Appendix A. List of officially reportable diseases and conditions

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

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).

Any Suspected Outbreak (including foodborne and waterborne outbreaks)
(Possible biological weapon agents appear in ***bold italics***)

Anthrax	*Neisseria meningitidis* Invasive Disease[†‡]
Botulism *(includes foodborne, infant or wound)*	Pertussis
Brucellosis	***Plague***
Diphtheria	Poliomyelitis
Escherichia coli O157:H7 and any shiga	***Psittacosis***
toxin-producing *E. coli* (STEC)	***Q Fever***
Glanders	Rabies (human or animal)
Haemophilus influenzae Invasive Disease[†‡]	***Ricin intoxication (castor beans)***
Hemolytic Uremic Syndrome-	***Smallpox***
post-diarrheal (HUS)	Tuberculosis
Hepatitis A	***Tularemia***
Influenza-Associated Pediatric Mortality	***Typhus Fever***
(<18 years of age)	***Viral hemorrhagic fevers*** *(filoviruses*
Measles	*[e.g. Ebola, Marburg] and arena*
Melioidosis	*viruses [e.g., Lassa, Machupo])*

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: Diseases of major public health importance which shall be reported directly to the Department of Health by telephone on the next 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 in the Rules and Regulations Governing Reportable Diseases and Conditions).

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

Chancroid	*Staphylococcus aureus*,
Cholera	vancomycin resistant (VRSA) or
Encephalitis (human)	vancomycin intermediate (VISA)
HIV infection-including AIDS	Syphilis (including congenital)
Legionellosis	Typhoid Fever
Non-cholera *Vibrio* disease	Varicella infection, Primary, in patients
	>15 years of age
	Yellow Fever

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

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

‡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 Levels 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 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 in patients ≤6 years of age	Cryptosporidiosis
	Hansen Disease (Leprosy)
CD4 count and HIV Viral Load*	Hepatitis C infection
Campylobacteriosis	Nontuberculous Mycobacterial
Carbapenem-resistant *Enterobacteriaceae*, (CRE)	Salmonellosis
Chagas Disease (*American trypanosomiasis*)	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)

Appendix A. List of officially reportable diseases and conditions

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

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).

Any Suspected Outbreak (including foodborne and waterborne outbreaks)
(Possible biological weapon agents appear in ***bold italics***)

Anthrax	*Neisseria meningitidis* Invasive Disease[†‡]
Botulism *(includes foodborne, infant or wound)*	Pertussis
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Glanders	Rabies (human or animal)
Haemophilus influenzae Invasive Disease[†‡]	***Ricin intoxication (castor beans)***
Hemolytic Uremic Syndrome-	***Smallpox***
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Hepatitis A	***Tularemia***
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Class 1B: Diseases of major public health importance which shall be reported directly to the Department of Health by telephone on the next 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 in the Rules and Regulations Governing Reportable Diseases and Conditions).

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

Chancroid	*Staphylococcus aureus*,
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