

# Diseases Reportable in IL

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



Mandated reporters, such as health care providers, hospitals, and laboratories, by law must report **confirmed or suspected** cases of certain infectious diseases to the Chicago Department of Public Health (CDPH).

## Report Immediately (within 3 hours) by phone\*

Any unusual case or cluster of cases that may indicate a public health hazard (e.g. MERS-CoV, Ebola Virus Disease, Acute Flaccid Myelitis)<sup>1</sup>  
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>

## Report within 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>1,†</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 admission<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, human and animal<sup>1</sup>  
Rabies, potential human 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<sup>1</sup>  
Tularemia<sup>1,†</sup>  
Typhoid Fever<sup>1,†</sup>  
Typhus<sup>1</sup>

## Report within 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 and Hepatitis D<sup>2</sup>  
Hepatitis C<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 in children under 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  
Communicable Disease Fax: (312) 746-6388 (6144)
2. Communicable Disease Hepatitis Surveillance: (312) 746-6197  
Communicable Disease Hepatitis Fax: (312) 746-6388 (6144)
3. Sexually Transmitted Infection Surveillance: (312) 747-0697  
Sexually Transmitted Infection Fax: (312) 745-7627
4. Vaccine Preventable Disease Surveillance: (312) 746-5911  
Vaccine Preventable Disease Fax: (312) 746-6388 (6144)
5. Tuberculosis Surveillance: (312) 746-6013  
Tuberculosis Fax: (312) 746-5134
6. HIV/AIDS Surveillance: (312) 747-9614

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

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

<sup>‡</sup>Illinois National Electronic Disease Surveillance System (I-NEDSS). To sign-up for an I-NEDSS account visit: <https://www.idphnet.illinois.gov>