

**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*)

<i>Anthrax</i>	Neisseria meningitides Invasive Disease*
Arboviral infection including but not limited to California group, Chikungunya virus, Eastern Equine Encephalitis virus, LaCrosse virus, Western Equine Encephalitis virus, St. Louis encephalitis virus, West Nile virus	Pertussis
<i>Botulism</i> (includes foodborne, infant or wound)	<i>Plague</i>
<i>Brucellosis</i>	Poliomyelitis
Chancroid	<i>Psittacosis</i>
Cholera	<i>Q Fever</i>
Creutzfeldt-Jakob Disease, including new variant	Rabies (human or animal)
Diphtheria	<i>Ricin intoxication (castor beans)</i>
Escherichia coli O157:H7 and any shiga toxin-producing E. coli (STEC)	<i>Smallpox</i>
Encephalitis (human)	Staphylococcus aureus vancomycin resistant (VRSA) or vancomycin intermediate (VISA)
Glanders	Syphilis (including congenital)
Haemophilus influenza Invasive Disease*	Tuberculosis
Hemolytic Uremic Syndrome-post-diarrheal (HUS)	<i>Tularemia</i>
Hepatitis A	Typhoid Fever
HIV infection- including AIDS	<i>Typhus Fever</i>
Influenza-Associated Pediatric Mortality (<18 years of age)	Varicella Infection, Primary, in patients >15 years of age
Measles	<i>Viral hemorrhagic fevers</i> (filoviruses [e.g. Ebola, Marburg] and arena viruses [e.g., Lassa, Machupo])
<i>Melioidosis</i>	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****)
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
HIV Infection in pregnancy	Spinal Cord Injuries
Legionellosis	<i>Streptococcus pneumoniae</i> , invasive infection***
Listeriosis	Tetanus
Lyme disease	Trichinosis
Malaria	Viral Encephalitis in horses and raticies
Meningitis other than Meningococcal or <i>Haemophilus influenzae</i>	
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 >10 µg/dL

***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).

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*	Histoplasmosis
Campylobacteriosis	Nontuberculous Mycobacterial Disease
Chagas Disease (<i>American trypanosomiasis</i>)	
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>Burkholderiapseudomallei</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>Coxiellaburnetii</i> †	Q fever
<i>Enterococcus species</i> *, <i>vancomycin resistant</i>	<i>Enterococcus</i> infection, invasive vancomycin resistant
<i>Escherichia coli O157:H7</i> and any shiga toxin-producing	Escherichia coli O157:H7 and any shiga toxin-producing E. coli (STEC)
<i>E. coli (STEC)</i> †	Tularemia
<i>Francisellatularensis</i> †	Noncholera <i>Vibrio</i> disease
<i>Grimontiahollisae</i>	Chancroid
<i>Haemophilusducreyi</i>	H. influenzae infection, invasive
<i>Haemophilus influenzae</i> †*(not from throat, sputum)	Legionellosis
<i>Legionella species</i>	Listeriosis
<i>Listeria monosytogenes</i> †	Nontuberculous mycobacterial disease
<i>Mycobacterium species</i>	Tuberculosis
<i>Mycobacterium tuberculosis</i>	Gonorrhea
<i>Neisseria gonorrhoea</i>	Meningococcal infection, invasive
<i>Neisseria meningitidis</i> †*	Noncholera <i>Vibrio</i> disease
<i>Photobacterium damsela</i>	Typhus fever
<i>Rickettsia prowazekii</i>	Rocky Mountain spotted fever
<i>Rickettsia rickettsii</i>	Salmonellosis
<i>Salmonella species, not S. typhi</i>	Typhoid fever
<i>Salmonella typhi</i> †	Shigellosis
<i>Shigella species</i>	Staphylococcus aureus vancomycinresistant (VRSA) or vancomycinintermediate (VISA)
<i>Staphylococcus aureus</i> - vancomycin resistant or vancomycin intermediate resistant	<i>Streptococcus pneumoniae</i> , invasive infection
<i>Streptococcus pneumoniae</i> *	Cholera
<i>Vibrio cholerae O1</i> †	Noncholera <i>Vibrio</i> disease
<i>Vibrio species</i> †	Plague
<i>Yersinia pestis</i> †	

* 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**
- Chikungunya virus**
- 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 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.

**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
Blastomyces dermatitidis	Blastomycosis
Histoplasma capsulatum	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
Chikungunya virus	Chikungunya virus disease
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)
Arena viruses	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 µg/dL	
Positive Toxin Identification	
Ricin toxin from Ricinus communis (castor beans)	
Surgical Pathology Results	
Creutzfeldt-Jakob Disease, including new variant	
Hansen disease (Mycobacterium leprae)	
Human rabies	
Malignant Neoplasms	
Mycobacterial disease including Tuberculosis	
Trichinosis	