

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 the 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	
TB	(601) 576-7700	

Mail reports to: Office of Epidemiology, Mississippi State Department of Health, Post Office Box 1700, Jackson, Mississippi 39215-1700

Class 1A Conditions should be reported within 24 hours (nights, weekends and holidays by calling: (601) 576-7400)

Class 1A: Diseases of major public health importance which shall be reported directly to the Department of Health by telephone within 24 hours of first knowledge or suspicion. Class 1A 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 but not limited to foodborne, waterborne and respiratory outbreaks)

Anthrax	Hepatitis A	Rabies (human or animal)
Botulism (including foodborne, infant or wound)	Influenza-associated pediatric mortality (<18 years of age)	Ricin intoxication (castor beans)
Brucellosis	Measles	Smallpox
Diphtheria	Melioidosis	Tuberculosis
<i>Escherichia coli</i> O157:H7 and any shiga toxin-producing <i>E. coli</i> (STEC)	<i>Neisseria meningitidis</i> Invasive Disease ^{†‡}	Tularemia
Glanders	Pertussis	Typhoid fever
<i>Haemophilus influenzae</i> Invasive Disease ^{†‡}	Plague	Typhus fever
Hemolytic uremic syndrome (HUS), post-diarrheal	Poliomyelitis	Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo])
	Psittacosis	
	Q Fever	

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.

[†]Usually presents as meningitis or septicemia, or less commonly as cellulitis, epiglottitis, osteomyelitis, pericarditis or septic arthritis.

[‡]Specimen obtained from a normally sterile site.

Class 1B Conditions should be reported within 24 hours (within one business day)

Class 1B: Diseases of major public health importance which shall be reported directly to the Department of Health by telephone within one business day after first knowledge or suspicion. Class 1B diseases and conditions require individual case investigation, but not 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).

Arboviral infection including but not limited to:	Chancroid	Syphilis (including congenital)
California encephalitis virus	Cholera	Typhoid Fever
Chikungunya virus	Encephalitis (human)	Varicella infection, primary, in patients >15 years of age
Dengue	HIV infection-including AIDS	Yellow Fever
Eastern equine encephalitis virus	Legionellosis	
LaCrosse virus	Non-cholera <i>Vibrio</i> disease	
Western equine encephalitis virus	<i>Staphylococcus aureus</i> , vancomycin resistant (VRSA) or vancomycin intermediate (VISA)	
St. Louis encephalitis virus		
West Nile virus		

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 1A. Class 2 diseases and conditions are those for which an immediate public health response is not needed for individual cases.

<i>Chlamydia trachomatis</i> , genital infection	HIV infection in pregnancy	Poisonings ^{**} (including elevated blood lead levels ^{***})
Creutzfeldt-Jakob Disease, including new variant	Listeriosis	Rocky Mountain spotted fever
Ehrlichiosis	Lyme disease	Rubella (including congenital)
<i>Enterococcus</i> , invasive infection [‡] , vancomycin resistant	Malaria	Spinal cord injuries
Gonorrhea	Meningitis other than Meningococcal or <i>Haemophilus influenzae</i>	<i>Streptococcus pneumoniae</i> , invasive infection [‡]
Hepatitis (acute, viral only) Note - Hepatitis A requires Class 1A Report	Mumps	Tetanus
Hepatitis B infection in pregnancy	<i>M. tuberculosis</i> Infection (positive TST or IGRA [*])	Trichinosis
		Viral encephalitis in horses and raticies ^{****}

[‡]Specimen obtained from a normally sterile site.

^{*}TST-tuberculin skin test; IGRA-Interferon-Gamma Release Assay (to include size of TST in millimeters and numerical results of IGRA testing).

^{**}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) ≥5µg/dL in patients less than or equal to 6 years of age.

^{****}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).

All blood lead test results in patients ≤6 years of age	CD4 count and HIV viral load [*]	Hepatitis C infection
Campylobacteriosis	Chagas Disease (<i>American trypanosomiasis</i>)	Nontuberculous mycobacterial disease
Carbapenam-resistant Enterobacteriaceae (CRE)	Cryptosporidiosis	Salmonellosis
<i>Enterobacter</i> species, <i>E.coli</i> or <i>Klebsiella</i> species only	Hansen disease (Leprosy)	Shigellosis

^{*}HIV associated CD4 (T4) lymphocyte results of any value and HIV viral load results, both detectable and undetectable.

