

**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)	<b>! Hemolytic uremic syndrome,</b> postdiarrheal	Rocky Mountain spotted fever ( <i>Rickettsia</i> species)
*Animal Bites	<b>! Hepatitis, viral, Type A</b>	<b>! Rubella</b> (German Measles)
Anaplasmosis ( <i>Anaplasma</i> species)	Hepatitis, viral, Type B	<b>! Rubella congenital syndrome</b>
<b>! Anthrax</b> ( <i>Bacillus anthracis</i> )	<b>! Hepatitis, viral, Type B, pregnant woman</b> (acute and chronic) or perinatally exposed infant	Salmonellosis, non-typhoidal ( <i>Salmonella</i> species)
<b>! Arboviral encephalitis</b> (Eastern Equine, St. Louis, La Crosse, West Nile, California, Western Equine, Powassan, Japanese)	Hepatitis, viral, Type C (acute), within five (5) business days	<b>! Shigellosis</b> ( <i>Shigella</i> species)
Babesiosis ( <i>Babesia</i> species)	Hepatitis, viral, Type Delta	<b>! Smallpox</b> (Variola infection) Adverse events or complications due to smallpox vaccination (vaccinia virus infection) or secondary transmission to others after vaccination.
<b>! Botulism</b> ( <i>Clostridium botulinum</i> )	<b>! Hepatitis, viral, Type E</b>	<b>! St. Louis encephalitis</b> (SLE)
<b>! Brucellosis</b> ( <i>Brucella</i> species)	Hepatitis, viral, unspecified	<i>Staphylococcus aureus</i> , vancomycin resistance level of MIC $\geq$ 8 $\mu$ g/mL or severe <i>Staphylococcus aureus</i> in a previously healthy person
Campylobacteriosis ( <i>Campylobacter</i> species)	Histoplasmosis ( <i>Histoplasma capsulatum</i> )	<i>Streptococcus pneumoniae</i> , invasive disease and antimicrobial susceptibility testing
Carbapenemase-producing Carbapenem-resistant Enterobacteriaceae (CP-CRE)	HIV infection/disease (The following conditions related to HIV are laboratory reportable) <i>Cryptococcus neoformans</i> Kaposi's sarcoma (biopsies) <i>Pneumocystis carinii</i>	<i>Streptococcus</i> , Group A, invasive disease ( <i>Streptococcus pyogenes</i> )
Chancroid ( <i>Haemophilus ducreyi</i> )	<b>! HIV infection/disease</b> , pregnant woman or perinatally exposed infant	Syphilis ( <i>Treponema pallidum</i> )
<b>! Chikungunya virus</b>	Influenza-associated death (all ages)	Tetanus ( <i>Clostridium tetani</i> )
<i>Chlamydia trachomatis</i> , genital infection	<b>! Japanese encephalitis</b>	Toxic shock syndrome (streptococcal or staphylococcal)
<b>! Cholera</b> ( <i>Vibrio cholerae</i> )	<b>! La Crosse encephalitis</b> (California serogroup viruses)	Trichinosis ( <i>Trichinella spiralis</i> )
Cryptosporidiosis ( <i>Cryptosporidium</i> species)	Legionellosis ( <i>Legionella</i> species)	*Tuberculosis, cases, suspects, and latent infection ( <i>Mycobacterium tuberculosis</i> ) 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.
Cyclosporiasis ( <i>Cyclospora cayetanensis</i> )	Leptospirosis ( <i>Leptospira</i> species)	<b>! Tularemia</b> ( <i>Francisella tularensis</i> )
Cysticercosis ( <i>Taenia solium</i> )	Listeriosis ( <i>Listeria monocytogenes</i> , invasive)	<b>! Typhoid and paratyphoid fever</b> , cases and carriers ( <i>Salmonella Typhi</i> or <i>Paratyphi</i> )
<b>! Dengue</b>	Lyme disease ( <i>Borrelia burgdorferi</i> )	Typhus, endemic (flea-borne)
<b>! Diphtheria</b> ( <i>Corynebacterium diphtheriae</i> )	<i>Lymphogranuloma venereum</i>	Varicella (chicken pox)
<b>! Eastern equine encephalitis</b> (EEE)	Malaria ( <i>Plasmodium</i> species)	Vibriosis ( <i>Vibrio</i> species)
Ehrlichiosis ( <i>Ehrlichia</i> species)	<b>! Measles</b> (Rubeola)	<b>! West Nile Virus</b> (WNV)
<b>! Escherichia coli infection</b> (Shiga toxin-producing <i>E. coli</i> (STEC)) including, but not limited to: <i>E. coli</i> O157; <i>E. coli</i> O157:H7; Shiga toxin detected; or Non-O157 <i>E. coli</i>	<b>! Meningococcal disease</b> ( <i>Neisseria meningitidis</i> , invasive)	<b>! Western equine encephalitis</b> (WEE)
Giardiasis ( <i>Giardia</i> species)	*Mumps	<b>! Yellow fever</b>
Gonorrhea ( <i>Neisseria gonorrhoeae</i> )	*Novel influenza A	Yersiniosis ( <i>Yersinia</i> species)
Granuloma inguinale ( <i>Calymmatobacterium granulomatis</i> )	*Pertussis ( <i>Bordetella pertussis</i> )	
* <i>Haemophilus influenzae</i> , invasive disease	<b>! Plague</b> ( <i>Yersinia pestis</i> )	
Hansen's disease (leprosy) ( <i>Mycobacterium leprae</i> )	<b>! Poliomyelitis</b>	
<b>! Hantavirus pulmonary syndrome</b>	<b>! Powassan virus</b>	
	Psittacosis ( <i>Chlamydia psittaci</i> )	
	<b>! Q Fever</b> ( <i>Coxiella burnetii</i> )	
	<b>! Rabies in humans or animals</b> , confirmed and suspect animal with human exposure	
	Rabies, postexposure treatment	

**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)



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**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.
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**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
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**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  $\mu$ 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.

