

**Report incidences of the following infections, diseases, or conditions to the
Local Health Department — Phone Number: _____**

**Reportable Communicable Diseases and Conditions for
Health Care Providers, Hospitals, and Medical Laboratories
Effective December 25, 2015
410 IAC 1-2.5-75 & 76**

Report immediately on suspicion (!). Report within 24 hours (*). All others report within 72 hours or as noted.

Acquired Immunodeficiency Syndrome (AIDS)	! Hantavirus pulmonary syndrome	Rabies, postexposure treatment
*Animal Bites	! Hemolytic uremic syndrome, postdiarrheal	Rocky Mountain spotted fever (<i>Rickettsia</i> species)
Anaplasmosis (<i>Anaplasma</i> species)	! Hepatitis, viral, Type A	! Rubella (German Measles)
! Anthrax (<i>Bacillus anthracis</i>)	Hepatitis, viral, Type B	! Rubella congenital syndrome
! Arboviral (Eastern Equine, St. Louis, La Crosse, West Nile, California, Western Equine, Powassan, Japanese)	! Hepatitis, viral, Type B, pregnant woman (acute and chronic) or perinatally exposed infant	Salmonellosis, non-typhoidal (<i>Salmonella</i> species)
Babesiosis (<i>Babesia</i> species)	Hepatitis, viral, Type C (acute), within five (5) business days	! Shigellosis (<i>Shigella</i> species)
! Botulism (<i>Clostridium botulinum</i>)	Hepatitis, viral, Type Delta	! Smallpox (Variola infection)
! Brucellosis (<i>Brucella</i> species)	! Hepatitis, viral, Type E	Adverse events or complications due to smallpox vaccination (vaccinia virus infection) or secondary transmission to others after vaccination.
Campylobacteriosis (<i>Campylobacter</i> species)	Hepatitis, viral, unspecified	! St. Louis encephalitis (SLE)
<i>Carbapenemase-producing Carbapenem-resistant Enterobacteriaceae</i> (CP-CRE)	Histoplasmosis (<i>Histoplasma capsulatum</i>)	<i>Staphylococcus aureus</i> , vancomycin resistance level of MIC \geq 8 μ g/mL or severe <i>Staphylococcus aureus</i> in a previously healthy person
Chancroid (<i>Haemophilus ducreyi</i>)	HIV infection/disease (The following conditions related to HIV are laboratory reportable)	<i>Streptococcus pneumoniae</i> , invasive disease and antimicrobial susceptibility testing
! Chikungunya virus	<i>Cryptococcus neoformans</i>	<i>Streptococcus</i> , Group A, invasive disease (<i>Streptococcus pyogenes</i>)
<i>Chlamydia trachomatis</i> , genital infection	Kaposi's sarcoma (biopsies)	Syphilis (<i>Treponema pallidum</i>)
! Cholera (<i>Vibrio cholerae</i>)	<i>Pneumocystis carinii</i>	Tetanus (<i>Clostridium tetani</i>)
Coccidioidomycosis	! HIV infection/disease , pregnant woman or perinatally exposed infant	Toxic shock syndrome (streptococcal or staphylococcal)
*COVID-19, cases, deaths	Influenza-associated death (all ages)	Trichinosis (<i>Trichinella spiralis</i>)
Cryptosporidiosis (<i>Cryptosporidium</i> species)	! Japanese encephalitis	*Tuberculosis, cases, suspects, and latent infection (<i>Mycobacterium tuberculosis</i>)
Cyclosporiasis (<i>Cyclospora cayetanensis</i>)	! La Crosse encephalitis (California serogroup viruses)	For latent infection, a positive screening test, negative or normal chest x-ray, no evidence of extra-pulmonary disease, and provider diagnosis are necessary. Report latent infection within five (5) business days.
Cysticercosis (<i>Taenia solium</i>)	Legionellosis (<i>Legionella</i> species)	! Tularemia (<i>Francisella tularensis</i>)
! Dengue	Leptospirosis (<i>Leptospira</i> species)	! Typhoid and paratyphoid fever , cases and carriers (<i>Salmonella Typhi</i> or <i>Paratyphi</i>)
! Diphtheria (<i>Corynebacterium diphtheriae</i>)	Listeriosis (<i>Listeria monocytogenes</i> , invasive)	Typhus, endemic (flea-borne)
! Eastern equine encephalitis (EEE)	Lyme disease (<i>Borrelia burgdorferi</i>)	Varicella (chicken pox)
Ehrlichiosis (<i>Ehrlichia</i> species)	<i>Lymphogranuloma venereum</i>	Vibriosis (<i>Vibrio</i> species)
! Escherichia coli infection (Shiga toxin-producing <i>E. coli</i> (STEC)) including, but not limited to:	Malaria (<i>Plasmodium</i> species)	! West Nile Virus (WNV)
<i>E. coli</i> O157;	! Measles (Rubeola)	! Western equine encephalitis (WEE)
<i>E. coli</i> O157:H7;	! Meningococcal disease (<i>Neisseria meningitidis</i> , invasive)	! Yellow fever
Shiga toxin detected; or	*Mumps	Yersiniosis (<i>Yersinia</i> species)
Non-O157 <i>E. coli</i>	*Novel influenza A	
Giardiasis (<i>Giardia</i> species)	*Pertussis (<i>Bordetella pertussis</i>)	
Gonorrhea (<i>Neisseria gonorrhoeae</i>)	! Plague (<i>Yersinia pestis</i>)	
Granuloma inguinale (<i>Calymmatobacterium granulomatis</i>)	! Poliomyelitis	
* <i>Haemophilus influenzae</i> , invasive disease	! Powassan virus	
Hansen's disease (leprosy) (<i>Mycobacterium leprae</i>)	Psittacosis (<i>Chlamydia psittaci</i>)	
	! Q Fever (<i>Coxiella burnetii</i>)	
	! Rabies in humans or animals , confirmed and suspect animal with human exposure	

