Protocol for Public Health Agencies to Notify CDC about the Occurrence of Nationally Notifiable Conditions, 2020

Categorized by Notification Timeliness

IMMEDIATELY NOTIFIABLE, EXTREMELY URGENT: Call the CDC Emergency Operations Center (EOC) at 770.488.7100 within 4 hours of a case meeting the notification criteria, followed by submission of an electronic case notification to CDC by the next business day.

IMMEDIATELY NOTIFIABLE, URGENT: Call the CDC EOC at 770.488.7100 within 24 hours of a case meeting the notification criteria, followed by submission of an electronic case notification in next regularly scheduled electronic transmission.

ROUTINELY NOTIFIABLE: Submit electronic case notification within the next reporting cycle.

Approved by CSTE: June 2019 Implemented: January 1, 2020 Updated: November 4, 2019

Condition	Notification Timeliness	Cases Requiring Notification
Anthrax	Immediately notifiable,	Confirmed and probable cases
 Source of infection not recognized 	extremely urgent	
 Recognized BT exposure/potential mass exposure 		
 Serious illness of naturally-occurring anthrax 		
Botulism	Immediately notifiable,	All cases prior to classification
 Foodborne (except endemic to Alaska) 	extremely urgent	
 Intentional or suspected intentional release 		
 Infant botulism (clusters or outbreaks) 		
 Cases of unknown etiology/not meeting standard notification 		
criteria		
Plague	Immediately notifiable,	All cases prior to classification
- Suspected intentional release	extremely urgent	
Paralytic poliomyelitis	Immediately notifiable,	Confirmed cases
	extremely urgent	
SARS-associated coronavirus	Immediately notifiable,	All cases prior to classification

	extremely urgent	
Smallpox	Immediately notifiable,	Confirmed and probable cases
	extremely urgent	
Tularemia	Immediately notifiable,	Confirmed, probable, and
- Suspected intentional release	extremely urgent	suspected cases
Viral hemorrhagic fevers ¹	Immediately notifiable,	Confirmed and suspected cases
- Suspected intentional	extremely urgent	
Anthrax	Immediately notifiable, urgent	Confirmed and probable cases
 Naturally-occurring or occupational, responding to 		
treatment		
Brucellosis	Immediately notifiable, urgent	Confirmed and probable cases
 Multiple cases, temporally/spatiallyclustered 		
Diphtheria	Immediately notifiable, urgent	Confirmed cases
Novel influenza A virus infection	Immediately notifiable, urgent	Confirmed cases
Measles	Immediately notifiable, urgent	Confirmed cases
Poliovirus infection, nonparalytic	Immediately notifiable, urgent	Confirmed cases
Rabies, animal	Immediately notifiable, urgent	Confirmed cases
 Imported from outside continental US within past 60 days 		
Rabies, human	Immediately notifiable, urgent	Confirmed cases
Rubella	Immediately notifiable, urgent	Confirmed cases
Viral hemorrhagic fevers ¹	Immediately notifiable, urgent	Confirmed and suspected cases
- All cases other than suspected intentional		
Yellow Fever	Routinely notifiable	Confirmed and probable cases
Anaplasmosis	Routinely notifiable	Confirmed and probable cases
Arboviral diseases ²	Routinely notifiable	Confirmed and probable cases
Babesiosis	Routinely notifiable	Confirmed and probable cases
Botulism	Routinely notifiable	All cases prior to classification
- Infant, sporadic cases		
- Wound, sporadic cases		
Brucellosis	Routinely notifiable	Confirmed and probable cases
- Cases not temporally/spatiallyclustered		
Campylobacteriosis	Routinely notifiable	Confirmed and probable cases
Cancer ³	Routinely notifiable	Confirmed cases ³
Candida auris, clinical	Routinely notifiable	Confirmed and probable cases
Carbapenemase-producing carbapenem-resistant	Routinely notifiable	Confirmed cases

Enterobacteriaceae (CP-CRE)		
Chancroid	Routinely notifiable	Confirmed and probable cases
Chlamydia trachomatis infection	Routinely notifiable	Confirmed cases
Coccidioidomycosis	Routinely notifiable	Confirmed cases
Cryptosporidiosis	Routinely notifiable	Confirmed and probable cases
Cyclosporiasis	Routinely notifiable	Confirmed and probable cases
Dengue virus infections ⁴	Routinely notifiable	Confirmed, probable, and
		suspected cases
Ehrlichiosis	Routinely notifiable	Confirmed and probable cases
Escherichia coli, Shiga toxin-producing (STEC)	Routinely notifiable	Confirmed and probable cases
Foodborne disease outbreaks	Routinely notifiable	Confirmed outbreaks ⁵
Giardiasis	Routinely notifiable	Confirmed and probable cases
Gonorrhea	Routinely notifiable	Confirmed and probable cases
Haemophilus influenzae, invasive disease	Routinely notifiable	All cases prior to classification
Hansen's disease	Routinely notifiable	Confirmed cases
Hantavirus pulmonary syndrome	Routinely notifiable	Confirmed cases
Hemolytic uremic syndrome, post-diarrheal	Routinely notifiable	Confirmed and probable cases
Hepatitis A, acute	Routinely notifiable	Confirmed cases
Hepatitis B, acute	Routinely notifiable	Confirmed cases
Hepatitis B, chronic	Routinely notifiable	Confirmed and probable cases
Hepatitis B, perinatal infection	Routinely notifiable	Confirmed and probable cases
Hepatitis C, acute	Routinely notifiable	Confirmed and probable cases
Hepatitis C, chronic	Routinely notifiable	Confirmed and probable cases
Hepatitis C, perinatal infection	Routinely notifiable	Confirmed cases
HIV infection	Routinely notifiable	Confirmed cases of HIV
		infection; perinatally exposed
		infants prior to classification
Influenza-associated mortality, pediatric	Routinely notifiable	Confirmed cases
Invasive pneumococcal disease (IPD)	Routinely notifiable	Confirmed and probable cases
Lead, exposure screening test result	Routinely notifiable	All test results ⁶
Legionellosis	Routinely notifiable	Confirmed
Leptospirosis	Routinely notifiable	Confirmed and probable
Listeriosis	Routinely notifiable	Confirmed and probable cases
Lyme disease	Routinely notifiable	Confirmed, probable, and
		suspected cases

