

Protocol for Public Health Agencies to Notify CDC about the Occurrence of Nationally Notifiable Conditions, 2022

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.

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

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.

Approved by CSTE: June 2021
 Implemented: January 1, 2022 (all conditions except COVID-19); COVID-19 (implemented September 1, 2021)
 Updated: October 14, 2021

Condition	Notification Timeliness	Cases Requiring Notification
Anthrax <ul style="list-style-type: none"> - Source of infection not recognized - Recognized BT exposure/potential mass exposure - Serious illness of naturally-occurring anthrax 	Immediately notifiable, extremely urgent	Confirmed and probable cases
Botulism <ul style="list-style-type: none"> - Foodborne (except endemic to Alaska) - Intentional or suspected intentional release - Infant botulism (clusters or outbreaks) - Cases of unknown etiology/not meeting standard notification criteria 	Immediately notifiable, extremely urgent	All cases prior to classification

Plague - Suspected intentional release	Immediately notifiable, extremely urgent	All cases prior to classification
Paralytic poliomyelitis	Immediately notifiable, extremely urgent	Confirmed cases
SARS-associated coronavirus	Immediately notifiable, extremely urgent	All cases prior to classification
Smallpox	Immediately notifiable, extremely urgent	Confirmed and probable cases
Tularemia - Suspected intentional release	Immediately notifiable, extremely urgent	Confirmed, probable, and suspected cases
Viral hemorrhagic fevers¹ - Suspected intentional release for suspected and confirmed cases	Immediately notifiable, extremely urgent	Confirmed and suspected cases
Anthrax - Naturally-occurring or occupational, responding to treatment	Immediately notifiable, urgent	Confirmed and probable cases
Brucellosis - Multiple cases, temporally/spatially clustered	Immediately notifiable, urgent	Confirmed and probable cases
Coronavirus Disease 2019 (COVID-19)	Immediately notifiable, urgent	Confirmed and probable cases
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 - Imported from outside continental US within past 60days	Immediately notifiable, urgent	Confirmed cases
Rabies, human	Immediately notifiable, urgent	Confirmed cases
Rubella	Immediately notifiable, urgent	Confirmed cases
Viral hemorrhagic fevers¹ - All suspected and confirmed cases other than suspected intentional	Immediately notifiable, urgent	Confirmed and suspected cases
Yellow Fever	Routinely notifiable	Confirmed and probable cases
Anaplasmosis	Routinely notifiable	Confirmed and probable cases
Arboviral diseases²	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 - Cases not temporally/spatially clustered	Routinely notifiable	Confirmed and probable cases
Campylobacteriosis	Routinely notifiable	Confirmed and probable cases
Cancer³	Routinely notifiable	Confirmed cases ³
<i>Candida auris</i>, clinical	Routinely notifiable	Confirmed and probable cases
Carbapenemase-producing carbapenem-resistant <i>Enterobacteriaceae</i> (CP-CRE)	Routinely notifiable	Confirmed cases
Chancroid	Routinely notifiable	Confirmed and probable cases
<i>Chlamydia trachomatis</i> 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 infections⁴	Routinely notifiable	Confirmed, probable, and suspected cases
Ehrlichiosis	Routinely notifiable	Confirmed and probable cases
<i>Escherichia coli</i>, 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
<i>Haemophilus influenzae</i>, 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 and probable cases ⁷
Malaria	Routinely notifiable	Confirmed and suspected cases
Meningococcal disease (<i>Neisseria meningitidis</i>)	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 - All cases not suspected to be intentional	Routinely notifiable	All cases prior to classification
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
<i>Salmonella enterica</i> serotypes Paratyphi A, B (tartrate negative) and C (<i>S. Paratyphi</i> infection)	Routinely notifiable	
<i>Salmonella enterica</i> Typhi (<i>S. Typhi</i>) infection	Routinely notifiable	Confirmed and probable cases
Salmonellosis (excluding <i>S. Typhi</i> infection and <i>S. Paratyphi</i> infection)	Routinely notifiable	Confirmed and probable cases
Shigellosis	Routinely notifiable	Confirmed and probable cases
Silicosis	Routinely notifiable	Confirmed cases
<i>Staphylococcus aureus</i> 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
<i>Vibrio cholerae</i> infection (cholera)	Routinely notifiable	Confirmed cases
Vibriosis	Routinely notifiable	Confirmed and probable cases
Waterborne disease outbreaks	Routinely notifiable	All outbreaks
Zika virus disease - Zika virus disease, congenital - Zika virus disease, non-congenital	Routinely notifiable	Confirmed and probable cases
Zika virus infection - Zika virus infection, congenital - Zika virus infection, non-congenital	Routinely notifiable	Confirmed and probable cases

¹ Viral hemorrhagic fever diseases: Chapare virus, 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; Trivittatus virus disease; Western equine encephalitis 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

⁷ For surveillance reporting purposes, jurisdictions are grouped into high- and low-incidence categories. Confirmed cases are only reported from low-incidence jurisdictions; however, probable and suspect cases are reported from both high- and low-incidence jurisdictions.