

Mississippi State Department of Health

List of Reportable Diseases and Conditions

Reporting Hotline: 1-800-556-0003
Monday - Friday, 8:00 am - 5:00 pm

To report inside Jackson telephone area or for consultative services
Monday - Friday, 8:00 am - 5:00 pm: (601) 576-7725

	Phone	Fax
Epidemiology	(601) 576-7725	(601) 576-7497
STD/HIV	(601) 576-7723	(601) 576-7909
TB	(601) 576-7700	(601) 576-7520

Class 1 Conditions may be reported nights, weekends and holidays by calling: (601) 576-7400

Class 1: Diseases of major public health importance which shall be reported directly to the Mississippi State Department of Health (MSDH) by telephone within 24 hours of first knowledge or suspicion. Class 1 diseases and conditions are dictated by requiring an immediate public health response. Laboratory directors have an obligation to report laboratory findings for selected diseases (refer to Appendix B of the Rules and Regulations Governing Reportable Diseases and Conditions).

Any Suspected Outbreak (including foodborne and waterborne outbreaks)
(Possible biological weapon agents appear in *bold italics*)

<p>Anthrax Arboviral infections including but not limited to those due to: California encephalitis virus Eastern equine encephalitis virus LaCrosse virus Western equine encephalitis virus St. Louis encephalitis virus West Nile virus Botulism (including foodborne, infant or wound) Brucellosis Chancroid Cholera Creutzfeldt-Jakob disease, including new variant Diphtheria <i>Escherichia coli</i> O157:H7 and any shiga toxin-producing <i>E. coli</i> (STEC)</p>	<p>Encephalitis (human) Glanders <i>Haemophilus influenzae</i> Invasive Disease^{††} Hemolytic uremic syndrome (HUS), post-diarrheal Hepatitis A HIV infection, including AIDS Influenza-associated pediatric mortality (<18 years of age) Measles Melioidosis <i>Neisseria meningitidis</i> Invasive Disease^{††} Pertussis Plague Poliomyelitis Psittacosis Q fever Rabies (human or animal)</p>	<p>Ricin intoxication (castor beans) Smallpox <i>Staphylococcus aureus</i>, vancomycin resistant (VRSA) or vancomycin intermediate (VISA) Syphilis (including congenital) Tuberculosis Tularemia Typhoid fever Typhus fever Vencela infection, primary, in patients >15 years of age Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo]) Yellow fever</p>
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Any unusual disease or manifestation of illness, including but not limited to the appearance of a novel or previously controlled or eradicated infectious agent, or biological or chemical toxin.

Class 2: Diseases or conditions of public health importance of which individual cases shall be reported by mail, telephone, fax or electronically, within 1 week of diagnosis. In outbreaks or other unusual circumstances they shall be reported the same as Class 1. Class 2 diseases and conditions are those for which an immediate public health response is not needed for individual cases.

<p><i>Chlamydia trachomatis</i>, genital infection Dengue Ehrlichiosis <i>Enterococcus</i>, invasive infection[†], vancomycin resistant Gonorrhea Hepatitis (acute, viral only) Note - Hepatitis A requires Class 1 Report Legionellosis Listeriosis</p>	<p>Lyme disease Malaria Meningitis other than meningococcal or <i>H. influenzae</i> Mumps <i>M. tuberculosis</i> infection (positive TST or positive IGRA^{***}) in children < 15 years of age Noncholera vibrio disease Poisonings* (including elevated blood lead levels^{**}) Rocky Mountain spotted fever</p>	<p>Rubella (including congenital) Salmonellosis Sringellosis Spinal cord injuries <i>Streptococcus pneumoniae</i>, invasive infection[†] Tetanus Trichinosis Viral encephalitis in horses and raities</p>
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[†] Usually presents as meningitis or septicemia, or less commonly as cellulitis, epiglottitis, osteomyelitis, pericarditis or septic arthritis.

^{††} Specimen obtained from a normally sterile site.

*Reports for poisonings shall be made to Mississippi Poison Control Center, UMMC 1-800-222-1222.