Malaria	Routinely notifiable	Confirmed and suspected cases
Meningococcal disease (Neisseria meningitidis)	Routinely notifiable	Confirmed and probable
Mumps	Routinely notifiable	Confirmed and probable cases
Pertussis	Routinely notifiable	All cases prior to classification
Pesticide-related illness, acute (non-occupational and occupational)	Routinely notifiable	Definite, probable, possible, and suspicious cases
Plague	Routinely notifiable	All cases prior to classification
- All cases not suspected to be intentional		
Psittacosis	Routinely notifiable	Confirmed and probable cases
Q Fever (acute and chronic)	Routinely notifiable	Confirmed and probable cases
Rabies in an animal - Animal not imported within past 60 days	Routinely notifiable	Confirmed cases
Rickettsiosis, Spotted Fever	Routinely notifiable	Confirmed and probable cases
Rubella, congenital syndrome	Routinely notifiable	Confirmed cases
Salmonella enterica serotypes Paratyphi A, B (tartrate negative) and C (S. Paratyphi infection)	Routinely notifiable	
Salmonella enterica Typhi (S. Typhi) infection	Routinely notifiable	Confirmed and probable cases
Salmonellosis (excluding S. Typhi infection and S. Paratyphi infection)	Routinely notifiable	Confirmed and probable cases
Shigellosis	Routinely notifiable	Confirmed and probable cases
Silicosis	Routinely notifiable	Confirmed cases
Staphylococcus aureus infection - Vancomycin-intermediate (VISA) - Vancomycin-resistant (VRSA)	Routinely notifiable	Confirmed cases
Streptococcal toxic-shock syndrome (STSS)	Routinely notifiable	Confirmed and probable cases
Syphilis	Routinely notifiable	Confirmed and probable cases
Syphilis, congenital	Routinely notifiable	Confirmed and probable cases
Tetanus	Routinely notifiable	All cases prior to classification
Toxic-shock syndrome (non-Streptococcus)	Routinely notifiable	Confirmed and probable cases
Trichinellosis (Trichinosis)	Routinely notifiable	All cases prior to classification
Tuberculosis	Routinely notifiable	Confirmed cases
Tularemia - All cases other than suspected intentional release	Routinely notifiable	Confirmed and probable cases
Varicella .	Routinely notifiable	Confirmed and probable cases

Vibrio cholerae infection (cholera)	Routinely notifiable	Confirmed cases
Vibriosis	Routinely notifiable	Confirmed and probable cases
Waterborne disease outbreaks	Routinely notifiable	All outbreaks
Zika virus disease	Routinely notifiable	Confirmed and probable cases
- Zika virus disease, congenital		
- Zika virus disease, non-congenital		
Zika virus infection	Routinely notifiable	Confirmed and probable cases
- Zika virus infection, congenital		
- Zika virus infection, non-congenital		

¹ Viral hemorrhagic fever diseases: Crimean-Congo, Ebola, Guanarito, Junín (Argentine), Lassa virus, Lujo virus, Machupo (Bolivian), Marburg virus, or Sabia- associated (Brazilian)

² Arboviral diseases: California encephalitis virus disease; California serogroup virus disease, neuroinvasive and non-neuroinvasive (Calif. Serogroup); Chikungunya virus disease; Eastern equine encephalitis virus disease, neuroinvasive and non-neuroinvasive; Jamestown Canyon virus disease, neuroinvasive and non-neuroinvasive; Keystone virus disease; La Crosse virus disease, neuroinvasive and non-neuroinvasive; Powassan virus disease (Powassan), neuroinvasive and non-neuroinvasive; Snowshoe hare virus disease; St. Louis encephalitis virus disease, neuroinvasive and non-neuroinvasive; West Nile virus disease, neuroinvasive and non-neuroinvasive; West Nile virus disease, neuroinvasive and non-neuroinvasive

³ Notification for all confirmed cases of cancers should be made at least annually

⁴ Dengue virus infections include: dengue, severe dengue, and dengue-like illness

⁵ Outbreaks are defined by state and local health departments, all situations deemed by a local or state health department to be an outbreak are notifiable

⁶ Notification for lead exposure screening results should be submitted quarterly for children and twice a year for adults