### Morbidity for selected infectious diseases and events, Chicago, 2006 - 2010

<table>
<thead>
<tr>
<th>Reportable Disease or Event</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010(^1)</th>
<th>5-year median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cryptosporidiosis</td>
<td>27</td>
<td>26</td>
<td>19</td>
<td>16</td>
<td>35</td>
<td>26</td>
</tr>
<tr>
<td><em>E. coli</em> O157:H7 Disease</td>
<td>16</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Foodborne disease outbreaks(^2)</td>
<td>14</td>
<td>20</td>
<td>14</td>
<td>10</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td><em>H. influenzae</em> (type b) Disease (invasive)</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><em>H. influenzae</em> (non-type b) Disease (invasive)</td>
<td>19</td>
<td>24</td>
<td>30</td>
<td>34</td>
<td>39</td>
<td>30</td>
</tr>
<tr>
<td>Hepatitis A (acute)</td>
<td>35</td>
<td>31</td>
<td>36</td>
<td>40</td>
<td>28</td>
<td>35</td>
</tr>
<tr>
<td>Hepatitis B (acute)</td>
<td>46</td>
<td>28</td>
<td>36</td>
<td>28</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Hepatitis C (acute)</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Histoplasmosis</td>
<td>21</td>
<td>18</td>
<td>26</td>
<td>21</td>
<td>13</td>
<td>21</td>
</tr>
<tr>
<td>Legionellosis</td>
<td>25</td>
<td>34</td>
<td>27</td>
<td>29</td>
<td>36</td>
<td>29</td>
</tr>
<tr>
<td>Listeriosis</td>
<td>10</td>
<td>8</td>
<td>5</td>
<td>10</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>14</td>
<td>7</td>
<td>11</td>
<td>3</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Meningococcal Disease (invasive)(^3)</td>
<td>12</td>
<td>21</td>
<td>29</td>
<td>7</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Mumps</td>
<td>73</td>
<td>30</td>
<td>14</td>
<td>10</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>Pertussis</td>
<td>50</td>
<td>26</td>
<td>76</td>
<td>48</td>
<td>98</td>
<td>50</td>
</tr>
<tr>
<td>Pneumococcal Disease (invasive) in child aged &lt; 5 yrs.</td>
<td>28</td>
<td>26</td>
<td>25</td>
<td>18</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>280</td>
<td>413</td>
<td>289</td>
<td>288</td>
<td>289</td>
<td>289</td>
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<tr>
<td>Shigellosis</td>
<td>148</td>
<td>141</td>
<td>229</td>
<td>97</td>
<td>107</td>
<td>141</td>
</tr>
<tr>
<td>Streptococcal Disease, Group A (invasive)</td>
<td>91</td>
<td>99</td>
<td>100</td>
<td>86</td>
<td>95</td>
<td>95</td>
</tr>
<tr>
<td>Tuberculosis Disease (active)</td>
<td>287</td>
<td>259</td>
<td>214</td>
<td>202</td>
<td>161</td>
<td>214</td>
</tr>
<tr>
<td>Typhoid Fever</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>4</td>
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<tr>
<td>Varicella</td>
<td>137</td>
<td>55</td>
<td>70</td>
<td>50</td>
<td>59</td>
<td>59</td>
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<tr>
<td>West Nile Virus Infection</td>
<td>29</td>
<td>11</td>
<td>4</td>
<td>1</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Yersiniosis</td>
<td>6</td>
<td>9</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

\(^1\) As of May 25, 2011. Counts may change as additional investigative information is obtained.

\(^2\) A foodborne disease outbreak is defined as an incident in which two or more persons experience a similar illness and have no other exposures that could account for their illnesses other than consuming the same meal or food item, or consuming items from the same food service establishment.

\(^3\) Totals include confirmed cases and cases meeting the Centers for Disease Control and Prevention’s definition of a probable case.
**Reportable Infectious Diseases and Conditions in Illinois**

**Stop and Report:** 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 specified time frame via INEDSS (Illinois National Electronic Disease Surveillance System)†

1-7 = indicates that a phone call should be made to specified program (see below) in conjunction with an INEDSS report.