**Elevated blood lead levels (as designated below) should be reported to the MSDH Lead Program at (601) 576-7447.

Blood lead levels (venous) of ≥10 µg/dL in children less than 16 years of age

Blood lead levels (venous) of ≥25 µg/dL in those 16 years or older

***TST- tuberculin skin test; IGRA- Interferon-Gamma Release Assay

Except for rabies and equine encephalitis, diseases occurring in animals are not required to be reported to the MSDH.

Class 3: Laboratory based surveillance. To be reported by laboratories only. Diseases or conditions of public health importance of which individual laboratory findings shall be reported by mail, telephone, fax or electronically within one week of completion of laboratory tests (refer to Appendix B of the Rules and Regulations Governing Reportable Diseases and Conditions).

<p>All blood lead test results Blastomycosis Carrinobacteriosis</p>	<p>Chagas Disease (American Trypanosomiasis) Cryptosporidiosis Hansen disease (Leprosy)</p>	<p>Hepatitis C infection Histoplasmosis Nontuberculous mycobacterial disease</p>
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Class 4: Diseases of public health importance for which immediate reporting is not necessary for surveillance or control efforts. Diseases and conditions in this category shall be reported to the Mississippi Cancer Registry within six months of the date of first contact for the reportable condition.

The National Program of Cancer Registries at the Centers for Disease Control and Prevention requires the collection of certain diseases and conditions. A comprehensive reportable list including ICD9CM codes is available on the Mississippi Cancer Registry website, <http://mcr.umc.edu/documents/ReportableCases10-09andlater.pdf>.

Each record shall provide a minimum set of data items which meets the uniform standards required by the National Program of Cancer Registries and documented in the North American Association of Central Cancer Registries (NAACCR).

For further information, please refer to the Mississippi State Department of Health's website at www.msgh.state.ms.us

Revision: November 19, 2010

Laboratory Results that must be Reported to the Mississippi State Department of Health

Laboratories shall report these findings to the MSDH at least WEEKLY. Diseases in bold type shall be reported immediately by telephone. Isolates of organisms marked with a dagger (†) should be sent to the MSDH Public Health Laboratory (PHL). All referring laboratories should call the PHL at (601) 576-7582 prior to shipping any isolate. Confirmatory tests for some of these results may be obtained by special arrangement through the Epidemiology Program at (601) 576-7725.

Positive Bacterial Cultures or Direct Examinations	
Result	Reportable Disease
Any bacterial agent in CSF	Bacterial meningitis
<i>Bacillus anthracis</i> †	Anthrax
<i>Bordetella pertussis</i>	Pertussis
<i>Borrelia burgdorferi</i> †	Lyme disease
<i>Brucella</i> species †	Brucellosis
<i>Burkholderia mallei</i> †	Glanders
<i>Burkholderia pseudomallei</i> †	Melioidosis
<i>Campylobacter</i> species	Campylobacteriosis
<i>Chlamydia psittaci</i>	Psittacosis
<i>Chlamydia trachomatis</i>	<i>Chlamydia trachomatis</i> genital infection
<i>Clostridium botulinum</i> †**	Botulism
<i>Clostridium tetani</i>	Tetanus
<i>Corynebacterium diphtheriae</i> †	Diphtheria
<i>Coxiella burnetii</i> †	Q fever
<i>Enterococcus</i> species,* vancomycin resistant	<i>Enterococcus</i> infection, invasive vancomycin resistant
<i>Escherichia coli</i> O157:H7 and any shiga toxin-producing <i>E. coli</i> (STEC) †	<i>Escherichia coli</i> O157:H7 and any shiga toxin-producing <i>E. coli</i> (STEC)
<i>Francisella tularensis</i> †	Tularemia
<i>Haemophilus ducreyi</i>	Chancroid
<i>Haemophilus influenzae</i> †*	<i>H. influenzae</i> infection, Invasive
<i>Legionella</i> species	Legionellosis
<i>Listeria monocytogenes</i> †	Listeriosis
<i>Mycobacterium</i> species	Nontuberculous mycobacterial disease
<i>Mycobacterium tuberculosis</i> †	Tuberculosis
<i>Neisseria gonorrhoea</i>	Gonorrhea
<i>Neisseria meningitidis</i> †*	Meningococcal infection, invasive
<i>Rickettsia prowazekii</i>	Typhus Fever
<i>Rickettsia rickettsii</i>	Rocky Mountain Spotted Fever
<i>Salmonella</i> species, not <i>S. typhi</i>	Salmonellosis
<i>Salmonella typhi</i> †	Typhoid fever
<i>Shigella</i> species	Shigellosis
<i>Staphylococcus aureus</i> , vancomycin resistant or vancomycin intermediate	<i>Staphylococcus aureus</i> vancomycin resistant (VRSA) or vancomycin intermediate (VISA)
<i>Streptococcus pneumoniae</i> * †	<i>Streptococcus pneumoniae</i> , invasive infection
<i>Vibrio cholerae</i> O1 †	Cholera
<i>Vibrio</i> species †	<i>Vibrio</i> infection
<i>Yersinia pestis</i> †	Plague

