

Diseases Reportable to the Minnesota Department of Health

651-201-5414 or 1-877-676-5414

24 hours a day, 7 days a week

Report Immediately by Telephone

Anthrax (*Bacillus anthracis*)^a
Botulism (*Clostridium botulinum*)
Brucellosis (*Brucella* spp.)^a
Cholera (*Vibrio cholerae*)^a
Diphtheria (*Corynebacterium diphtheriae*)^a
Hemolytic uremic syndrome^a
Measles (rubeola)^a
Meningococcal disease (*Neisseria meningitidis*)
(all invasive disease)^{a, b}
Orthopox virus^a

Plague (*Yersinia pestis*)^a
Poliomyelitis^a
Q fever (*Coxiella burnetii*)^a
Rabies
(animal and human cases and suspected cases)
Rubella and congenital rubella syndrome^a
Severe Acute Respiratory Syndrome (SARS)^{a, f}
Smallpox (variola)^a
Tularemia (*Francisella tularensis*)^a
Unusual or increased case incidence of any suspect infectious illness^a

Report Within One Working Day

Amebiasis (*Entamoeba histolytica/dispar*)
Anaplasmosis (*Anaplasma phagocytophilum*)
Arboviral disease
(including but not limited to, LaCrosse encephalitis, eastern equine encephalitis, western equine encephalitis, St. Louis encephalitis, and West Nile virus)
Babesiosis (*Babesia* spp.)
Blastomycosis (*Blastomyces dermatitidis*)
Campylobacteriosis (*Campylobacter* spp.)^a
Cat scratch disease (infection caused by *Bartonella* spp.)
Chancroid (*Haemophilus ducreyi*)^c
Chlamydia trachomatis infection^c
Coccidioidomycosis
Cryptosporidiosis (*Cryptosporidium* spp.)^a
Cyclosporiasis (*Cyclospora* spp.)^a
Dengue virus infection
Diphyllobothrium latum infection
Ehrlichiosis (*Ehrlichia* spp.)
Encephalitis (caused by viral agents)
Enteric *E. coli* infection
(*E. coli* O157:H7, other enterohemorrhagic [Shiga toxin-producing] *E. coli*, enteropathogenic *E. coli*, enteroinvasive *E. coli*, enterotoxigenic *E. coli*)^a
Enterobacter sakazakii (infants under 1 year of age)^a
Giardiasis (*Giardia lamblia*)
Gonorrhea (*Neisseria gonorrhoeae*)^c
Haemophilus influenzae disease
(all invasive disease)^a
Hantavirus infection
Hepatitis (all primary viral types including A, B, C, D, and E)^g
Histoplasmosis (*Histoplasma capsulatum*)
Human immunodeficiency virus (HIV) infection, including
Acquired Immunodeficiency Syndrome (AIDS)^{a, d, g}
Influenza
(unusual case incidence, critical illness, or laboratory confirmed cases)^{a, e}
Kawasaki disease
Kingella spp. (invasive only)^{a, b}
Legionellosis (*Legionella* spp.)^a
Leprosy (Hansen's disease) (*Mycobacterium leprae*)
Leptospirosis (*Leptospira interrogans*)

Listeriosis (*Listeria monocytogenes*)^a
Lyme disease (*Borrelia burgdorferi*)
Malaria (*Plasmodium* spp.)
Meningitis (caused by viral agents)
Mumps
Neonatal sepsis, less than 7 days after birth (bacteria isolated from a sterile site, excluding coagulase-negative *Staphylococcus*)^{a, b}
Pertussis (*Bordetella pertussis*)^a
Psittacosis (*Chlamydia psittaci*)
Retrovirus infection
Reye syndrome
Rheumatic fever (cases meeting the Jones criteria only)
Rocky Mountain spotted fever (*Rickettsia rickettsii*, *R. canada*)
Salmonellosis, including typhoid (*Salmonella* spp.)^a
Shigellosis (*Shigella* spp.)^a
Staphylococcus aureus (vancomycin-intermediate *S. aureus* [VISA], vancomycin-resistant *S. aureus* [VRSA], and death or critical illness due to community-associated *S. aureus* in a previously healthy individual.)^a
Streptococcal disease (all invasive disease caused by Groups A and B streptococci and *S. pneumoniae*)^{a, b}
Syphilis (*Treponema pallidum*)^c
Tetanus (*Clostridium tetani*)
Toxic shock syndrome^a
Toxoplasmosis (*Toxoplasma gondii*)
Transmissible spongiform encephalopathy
Trichinosis (*Trichinella spiralis*)
Tuberculosis (*Mycobacterium tuberculosis* complex) (Pulmonary or extrapulmonary sites of disease, including laboratory confirmed or clinically diagnosed disease.) Latent tuberculosis infection is not reportable.^a
Typhus (*Rickettsia* spp.)
Unexplained deaths and unexplained critical illness (possibly due to infectious cause)^a
Varicella-zoster disease
(1. Primary [chickenpox]: unusual case incidence, critical illness, or laboratory-confirmed cases. 2. Recurrent [shingles]: unusual case incidence, or critical illness.)^a
Vibrio spp.^a
Yellow fever
Yersiniosis, enteric (*Yersinia* spp.)^a

Footnotes

- ^a **Submission of clinical materials required.** Submit isolates or, if an isolate is not available, submit material containing the infectious agent in the following order of preference: a patient specimen; nucleic acid; or other laboratory material. Call the MDH Public Health Laboratory at 651-201-4953 for instructions.
- ^b Isolates are considered to be from invasive disease if they are isolated from a normally sterile site, e.g. blood, CSF, joint fluid, etc.
- ^c Report on separate Sexually Transmitted Disease Report Card.
- ^d Report on separate HIV Report Card.
- ^e See www.health.state.mn.us/diseasereport for criteria for reporting laboratory confirmed cases of influenza.
- ^f In the event of SARS or another severe respiratory outbreak, also report cases of health care workers hospitalized for pneumonia or acute respiratory distress syndrome.
- ^g Also report a pregnancy in a person chronically infected with hepatitis B or HIV.

To Report A Case

For diseases that require immediate reporting call: 651-201-5414 or 1-877-676-5414.

To report by mail, fill out a Minnesota Department of Health case report form (available at www.health.state.mn.us/diseasereport) and mail to: 625 Robert St. N., PO Box 64975, St. Paul, MN 55164-0975

To report by fax, fax the case report form to: 651-201-5743.

Clinical Materials

To send clinical materials to MDH:

If you are sending clinical materials by U.S. mail, use regulatory compliant transport packaging. Send clinical materials by U.S. mail to: 601 Robert St. N., PO Box 64899, St. Paul, MN 55164-0899

If you are using a courier, use transport packaging appropriate for the specific courier. Send clinical materials by courier to: 601 Robert St. N., St. Paul, MN 55155-2531

To request pre-paid transport labels (both mail and courier) and packaging, or for other assistance, call the Public Health Laboratory Specimen Handling Unit at: 651-201-4953. More information on specimen handling can be found at www.health.state.mn.us/clinicalguide