† = indicates conditions for which IDPH currently requires an isolate or clinical materials to be submitted to the IDPH Laboratory.*

### Report Immediately: (within 3 hours)

**Class I(a)**
- Any suspected bioterrorism threat or event†
- Anthrax†,‡
- Botulism, foodborne†,‡
- Influenza A, Novel Virus†,‡
- Plague†,‡
- Q-fever†,‡ (if suspected to be a bioterrorist event or part of an outbreak)
- Smallpox†,‡
- Severe Acute Respiratory Syndrome†,‡
- Tularemia†,‡ (if suspected to be a bioterrorist event or part of an outbreak)

### Report Within 24 hours:

**Class I(b)**
- Botulism: intestinal, wound, and other†
- Chickenpox (varicella)
- Cholera (Vibrio cholera O1 or O139),§
- Diphtheria§
- Enteric Escherichia coli infections (O157:H7, STEC, EHEC, EPEC, ETEC)§
- Foodborne or waterborne illness
- Haemophilus influenza, meningitis and other invasive disease†
- Hantavirus pulmonary syndrome†
- Hemolytic uremic syndrome, post diarrheal†,§
- Hepatitis A§
- Influenza-associated intensive care unit hospitalization†
- Measles†,§
- Mumps
- Neisseria meningitidis, meningitis and invasive disease†,‡
- Pertussis (or whooping cough)†,‡
- Poliomyelitis†
- Rabies, human†,‡
- Rabies, potential human exposure†,‡
- Rubella
- Smallpox vaccination, complications of†,‡
- Staphylococcus aureus, Methicillin resistant (MRSA) clusters of 2 or more cases in a community setting†
- Staphylococcus aureus, Methicillin resistant (MRSA) occurring in infants under 61 days of age
- Staphylococcus aureus infections with intermediate or high level resistance to Vancomycin†,‡
- Streptococcal infections, Group A, invasive and sequelae to Group A streptococcal infections
- Typhoid fever†,‡
- Typhus§

### Report Within 7 Days:

**Class II**
- AIDS
- Arboviral Infection (including, but not limited to, Dengue fever, California encephalitis, St. Louis encephalitis and West Nile Virus)§
- Brucellosis§
- Chancroid
- Chlamydia
- Creutzfeldt-Jakob Disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Giardiasis
- Gonorrhea
- Hepatitis B and Hepatitis D
- Hepatitis C
- Histoplasmosis
- HIV infection
- Influenza, Deaths in persons less than 18 years of age
- Legionellosis§
- Leprosy
- Leptospirosis§
- Listeriosis§
- Malaria§
- Ophthalmia neonatorum (gonococcal)
- Psittacosis
- Q-fever§
- Salmonellosis (other than typhoid)§
- Shigellosis§
- Streptococcus pneumoniae, invasive disease in children less than 5 years
- Syphilis
- Tetanus
- Tickborne Disease, including ehrlichiosis, anaplasmosis, Lyme disease, and Rocky Mountain spotted fever
- Toxic shock syndrome, due to *Staphylococcus aureus* infection
- Trichinosis
- Tuberculosis
- Tularemia§
- Vibrisis (Non-cholera Vibrio infections)†
- Yersinia

† https://www.idphnet.com; ‡ IDPH Chicago Laboratory, 2121 W. Taylor St, Chicago, IL. 60612, (P) 312-793-1322

1. Communicable Disease Surveillance: (312) 746-5295 or (312) 746-5377
2. Communicable Disease Hepatitis Surveillance: (312) 746-6197
3. Sexually Transmitted Infection Surveillance: (312) 413-8047
4. Vaccine Preventable Disease Surveillance: (312) 746-5911
5. Tuberculosis Surveillance: (312) 746-5380
6. HIV/AIDS Surveillance: (312) 747-9614
7. During normal business hours, cases may be reported by calling the corresponding program. On weekends, holidays, after hours, or if no one is available to take your call, reports may be made by calling 311 and asking for the communicable disease physician on call.

All reports are confidential and should include the reportable disease, physician contact information and patient demographics.

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

West Side Center for Disease Control, 2160 W. Ogden Ave, Chicago, IL 60612 Phone: (312) 746-5380 Fax: (312) 746-6388

as of 5/31/2011