† Isolates of organism should be sent to the MSDH PHL. All referring laboratories should call the PHL at (601) 576-7582 prior to shipping any isolate.

* Specimen obtained from a normally sterile site (usually blood or cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid). Do not report throat or sputum isolates.

**Contact the MSDH Epidemiology Program at (601) 576-7725 or the PHL at (601) 576-7582 for appropriate tests when considering a diagnosis of botulism.

Positive Serologic Tests For:		
Arboviral agents including but not limited to those due to:	Dengue	<i>M. tuberculosis</i> infection
California encephalitis virus	Ehrlichiosis	Plague
Eastern equine encephalitis virus	Hepatitis A (anti-HAV IgM)	Poliomyelitis
LaCrosse virus	Hepatitis B (anti-HBc IgM)	Psittacosis
St. Louis encephalitis virus	Hepatitis C	Rocky Mountain Spotted Fever
Western equine encephalitis virus	HIV infection (refer to Section 113)	Rubella
West Nile virus	Legionellosis †	Syphilis (refer to Section 116)
Brucellosis	Lyme disease	Smallpox
Chagas Disease (American Trypanosomiasis)	Malaria	Trichinosis
Cholera	Measles	Varicella infection, primary in patients >15 years of age
<i>Chlamydia trachomatis</i> genital infection	Mumps	Yellow fever

† Serologic confirmation of an acute case of legionellosis cannot be based on a single titer. There must be a four-fold rise in titer to >1:128 between acute and convalescent specimens.

Positive Parasitic Cultures or Direct Examinations	Blood Chemistries
Result	Reportable Disease
Any parasite in CSF	Parasitic meningitis
<i>Cryptosporidium parvum</i>	Cryptosporidiosis
<i>Plasmodium</i> species †	Malaria

† Indicates the positive specimens may be submitted to the MSDH PHL for confirmation.

Positive Fungal Cultures or Direct Examinations	Positive Toxin Identification
Result	Reportable Disease
Any fungus in CSF	Fungal meningitis
<i>Blastomyces dermatitidis</i>	Blastomycosis
<i>Histoplasma capsulatum</i>	Histoplasmosis

Positive Viral Cultures or Direct Examinations	Surgical Pathology results
Result	Reportable Disease
Any virus in CSF	Viral meningitis
Arboviral agents including but not limited to those due to:	
California encephalitis virus	California encephalitis
Eastern equine encephalitis virus	Eastern equine encephalitis (EEE)
LaCrosse virus	LaCrosse encephalitis
St. Louis encephalitis virus	St. Louis encephalitis (SLE)
Western equine encephalitis virus	Western equine encephalitis (WEE)
West Nile virus	West Nile encephalitis (WNV)
Arenaviruses	Viral hemorrhagic fevers
Dengue virus, serotype 1, 2, 3 or 4	Dengue
Filoviruses	Viral hemorrhagic fevers
Poliovirus, type 1, 2 or 3	Poliomyelitis
Varicella virus	Varicella in patients >15 years of age
Variola virus	Smallpox
Yellow fever virus	Yellow fever

Creutzfeldt-Jakob Disease, including new variant
Hansen disease (*Mycobacterium leprae*)
Human rabies
 Malignant neoplasms
 Mycobacterial disease including **Tuberculosis**
 Trichinosis