

**Title 15: Mississippi State Department of Health**

**Part 2: Epidemiology**

**Subpart 11: Office of Communicable Diseases**

**Part 2 Chapter 1      MISSISSIPPI STATE DEPARTMENT OF HEALTH RULES AND  
REGULATIONS GOVERNING REPORTABLE DISEASES AND  
CONDITIONS.**

**Summary of Modifications  
Listing of Appendices A and B**

## **Appendix A**

### **List of Reportable Diseases and Conditions**

## Appendix A. List of officially reportable diseases and conditions

The following diseases or conditions are hereby declared to be reportable.

**Class 1:** 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 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).

### Any Suspected Outbreak (including foodborne and waterborne outbreaks)

(Possible biological weapon agents appear in *bold italics*)

#### ***Anthrax***

Arboviral infection including but not limited to California group, Eastern Equine Encephalitis virus, LaCrosse virus, Western Equine Encephalitis virus, St. Louis encephalitis virus, West Nile virus

***Botulism*** (includes foodborne, infant or wound)

#### ***Brucellosis***

Chancroid

Cholera

Creutzfeldt-Jakob Disease, including new variant

Diphtheria

***Escherichia coli*** O157:H7 and any shiga toxin-producing *E. coli* (STEC)

Encephalitis (human)

#### ***Glanders***

***Haemophilus influenzae*** Invasive Disease\*

Hemolytic Uremic Syndrome-post-diarrheal (HUS)

Hepatitis A

HIV infection- including AIDS

Influenza-Associated Pediatric Mortality (<18 years of age)

Measles

#### ***Melioidosis***

***Neisseria meningitidis*** Invasive Disease\*

Pertussis

#### ***Plague***

Poliomyelitis

#### ***Psittacosis***

#### ***Q Fever***

Rabies (human or animal)

#### ***Ricin intoxication (castor beans)***

#### ***Smallpox***

***Staphylococcus aureus***

*vancomycin resistant (VRSA)* or

*vancomycin intermediate (VISA)*

Syphilis (including congenital)

Tuberculosis

#### ***Tularemia***

Typhoid Fever

#### ***Typhus Fever***

Varicella Infection, Primary,

in patients >15 years of age

#### ***Viral hemorrhagic fevers*** (filoviruses

[e.g. Ebola, Marburg] and

arenaviruses [e.g., Lassa,

Machupo])

Yellow 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.

Class 2: Diseases or conditions of public health importance of which individual cases shall be reported by mail, telephone 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.

<i>Chlamydia trachomatis</i> , genital infection	<i>M. tuberculosis</i> Infection (positive TST or positive IGRA****) in children <15 years of age
Dengue	Noncholera vibrio disease
Ehrlichiosis	Poisonings*(including elevated blood lead levels**)
<i>Enterococcus</i> , invasive infection***, vancomycin resistant	Rocky Mountain spotted fever
Gonorrhea	Rubella (including congenital)
Hepatitis (acute, viral only) <b>Note</b> - Hepatitis A requires Class 1 Report	Salmonellosis
Hepatitis B infection in pregnancy	Shigellosis
Legionellosis	Spinal Cord Injuries
Listeriosis	<i>Streptococcus pneumoniae</i> , invasive infection***
Lyme disease	Tetanus
Malaria	Trichinosis
Meningitis <b>other</b> than Meningococcal or <i>Haemophilus influenzae</i>	Viral Encephalitis in horses and raticies
Mumps	

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

\*\*Elevated Blood Levels should be reported to the MSDH Lead Program at 601-576-7447.  
Blood lead levels (venous) of  $\geq 10$   $\mu\text{g}/\text{dL}$  in children less than 16 years of age  
Blood lead levels (venous) of  $\geq 25$   $\mu\text{g}/\text{dL}$  in those 16 years or older

\*\*\*Specimen obtained from a normally sterile site.

\*\*\*\*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 laboratory only. Diseases or conditions of public health importance of which individual laboratory findings shall be reported by mail, telephone, or electronically within one week of completion of laboratory test (refer to Appendix B).

All blood lead test results	Hansen Disease (Leprosy)
Blastomycosis	Hepatitis C infection
Campylobacteriosis	Histoplasmosis
Chagas Disease (American Trypanosomiasis)	Nontuberculous Mycobacterial Disease
Cryptosporidiosis	

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/Reportablecasesafter1006.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)

**Appendix B**  
**Laboratory Results That Must be**  
**Reported to the Mississippi State Department of Health**

## Laboratory Results That Must be Reported to the Mississippi State Department of Health

Laboratories shall report these findings to the Mississippi State Department of Health at least **WEEKLY**. Diseases in bold type shall be reported immediately by telephone. Isolates of organisms marked with a dagger (†) shall be sent to the Mississippi State Department of Health Public Health Laboratory. All referring laboratories should call the Public Health Laboratory prior to shipping any isolate (601-576-7582).

### Positive Bacterial Cultures or Direct Examinations

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

\* 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.**

† Isolates of organism should be sent to the Mississippi State Department of Health Public Health Laboratory. All referring laboratories should call the Public Health Laboratory at (601)-576-7582 prior to shipping any isolate.

\*\*Contact the Mississippi State Department of Health, Epidemiology Program at 601-576-7725 or the Public Health Laboratory (601)576-7582 for appropriate tests when considering a diagnosis of botulism.

## **Laboratory Results That Must be Reported to the Mississippi State Department of Health**

Laboratories shall report these findings to the Mississippi State Department of Health at least **WEEKLY**. Diseases in bold type shall be reported immediately by telephone. Confirmatory tests for some of these may be obtained by special arrangement through the Epidemiology Program at 601-576-7725.

### **Positive Serologic Tests**

Arboviral agents including but not limited to:

- California encephalitis**
- Eastern equine encephalitis**
- LaCrosse encephalitis**
- St. Louis encephalitis**
- Western equine encephalitis**
- West Nile encephalitis**

**Brucellosis**

Chagas Disease (American Trypanosomiasis)

**Cholera**

*Chlamydia trachomatis* genital infection

Dengue

Ehrlichiosis

**Hepatitis A** (anti-HAV IgM)

Hepatitis B (anti-HBc IgM)

Hepatitis B (HBsAg) in pregnancy

Hepatitis C

**HIV infection** (refer to Section 113)

Legionellosis<sup>1</sup>

Lyme disease

Malaria

**Measles**

Mumps

*M. tuberculosis* infection

**Plague**

**Poliomyelitis**

**Psittacosis**

Rocky Mountain Spotted Fever

Rubella

**Syphilis** (refer to Section 116)

**Smallpox**

**Trichinosis**

**Varicella infection, primary in patients > 15 years of age**

**Yellow fever**

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

