**REPORTABLE DISEASES IN ILLINOIS**

Information reportable by law and allowed by HIPAA CFR 164 512(b)

Per the Control of Communicable Disease Code of Illinois, it is the responsibility of physicians, physician assistants, nurses, nurse aides or any other person having knowledge of any of the following diseases, confirmed or suspected, to report the case to the Chicago Department of Public Health (CDPH) within the timeframe indicated.

**TO REPORT CASES:** CALL 312-743-9000 OR CALL 311 after business hours. ASK for the communicable disease physician.

### IMMEDIATE (within 3 hours by phone)
- Any unusual case or cluster of cases that may indicate a public health hazard (e.g. MERS-CoV, Ebola Virus Disease, Acute Flaccid Myelitis)
- Any suspected bioterrorism threat or event
- Anthrax
- Botulism, foodborne
- Brucellosis (if suspected to be a part of a bioterrorist event or part of an outbreak)
- Diphtheria
- Influenza A, variant
- Plague
- Poliomyelitis
- Q-fever (if suspected to be a bioterrorist event or part of an outbreak)
- Smallpox
- Severe Acute Respiratory Syndrome (SARS)
- Tularemia (if suspected to be a bioterrorist event or part of an outbreak)

### 24 HOURS (by phone or e-reporting)
- Botulism: intestinal, wound, and other
- Brucellosis
- Chickenpox (varicella)
- Cholera (Vibrio cholera O1 or O139)
- Enteric Escherichia coli infections (O157:H7, STEC, EHEC, EPEC, ETEC)
- Foodborne or waterborne illness
- Haemophilus influenza, meningitis and other invasive disease
- Hantavirus pulmonary syndrome
- Hemolytic uremic syndrome, post diarrheal
- Hepatitis A
- Influenza-associated intensive care unit hospitalization
- Measles
- Mumps
- Neisseria Meningitidis, meningitis and invasive disease
- Pertussis (whooping cough)
- Q-fever
- Rabies, (potential) human and/or animal exposure
- Rubella
- Smallpox vaccination, complications of
- Staphylococcus aureus, Methicillin resistant (MRSA) 2 or more cases in a community setting
- Staphylococcus aureus, Methicillin resistant (MRSA) in infants under 61 days of age
- Staphylococcus aureus, intermediate or high level resistance to vancomycin
- Streptococcal infections, Group A, invasive and sequelae
- Tularemia
- Typhoid Fever
- Typhus
- Yersiniosis
- AIDS
- Arboviral Infection (e.g., Dengue fever, California encephalitis, St. Louis encephalitis, West Nile Virus, Chikungunya and Zika Virus)
- Campylobacter
- Chancroid
- Chlamydia (including lymphogranuloma venereum)
- Creutzfeldt-Jakob Disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Drug-resistant organism, extensively
- Gonorrhea
- Hepatitis B, Hepatitis C, and Hepatitis D
- Histoplasmosis
- HIV infection
- Influenza deaths in persons less than 18 years of age
- Legionellosis
- Leptospirosis
- Listeriosis
- Malaria
- Ophthalmia neonatorum (gonococcal)
- Psittacosis
- Reye Syndrome
- Salmonellosis (other than typhoid)
- Shigellosis
- Streptococcus pneumoniae, invasive disease (< 5 years)
- Syphilis (including congenital syphilis)
- Tetanus
- Tickborne Disease (e.g., ehrlichiosis, anaplasmosis, babesiosis, Lyme disease, and spotted fever rickettsioses)
- Toxic shock syndrome due to staphylococcus aureus infection
- Trichinosis
- Tuberculosis
- Vibriosis (Non-cholera Vibrio infections)
- Yersiniosis

For more information regarding e-reporting, visit ChiFrontLine.org.