



Illinois Reportable Diseases

Mandated reporters, such as health care providers, hospitals and laboratories, must report any suspected or confirmed human cases of these diseases to the local health authority within the number of days or hours indicated in parentheses. (*HIV/AIDS is reportable directly to IDPH)

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| Any suspected bioterrorist threat (immediately) | Hemolytic uremic syndrome, post diarrheal (24h) | Rubella (24h) |
| Any unusual case or cluster of cases that may indicate a public health hazard (immediately) | Hepatitis A (24h), B (7d), C (7d), D (7d) | Salmonellosis, other than typhoid (7d) |
| AIDS* (7d) | Histoplasmosis (7d) | Severe Acute Respiratory Syndrome (SARS) (immediately) |
| Anthrax (immediately) | HIV infection* (7d) | Shigellosis (7d) |
| Arboviruses (including WNV) (7 d) | Influenza, deaths in <18 yr olds (7d) | Smallpox (immediately) |
| Botulism, foodborne (immediately) | Influenza A, novel virus (immediately) | Smallpox vaccination, complications of (24h) |
| Botulism, infant, wound, other (24h) | Legionellosis (7d) | <i>S. aureus</i> , Methicillin resistant (MRSA) clusters in a community setting or colonization/ infection in infants <61 days (24h) |
| Brucellosis (7d, unless bioterrorism suspected, then immediately) | Leprosy (7d) | <i>S. aureus</i> infections with intermediate or high level resistance to vancomycin (24h) |
| Chancroid (7d) | Leptospirosis (7d) | Streptococcal infections, Group A, invasive and sequelae to Group A streptococcal infections (24h) |
| Chickenpox (24h) | Listeriosis (7d) | <i>S. pneumoniae</i> , invasive in those <5 yrs (7d) |
| Chlamydia (7d) | Lyme disease (7d) | Syphilis (7d) |
| Cholera (24h) | Malaria (7d) | Tetanus (7d) |
| Creutzfeldt-Jakob Disease (7d) | Measles (24h) | Toxic shock syndrome due to <i>S. aureus</i> (7d) |
| Cryptosporidiosis (7d) | Mumps (24h) | Trichinosis (7d) |
| Cyclosporiasis (7d) | <i>N. meningitidis</i> , invasive (24h) | Tuberculosis (7d) |
| Diphtheria (24h) | Ophthalmia neonatorum (gonococcal) (7d) | Tularemia (7d unless bioterrorism suspected then immediately) |
| Ehrlichiosis and Anaplasmosis (7d) | Pertussis or whooping cough (24h) | Typhoid fever (24h) |
| Enteric <i>E. coli</i> infections (STEC, O157:H7, ETEC, EPEC, EIEC) (24h) | Plague (immediately) | Typhus (24h) |
| Foodborne or waterborne illness (24h) | Poliomyelitis (24h) | Vibriosis (non cholera) (7d) |
| Giardiasis (7d) | Psittacosis (7d) | Yersiniosis (7d) |
| Gonorrhea (7d) | Q fever (7d unless bioterrorism suspected then immediately) | |
| <i>Haemophilus influenzae</i> , invasive (24h) | Rabies, human and potential human exposure (24h) | |
| Hantavirus pulmonary syndrome (24h) | Reye syndrome (7d) | |
| | Rocky Mountain spotted fever (7d) | |

All reports are confidential and should include—

- the disease or condition being reported
- patient’s name, date of birth, age, sex, race/ethnicity, address and telephone number
- physician’s name, address and telephone number

TO REPORT A CASE

contact your local health department:

During regular business hours, call _____ - _____ - _____.

For emergencies after business hours, call _____ - _____ - _____.

If no local health department is available, contact the

Illinois Department of Public Health

217-785-7165 • TTY (hearing impaired use only) 800-547-0466

Thank you for your cooperation!

