

Table 1. Diseases Reportable to the Minnesota Department of Health

Report Immediately by Telephone

Anthrax (<i>Bacillus anthracis</i>) a	Q fever (<i>Coxiella burnetii</i>) a
Botulism (<i>Clostridium botulinum</i>)	Rabies (animal and human cases and suspected cases)
Brucellosis (<i>Brucella</i> spp.) a	Rubella and congenital rubella syndrome a
Cholera (<i>Vibrio cholerae</i>) a	Severe Acute Respiratory Syndrome (SARS)
Diphtheria (<i>Corynebacterium diphtheriae</i>) a	(1. Suspect and probable cases of SARS. 2. Cases of health care workers hospitalized for pneumonia or acute respiratory distress syndrome.) a
Hemolytic uremic syndrome a	Smallpox (variola) a
Measles (rubeola) a	Tularemia (<i>Francisella tularensis</i>) a
Meningococcal disease (<i>Neisseria meningitidis</i>) (all invasive disease) a, b	Unusual or increased case incidence of any suspect infectious illness a
Orthopox virus a	
Plague (<i>Yersinia pestis</i>) a	
Poliomyelitis a	

Report Within One Working Day

Amebiasis (<i>Entamoeba histolytica/dispar</i>)	Malaria (<i>Plasmodium</i> spp.)
Anaplasmosis (<i>Anaplasma phagocytophilum</i>)	Meningitis (caused by viral agents)
Arboviral disease (including but not limited to, LaCrosse encephalitis, eastern equine encephalitis, western equine encephalitis, St. Louis encephalitis, and West Nile virus)	Mumps
Babesiosis (<i>Babesia</i> spp.)	Neonatal sepsis, less than 7 days after birth (bacteria isolated from a sterile site, excluding coagulase-negative <i>Staphylococcus</i>) a, b
Blastomycosis (<i>Blastomyces dermatitidis</i>)	Pertussis (<i>Bordetella pertussis</i>) a
Campylobacteriosis (<i>Campylobacter</i> spp.) a	Psittacosis (<i>Chlamydia psittaci</i>)
Cat scratch disease (infection caused by <i>Bartonella</i> spp.)	Retrovirus infection
Chancroid (<i>Haemophilus ducreyi</i>) c	Reye syndrome
<i>Chlamydia trachomatis</i> infection c	Rheumatic fever (cases meeting the Jones Criteria only)
Coccidioidomycosis	Rocky Mountain spotted fever (<i>Rickettsia rickettsii</i> , <i>R. canada</i>)
Cryptosporidiosis (<i>Cryptosporidium</i> spp.) a	Salmonellosis, including typhoid (<i>Salmonella</i> spp.) a
Cyclosporiasis (<i>Cyclospora</i> spp.) a	Shigellosis (<i>Shigella</i> spp.) a
Dengue virus infection	<i>Staphylococcus aureus</i> (vancomycin-intermediate <i>S. aureus</i> [VISA], vancomycin-resistant <i>S. aureus</i> [VRSA], and death or critical illness due to community-associated <i>S. aureus</i> in a previously healthy individual) a
<i>Diphyllobothrium latum</i> infection	Streptococcal disease (all invasive disease caused by Groups A and B streptococci and <i>S. pneumoniae</i>) a, b
Ehrlichiosis (<i>Ehrlichia</i> spp.)	Syphilis (<i>Treponema pallidum</i>) c
Encephalitis (caused by viral agents)	Tetanus (<i>Clostridium tetani</i>)
Enteric <i>E. coli</i> infection (<i>E. coli</i> O157:H7, other enterohemorrhagic [Shiga toxin-producing] <i>E. coli</i> , enteropathogenic <i>E. coli</i> , enteroinvasive <i>E. coli</i> , enterotoxigenic <i>E. coli</i>) a	Toxic shock syndrome a
<i>Enterobacter sakazakii</i> (infants under 1 year of age) a	Toxoplasmosis (<i>Toxoplasma gondii</i>)
Giardiasis (<i>Giardia lamblia</i>)	Transmissible spongiform encephalopathy
Gonorrhea (<i>Neisseria gonorrhoeae</i>) c	Trichinosis (<i>Trichinella spiralis</i>)
Guillain-Barre syndrome f	Tuberculosis (<i>Mycobacterium tuberculosis</i> complex) (Pulmonary or extrapulmonary sites of disease, including laboratory confirmed or clinically diagnosed disease, are reportable. Latent tuberculosis infection is not reportable.) a
<i>Haemophilus influenzae</i> disease (all invasive disease) a,b	Typhus (<i>Rickettsia</i> spp.)
Hantavirus infection	Unexplained deaths and unexplained critical illness (possibly due to infectious cause) a
Hepatitis (all primary viral types including A, B, C, D, and E)	Varicella-zoster disease (1. Primary [chickenpox]: unusual case incidence, critical illness, or laboratory-confirmed cases. 2. Recurrent [shingles]: unusual case incidence, or critical illness.) a
Histoplasmosis (<i>Histoplasma capsulatum</i>)	<i>Vibrio</i> spp. a
Human immunodeficiency virus (HIV) infection, including Acquired Immunodeficiency Syndrome (AIDS) a, d	Yellow fever
Influenza (unusual case incidence, critical illness, or laboratory confirmed cases) a, e	Yersiniosis, enteric (<i>Yersinia</i> spp.) a
Kawasaki disease	
<i>Kingella</i> spp. (invasive only) a, b	
Legionellosis (<i>Legionella</i> spp.) a	
Leprosy (Hansen's disease) (<i>Mycobacterium leprae</i>)	
Leptospirosis (<i>Leptospira interrogans</i>)	
Listeriosis (<i>Listeria monocytogenes</i>) a	
Lyme disease (<i>Borrelia burgdorferi</i>)	

Sentinel Surveillance (at sites designated by the Commissioner of Health)

Methicillin-resistant *Staphylococcus aureus*
Clostridium difficile

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| <p>a Submission of clinical materials required. If a rapid, non-culture assay is used for diagnosis, we request that positives be cultured, and isolates submitted. If this is not possible, send specimens, nucleic acid, enrichment broth, or other appropriate material. Call the MDH Public Health Laboratory at 651-201-4953 for instructions.</p> | <p>b Isolates are considered to be from invasive disease if they are isolated from a normally sterile site, e.g., blood, CSF, joint fluid, etc.</p> <p>c Report on separate Sexually Transmitted Disease Report Card.</p> <p>d Report on separate HIV Report Card.</p> <p>e For criteria for reporting laboratory confirmed cases of influenza, see www.health.state.mn.us/divs/idepc/dtopics/reportable/index.html.</p> <p>f Reportable as of October 1, 2009-September 30, 2011</p> |
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