Other Reportable Conditions and Diseases of Public Health Significance (Non-communicable)

- Report all blood lead results (capillary and venous) in children and adults within one week (410 IAC 29-3-1)
- Report injury resulting from fireworks or pyrotechnics within 5 business days after a person receives treatment (IC 35-47-7-7)
- Report confirmed cases of cancer occurring in residents diagnosed or treated in Indiana to the state cancer registry (410 IAC 21-1-2)



**Report incidences of the following infections, diseases, or conditions to the
Local Health Department — Phone Number: _____**

Immediately report outbreaks of any of the following upon suspicion:

1. Any disease required to be reported under this section
 2. Newborns with diarrhea in hospitals or other institutions
 3. Foodborne or waterborne diseases in addition to those specified by name in this rule
 4. Streptococcal illnesses
 5. Conjunctivitis
 6. Impetigo
 7. Nosocomial disease within hospitals and health care facilities
 8. Influenza-like-illness
 9. Viral meningitis
 10. Unusual occurrence of disease
 11. Any disease (e.g. anthrax, plague, tularemia, *Brucella* species, smallpox, or botulism) or chemical illness considered a bioterrorism threat, importation, or laboratory release.
-

Reporting is required of any specimen derived from the human body yielding microscopic, bacteriologic, immunologic, serologic, or other evidence of infection by any of the organisms or agents listed.

1. Test: name, date, test results, specimen source, normal limits for the test, test result interpretation, and laboratory's accession number or other numeric identifier.
 2. Person: name, address, and date of birth (or age if date of birth is not available)
 3. Submitter: name, address, and telephone number of attending physician, hospital, clinic, or other specimen submitter
 4. Laboratory: name, address, telephone number, and CLIA ID number of the laboratory performing the test
-

Laboratories shall submit all isolates of the following organisms to the ISDH Laboratory for further evaluation within three (3) business days of isolation:

1. Carbapenamase producing-carbapenam resistant Enterobacteriaceae (CP-CRE)
2. *Haemophilus influenzae*, invasive disease
3. *Neisseria meningitidis*, invasive disease
4. **Escherichia coli* (Shiga toxin-producing *E. coli* (STEC)) isolates
5. *Staphylococcus aureus*, vancomycin resistance level of MIC \geq 8 μ g/mL
6. *Mycobacterium tuberculosis*
7. *Streptococcus pneumoniae*, invasive disease, isolates from persons less than five (5) years of age
8. *Listeria monocytogenes*
9. **Salmonella* species isolates
10. **Shigella* species isolates
11. **Vibrio cholerae* isolates
12. **Vibrio* species, *Grimontia hollisae* (*Vibrio hollisae*), and *Photobacterium damsela* (*Vibrio damsela*) isolates

*If isolate of organism is not available, submit clinical specimens per IAC 1-2.5-76(f)

Any infection, disease or condition submitted via electronic laboratory reporting should continue to be reported to the Indiana State Department of Health. Any questions on submission should be directed to the Epidemiology Resource Center at 317-233-7125. For facilities unable to submit via ELR please fax reports to 317-234-2812.

Any questions on isolate submission should be directed to the Indiana State Department of Health Laboratories at 317-921-5500.