

**Appendices to the Rules and Regulations
Governing Reportable Diseases and Conditions**

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

vancomycinresistant (VRSA)

orvancomycinintermediate (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.

Chlamydia trachomatis,
genital infection

Dengue

Ehrlichiosis

Enterococcus, invasive infection***,
vancomycinresistant

Gonorrhea

Hepatitis (acute, viral only) **Note** -
Hepatitis A requires Class 1 Report

Hepatitis B infection in pregnancy

Legionellosis

Listeriosis

Lyme disease

Malaria

Meningitis **other** than

Meningococcal or
Haemophilus influenzae

Mumps

M. tuberculosis Infection (positive TST or
positive IGRA****)

Noncholera vibrio disease

Poisonings*(including elevated blood lead
levels**)

Rocky Mountain spotted fever

Rubella (including congenital)

Salmonellosis

Shigellosis

Spinal Cord Injuries

Streptococcus pneumoniae, invasive
infection***

Tetanus

Trichinosis

Viral Encephalitis in horses and raticies

*Reports for poisonings shall be made to MississippiPoisonControlCenter,
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 ≥ 10 $\mu\text{g/dL}$

***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
CD4 count and HIV Viral Load*	
Campylobacteriosis	Histoplasmosis
Chagas Disease (American Trypanosomiasis)	Nontuberculous Mycobacterial Disease
Cryptosporidiosis	

*_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 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

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 species</i> †	Brucellosis
<i>Burkholderia mallei</i> †	Glanders
<i>Burkholderia pseudomallei</i> †	Melioidosis
<i>Campylobacter species</i>	Campylobacteriosis
<i>Chlamydia psittaci</i>	Psittacosis
<i>Chlamydia trachomatis</i>	Chlamydia trachomatis 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 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)†	<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>Vibrioid</i> disease
<i>Haemophilus ducreyi</i>	Chancroid
<i>Haemophilus influenzae</i> †*(not from throat, sputum)	<i>H. influenzae</i> infection, invasive
<i>Legionella species</i>	Legionellosis
<i>Listeria monocytogenes</i> †	Listeriosis
<i>Mycobacterium species</i>	Nontuberculous mycobacterial disease
<i>Mycobacterium tuberculosis</i>	Tuberculosis
<i>Neisseria gonorrhoea</i>	Gonorrhea
<i>Neisseria meningitidis</i> †*	Meningococcal infection, invasive
<i>Photobacterium damsela</i>	Noncholera <i>Vibrio</i> disease
<i>Rickettsia prowazekii</i>	Typhus fever
<i>Rickettsia rickettsii</i>	Rocky Mountain spotted fever
<i>Salmonella species</i> , not <i>S. typhi</i>	Salmonellosis
<i>Salmonella typhi</i> †	Typhoid fever
<i>Shigella species</i>	Shigellosis
<i>Staphylococcus aureus</i> - vancomycin resistant or vancomycin intermediate resistant	<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 species</i> †	Noncholera <i>Vibrio</i> disease
<i>Yersinia pestis</i> †	Plague

* 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:

- Californiaencephalitis**
- Easternequineencephalitis**
- LaCrosseencephalitis**
- 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-HBcIgM)

Hepatitis B (HBsAg) in pregnancy

Hepatitis C

HIV infection

Legionellosis¹

Lyme disease

Malaria

Measles

Mumps

M. tuberculosis infection

Plague

Poliomyelitis

Psittacosis

Rocky Mountain Spotted Fever

Rubella

Syphilis

Smallpox

Trichinosis

Varicella infection, primary in patients > 15 years of age

Yellow fever

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

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.** The dagger † indicates the positive specimens may be submitted to the Mississippi Public Health Laboratory for confirmation.

Positive Parasitic Cultures or Direct Examinations	
Result	Reportable Disease Condition
Any parasite in CSF†	Parasitic meningitis
<i>Cryptosporidium parvum</i>	Cryptosporidiosis
<i>Trypanosoma cruzi</i>	Chagas disease (american trypanosomiasis)
<i>Plasmodium</i> species†	malaria
Positive Fungal Cultures or Direct Examinations	
Result	Reportable Disease Condition
Any fungus in CSF	Fungal meningitis
<i>Blastomyces dermatitidis</i>	Blastomycosis
<i>Histoplasma capsulatum</i>	Histoplasmosis
Positive Viral Cultures or Direct Examinations	
Result	Reportable Disease Condition
Any virus in CSF	Viral meningitis
Arboviral agents including but not limited to:	
California encephalitis virus	California encephalitis
Eastern equine encephalomyelitis virus	Eastern equine encephalitis (EEE)
LaCrosse encephalitis virus	LaCrosse encephalitis
St. Louis encephalitis virus	St. Louis encephalitis (SLE)
Western equine encephalomyelitis 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
Poliovirus, type 1, 2, or 3	Poliomyelitis
Filoviruses	Viral hemorrhagic fevers
Varicella virus	Varicella in patients > 15 years of age
Variola virus	Smallpox
Yellow fever virus	Yellow fever
Positive Blood Chemistries	
Blood lead levels (venous) of ≥ 10 $\mu\text{g/dL}$	
Positive Toxin Identification	
Ricin toxin from <i>Ricinus communis</i> (castor beans)	
Surgical Pathology Results	
Creutzfeldt-Jakob Disease, including new variant	
Hansen disease (<i>Mycobacterium leprae</i>)	
Human rabies	
Malignant Neoplasms	
Mycobacterial disease including Tuberculosis	
Trichinosis	

