
Legionellosis	Confirmed and suspected cases
Listeriosis	Confirmed and probable cases
Lyme disease	Confirmed, probable and suspect cases
Malaria	Confirmed and suspected cases
Meningococcal disease (<i>Neisseria meningitidis</i>)	Confirmed and probable cases
Mumps	Confirmed and probable cases
Pertussis	All cases prior to classification
Pesticide-related illness, acute	Definite, probable, possible and suspicious cases
Plague	
All cases not suspected to be intentional	All cases prior to classification
Psittacosis	Confirmed and probable cases
Q Fever	Confirmed and probable cases
Rabies in an animal	
Animal not imported within past 60 days	Confirmed cases
Rickettsiosis, Spotted Fever	Confirmed and probable cases
Rubella, congenital syndrome	Confirmed cases
Salmonellosis	Confirmed and probable cases
Shigellosis	Confirmed and probable cases
Silicosis	Confirmed cases
<i>Staphylococcus aureus</i> infection	
Vancomycin-intermediate (VISA)	Confirmed cases
Vancomycin-resistant (VRSA)	Confirmed cases
<i>Streptococcus pneumoniae</i> , invasive disease (IPD)	Confirmed cases
Streptococcal toxic shock syndrome (STSS)	Confirmed and probable cases
Syphilis	Confirmed and probable cases
Tetanus	All cases prior to classification
Toxic shock syndrome (non-Strep)	Confirmed and probable cases
Trichinellosis (Trichinosis)	All cases prior to classification
Tuberculosis	Confirmed cases
Tularemia	
All cases other than suspected intentional release	Confirmed and probable cases
Typhoid Fever	Confirmed and probable cases
Varicella	Confirmed and probable cases
<i>Vibrio cholerae</i> infection (Cholera)	Confirmed cases
Vibriosis	Confirmed and probable cases
Waterborne disease outbreaks	All outbreaks [‡]

† Notification for all confirmed cases of cancer should be made at least annually

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

‡ 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