REPORT IMMEDIATELY BY TELEPHONE

Anthrax (Bacillus anthracis) Botulism (Clostridium botulinum)

Brucellosis (Brucella spp.)

Cholera (Vibrio cholerae)

Diphtheria (Corynebacterium diphtheriae)

Free-living amebic infection

(including at least: Acanthamoeba spp., Naegleria fowleri, Balamuthia spp., Sappinia spp.)

Glanders (Burkholderia mallei)

Hemolytic uremic syndrome

Measles (rubeola)

Melioidosis (Burkholderia pseudomallei)

Meningococcal disease (Neisseria meningitidis) (invasive)

Middle East Respiratory Syndrome (MERS)

Orthopox virus (including mpox)

Plague (Yersinia pestis)

Poliomyelitis 1

Q fever (Coxiella burnetii)

Rabies (animal and human cases and suspected cases)

Rubella and congenital rubella syndrome

Severe Acute Respiratory Syndrome (SARS)

Smallpox (variola) Tularemia (Francisella tularensis)

Unusual or increased case incidence of any suspect infectious illness

Viral hemorrhagic fever

(including but not limited to Ebola virus disease, Lassa fever, Malburg virus)

REPORT WITHIN ONE WORKING DAY

Anaplasmosis (Anaplasma phagocytophilum)

Arboviral disease

(including, but not limited to, La Crosse encephalitis, eastern equine encephalitis, western equine encephalitis, St. Louis encephalitis, West Nile virus disease, Powassan virus disease, and Jamestown Canyon virus disease)

Babesiosis (*Babesia* spp.)

Blastomycosis (Blastomyces dermatitidis)

Bluegreen algae (Cyanobacteria) and Cyanotoxin Poisoning

Campylobacteriosis (Campylobacter spp.)

Candida auris

Capnocytophaga canimorsus

Carbapenem-resistant Acinetobacter baumannii

Carbapenem-resistant Enterobacterales (CRE)

Carbapenemase-producing carbapenem-resistant Psuedomonas aeruginosa (CP-CRPA)

Cat scratch disease (infection caused by Bartonella species)

Chancroid (Haemophilus ducreyi)

Chikungunya disease

Chlamydia trachomatis infections (including serotypes L1, L2, and L3)

Coccidioidomycosis

Cytomegalovirus (congenital)

(positive laboratory results collected from infants ≤ to 90 days, or from amniotic fluid)

Cronobacter sakazakii in infants under one year of age

Cryptosporidiosis (Cryptosporidium spp.) Cyclosporiasis (*Cyclospora* spp.)

Dengue virus infection

Ehrlichiosis (Ehrlichia spp.)

Encephalitis (caused by viral agents)

Enteric Escherichia coli infection

(E. coli O157:H7, other Shiga toxin-producing E. coli, enterohemorrhagic E. coli, enteropathogenic E. coli, enteroinvasive E. coli, enteroaggregative

E. coli, enterotoxigenic E. coli, or other pathogenic E. coli) Giardiasis (Giardia duodenalis)

Gonorrhea (Neisseria gonorrhoeae infections)

Haemophilus influenzae disease (all invasive disease)

Hantavirus infection

Hard tick relapsing fever (Borrelia miyamoto)

Hepatitis (all primary viral types including A, B, C, D, and E)

Histoplasmosis (Histoplasma capsulatum)

Human immunodeficiency virus (HIV) infection,

including Acquired Immunodeficiency Syndrome (AIDS)

Influenza 🕕

(unusual case incidence, critical illness, or laboratory-confirmed cases)

Kawasaki disease

Kingella spp. (invasive only) Legionellosis (Legionella spp.)

Leprosy (Hansen's disease, Mycobacterium leprae)

Leptospirosis (*Leptospira interrogans*)

Listeriosis (Listeria monocytogenes)

Lyme disease (Borrelia burgdorferi and other Borrelia spp.)

Malaria (*Plasmodium* spp.)

Meningitis (caused by viral agents)

Multisystem inflammatory syndrome associated with SARS-CoV-2 infection, including in children (MIS-C) and adults (MIS-A)

Mumps 🕦

Neonatal sepsis 100

(bacteria isolated from a sterile site, excluding coagulase-negative

Staphylococcus) less than seven days after birth

Pertussis (Bordetella pertussis)

Psittacosis (Chlamydophila psittaci)

Rat-bite fever (Streptobacillus moniliformis)

Salmonellosis, including typhoid (Salmonella spp.)

SARS-CoV-2 infection (COVID-19) (unusual case incidence, critical illness, or laboratory confirmed cases)

Shigellosis (Shigella spp.)

Spotted fever rickettsiosis (Rickettsia spp. infections, including Rocky Mountain spotted fever)

Staphylococcus aureus (only vancomycin-intermediate Staphylococcus aureus [VISA], vancomycinresistant Staphylococcus aureus [VRSA], and death or critical illness due to community-associated *Staphylococcus aureus* in a previously healthy individual)

Streptococcal disease - invasive disease caused by Groups A and B streptococci and S. pneumoniae

Streptococcal disease - non-invasive S. pneumoniae (urine antigen laboratory-confirmed pneumonia)

Syphilis (Treponema pallidum) 🚹

Tetanus (Clostridium tetani)

Toxic shock syndrome

Toxoplasmosis (Toxoplasma gondii)

Transmissible spongiform encephalopathy

Trichinosis (Trichinella spiralis)

Tuberculosis (Mycobacterium tuberculosis complex)

(pulmonary or extrapulmonary sites of disease, including clinically diagnosed disease). Latent tuberculosis infection is not reportable.

Typhus (Rickettsia spp.)

Unexplained deaths and unexplained critical illness

(possibly due to infectious cause)

Varicella (chickenpox)

Vibrio spp.

Yellow fever

Yersiniosis (enteric Yersinia spp. regardless of specimen source)

Zika virus disease (1) Zoster (shingles)

(all cases <18 years old; unusual case incidence/complications regardless of age)

SENTINEL SURVEILLANCE

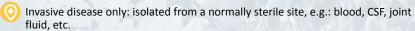
Diseases reportable through sentinel surveillance are reportable based on the residence of the patient or the specific health care facility. Sentinel surveillance is for selected sites only.

Candidiasis (all invasive disease)

Clostridioides (Clostridium) difficile

Escherichia coli (all invasive disease) Nontuberculous Mycobacteria (NTM), pulmonary and extrapulmonary

Respiratory syncytial virus (RSV) Staphylococcus aureus (all invasive disease) 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. All medical laboratories that perform genetic sequencing for any diseases listed should submit sequence data upon request. More information is available at www.health.state.mn.us/diseasereport.



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.

Also report a pregnancy in a person with Zika; or a person chronically infected with hepatitis B, HIV, or syphilis.

TO REPORT

- For immediate reporting call: 651-201-5414 or 1-877-676-5414.
- Report forms can be downloaded at <u>www.health.state.mn.us/diseasereport</u>

DEPARTMENT OF HEALTH

Infectious Disease Epidemiology, Prevention and Control Phone: 651-201-5414 or 1-877-676-5414 | Fax: 1-800-233-1817 www.health.state.mn.us/diseasereport

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