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Chancroid

Cholera

Creutzfeldt-Jakob Disease, including new variant

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Encephalitis (human)

Glanders

Haemophilus influenzae Invasive Disease*

Hemolytic Uremic Syndrome-post-diarrheal (HUS)

Hepatitis A

HIV infection- including

AIDS, ~~CD4 count and viral load~~

Influenza-Associated Pediatric

Mortality (<18 years of age)

Measles

Melioidosis

Neisseria meningitides Invasive Disease*

Pertussis

Plague

Poliomyelitis

Psittacosis

Q Fever

Rabies (human or animal)

Ricin intoxication (castor beans)

Smallpox

Staphylococcus aureus

vancomycinresistant (VRSA)

orvancomycinintermediate (VISA)

Syphilis (including congenital)

Tuberculosis

Tularemia

Typhoid Fever

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Varicella Infection, Primary,

in patients >15 years of age

Viral hemorrhagic fevers (filoviruses

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<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***, vancomycinresistant	Rocky Mountain spotted fever
Gonorrhea	Rubella (including congenital)
Hepatitis (acute, viral only) Note - 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 other than Meningococcal or <i>Haemophilus influenzae</i>	Viral Encephalitis in horses and raticies
Mumps	

*Reports for poisonings shall be made to MississippiPoisonControlCenter,
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**Elevated Blood Levels should be reported to the MSDH Lead Program at 601-576-7447.

Blood lead levels (venous) of ≥ 10 $\mu\text{g/dL}$ ~~in children less than 16 years of age~~

~~Blood lead levels (venous) of ≥ 25 $\mu\text{g/dL}$ 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.

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<i>Brucella species</i> †	Brucellosis
<i>Burkholderia mallei</i> †	Glanders
<i>Burkholderia pseudomallei</i> †	Melioidosis
<i>Campylobacter species</i>	Campylobacteriosis
<i>Chlamydia psittaci</i>	Psittacosis
<i>Chlamydia trachomatis</i>	Chlamydia trachomatis genital infection
<i>Clostridium botulinum</i> †**	Botulism
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<i>Corynebacterium diphtheriae</i> †	Diphtheria
<i>Coxiella burnetii</i> †	Q fever
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<i>Haemophilus ducreyi</i>	Chancroid
<i>Haemophilus influenzae</i> †*(not from throat, sputum)	<i>H. influenzae</i> infection, invasive
<i>Legionella species</i>	Legionellosis
<i>Listeria monocytogenes</i> †	Listeriosis
<i>Mycobacterium species</i>	Nontuberculous mycobacterial disease
<i>Mycobacterium tuberculosis</i>	Tuberculosis
<i>Neisseria gonorrhoea</i>	Gonorrhea
<i>Neisseria meningitidis</i> †*	Meningococcal infection, invasive
<i>Photobacterium damsela</i>	Noncholera <i>Vibrio</i> disease
<i>Rickettsia prowazekii</i>	Typhus fever
<i>Rickettsia rickettsii</i>	Rocky Mountain spotted fever
<i>Salmonella species</i> , not <i>S. typhi</i>	Salmonellosis
<i>Salmonella typhi</i> †	Typhoid fever
<i>Shigella species</i>	Shigellosis
<i>Staphylococcus aureus</i> - vancomycin resistant or vancomycin intermediate resistant	<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 species</i> †	Noncholera <i>Vibrio</i> disease
<i>Yersinia pestis</i> †	Plague

* 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.**

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Cholera

Chlamydia trachomatis genital infection

Dengue

Ehrlichiosis

Hepatitis A (anti-HAV IgM)

Hepatitis B (anti-HBcIgM)

Hepatitis B (HBsAg) in pregnancy

Hepatitis C

HIV infection (refer to Section 113)

Legionellosis¹

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

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

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<i>Trypanosoma cruzi</i>	Chagas disease (american trypanosomiasis)
<i>Plasmodium</i> species†	malaria
Positive Fungal Cultures or Direct Examinations	
Result	Reportable Disease Condition
Any fungus in CSF	Fungal meningitis
<i>Blastomyces dermatitidis</i>	Blastomycosis
<i>Histoplasma capsulatum</i>	Histoplasmosis
Positive Viral Cultures or Direct Examinations	
Result	Reportable Disease Condition
Any virus in CSF	Viral meningitis
Arboviral agents including but not limited to:	
California encephalitis virus	California encephalitis
Eastern equine encephalomyelitis virus	Eastern equine encephalitis (EEE)
LaCrosse encephalitis virus	LaCrosse encephalitis
St. Louis encephalitis virus	St. Louis encephalitis (SLE)
Western equine encephalomyelitis 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
Poliovirus, type 1, 2, or 3	Poliomyelitis
Filoviruses	Viral hemorrhagic fevers
Varicella virus	Varicella in patients > 15 years of age
Variola virus	Smallpox
Yellow fever virus	Yellow fever
Positive Blood Chemistries	
Blood lead levels (venous) of ≥ 10 $\mu\text{g/dL}$ in children less than 16 years of age	
Blood lead levels (venous) of > 25 $\mu\text{g/dl}$ in those 16 years of age or older	
Positive Toxin Identification	
Ricin toxin from <i>Ricinus communis</i> (castor beans)	
Surgical Pathology Results	
Creutzfeldt-Jakob Disease, including new variant	
Hansen disease (<i>Mycobacterium leprae</i>)	
Human rabies	
Malignant Neoplasms	
Mycobacterial disease including Tuberculosis	
Trichinosis	