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/ICD10CM codes is available on the Mississippi Cancer Registry website,

https://www.umc.edu/Administration/Outreach_Services/Mississippi_Cancer_Registry/Reportable_Diseases.aspx.

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.msdh.state.ms.us.

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** are Class 1A diseases and shall be reported immediately by telephone. Isolates of organisms marked with a dagger (†) shall 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 (including PCR)	
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
Carbapenem-resistant <i>Enterobacter</i> species, <i>E. coli</i> , or <i>Klebsiella</i> species †	Carbapenem-resistant <i>Enterobacteriaceae</i> , (CRE)
<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
Ehrlichia species	Ehrlichiosis
<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>Grimontia hollisae</i> †	Noncholera <i>Vibrio</i> disease
<i>Haemophilus ducreyi</i>	Chancroid
<i>Haemophilus influenzae</i> †*	<i>Haemophilus 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 gonorrhoeae</i>	Gonorrhea
<i>Neisseria meningitidis</i> †*	<i>Neisseria meningitidis</i> infection, invasive
<i>Photobacterium damsela</i> †	Noncholera <i>Vibrio</i> disease
<i>Rickettsia prowazekii</i>	Typhus Fever
<i>Rickettsia rickettsia</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> †	Cholera
<i>Vibrio</i> species †	Noncholera <i>Vibrio</i> disease
<i>Yersinia pestis</i> †	Plague

† Isolates of organism shall 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:		
California encephalitis virus (IgM)	Ehrlichiosis (IgM and IgG)	Plague
Chikungunya virus (IgM)	Hepatitis A (anti-HAV IgM)	Poliomyelitis
Dengue (IgM)	Hepatitis B (anti-HBc IgM)	Psittacosis
Eastern equine encephalitis virus (IgM)	Hepatitis B (HBsAg) in pregnancy	Rocky Mountain spotted fever (IgM and IgG)
LaCrosse virus (IgM)	Hepatitis C	Rubella (IgM)
St. Louis encephalitis virus (IgM)	HIV infection	Syphilis
Western equine encephalitis virus (IgM)	Legionellosis [§] (including urine Ag)	Smallpox
West Nile virus (IgM)	Lyme disease (IgM and IgG, including Western Blot)	Trichinosis
Brucellosis	Measles (IgM)	Varicella infection, primary in patients >15 years of age (IgM)
Chagas Disease (<i>American trypanosomiasis</i>)	Mumps (IgM)	Yellow fever (IgM)
Cholera	<i>M. tuberculosis</i> infection (IGRA)	

[§] 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 (including PCR)	Positive Blood Chemistries
Result	
Any parasite in CSF †	ALL blood lead test results in patients less than or equal to 6 years of age are reportable to the MSDH Lead Program at (601) 576-7447.
<i>Cryptosporidium parvum</i>	
<i>Trypanosoma cruzi</i>	
<i>Plasmodium</i> species †	
Reportable Disease	
Parasitic meningitis	
Cryptosporidiosis	
Chagas Disease (<i>American Trypanosomiasis</i>)	
Malaria	

Positive Fungal Cultures or Direct Examinations	Positive Toxin Identification
Result	
Any fungus in CSF	Ricin toxin from <i>Ricinus communis</i> (castor beans)
Reportable Disease	Shiga toxin (<i>Escherichia coli</i>)
Fungal meningitis	

Positive Viral Cultures or Direct Examinations (including PCR)	Surgical Pathology results
Result	
Any virus in CSF	All parasites
Arboviral agents including but not limited to those due to:	Creutzfeldt-Jakob Disease, including new variant
California encephalitis virus	Hansen disease (<i>Mycobacterium leprae</i>)
Chikungunya virus	Human rabies
Dengue virus, serotype 1, 2, 3 or 4	Malignant neoplasms
Eastern equine encephalitis virus	Mycobacterial disease including Tuberculosis
LaCrosse virus	Trichinosis
St. Louis encephalitis virus	
Western equine encephalitis virus	
West Nile virus	
Reportable Disease	
Arenaviruses (Viral Hemorrhagic Fevers)	
Filoviruses (Viral Hemorrhagic Fevers)	
Poliovirus, type 1, 2 or 3	
Varicella virus	
Variola virus (Smallpox)	
Yellow fever virus	
Filoviruses (Viral Hemorrhagic Fevers)	
Poliovirus, type 1, 2 or 3	

Acid Fast Bacilli Smears
Any smear positive for acid-fast bacillus (Tuberculosis)