

Recommended Initial Followup Timelines for Infectious Diseases

Reportable disease	Clinical Diagnosis	Laboratory Criteria	Investigation Begins
Botulism, foodborne	Clinical symptoms include diplopia, blurred vision, and bulbar weakness. Symmetric paralysis that progresses rapidly & that can be linked to a potential food source in the previous 48 hours.	Detection of botulinum toxin in serum, stool, or patients food or isolation of <i>Clostridium botulinum</i> from stool	Immediate
Botulism, Infant	Characterized by constipation, poor feeding and "failure to thrive" that may be followed by progressive weakness, impaired respiration and death	Detection of botulinum toxin in stool or serum or isolation of <i>Clostridium botulinum</i> from stool	Immediate
Brucellosis	Clinical symptoms include fever, night sweats, undue fatigue, anorexia, weight loss, headache and arthralgia	Isolation of <i>Brucella</i> species from clinical specimen, or 4-fold or greater rise in <i>Brucella</i> titer > 2 weeks apart or demonstration by immunofluorescence of <i>Brucella</i> sp. in clinical specimen	24 hours
Diphtheria	Insidious onset, membranous pharyngitis with fever, enlarged anterior cervical lymph nodes, and edema of the surrounding soft tissue – "Bull Neck"	Isolation of <i>C. diphtheriae</i> from a clinical specimen, or Histopathologic diagnosis of diphtheria.	Immediate strict isolation
Encephalitis, arboviral	Clinical symptoms include febrile illness of variable severity associated with neurologic symptoms ranging from headache to aseptic meningitis or encephalitis.	4-fold or greater change in serum antibody titer, or isolation of virus from tissue, blood, CSF or other body fluid or specific IgM.	72 hours
Escherichia coli O157:H7	Clinical symptoms include diarrhea, often bloody and abdominal cramps, may be complicated by HUS or TTP, asymptomatic infection may also occur	Isolation of <i>E. coli</i> O157:H7 from a specimen or isolation of Shiga toxin-producing <i>E. coli</i> O157:NM from a clinical specimen	24 hours
Haemophilus Influenzae type B	Invasive disease caused by <i>H. influenzae</i> may produce any of several clinical syndromes, including meningitis, bacteremia, epiglottitis, or pneumonia.	Isolation of <i>H. influenzae</i> from a normally sterile site (e.g., blood or cerebrospinal fluid (CSF) or, less commonly, joint, pleural, or pericardial fluid)	48 hours
Hansen's Disease	Characterized by the involvement of primarily of skin as well as peripheral nerves and the mucosa of the upper airway.	Demonstration of AFB in skin or dermal nerve, obtained from full-thickness skin biopsy of a lepromatous lesion	5 days
Hantavirus syndromes	Characterized by bilateral interstitial pulmonary infiltrates and respiratory compromise usually requiring supplemental oxygen and clinically resembling ARDS.	Detection of hantavirus-specific IgM or rising titers of hantavirus-specific IgG, or detection of hantavirus-specific ribonucleic acid sequence by PCR in clinical specimens	5 days
Hepatitis A	Clinical symptoms include discrete onset of symptoms and Jaundice	Hepatitis A IgM antibody	Immediate
Hepatitis B	Clinical symptoms include discrete onset of symptoms and Jaundice	Hepatitis B core IgM antibody positive, or HBsAg positive	72 hours

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Legionellosis	Characterized by fever, myalgia, cough, pneumonia	Isolation of <i>legionella</i> from clinical specimen, 4-fold rise in titer against <i>L. pneumophila</i> serogroup 1, detection of <i>L. pneumophila</i> serogroup 1 in respiratory secretions, lung tissue, or pleural fluid by direct fluorescent antibody testing or , demonstration of <i>L. pneumophila</i> serogroup 1 antigens in urine by radioimmunoassay or enzyme-linked immunosorbent assay.	72 hours
Listeria monocytogenes invasive disease	Clinical symptoms include those of meningitis or bacteremia. Infection during pregnancy may result in fetal loss through miscarriage or stillbirth or neonatal meningitis or bacteremia.	Isolation of <i>L. monocytogenes</i> for a normally sterile site. Isolation of <i>L. monocytogenes</i> from placental or fetal tissue	48 hours
Lyme Disease	The best clinical marker for Lyme disease is the initial skin lesion-erythema migrans, late manifestations effect the musculoskeletal system, nervous system or cardiovascular system	Isolation of <i>Borrelia burgdorferi</i> from a clinical specimen, IgM antibodies to <i>Borrelia burgdorferi</i> in serum or CSF.	5 days
Malaria	Clinical symptoms include fever, headache along with various other symptoms including back pain, chills, sweats, nausea, vomiting, diarrhea and cough.	Demonstration of malaria parasites in blood films.	5 days
Measles	An illness characterized by all of the following: a generalized maculopapular rash lasting > 3 days; a temperature > 101°F (38.3°C); cough, coryza, or conjunctivitis	Positive serologic test for measles immunoglobulin M (IgM) antibody, or significant rise in measles antibody level by any standard serologic assay, or isolation of measles virus from a clinical specimen.	Immediate
Meningococcal invasive disease	Manifests most commonly as meningitis and/or meningococemia.	Isolation of <i>Neisseria meningitidis</i> from normally sterile site.	Immediate
Mumps	An illness with acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary gland, lasting >2 days, and without other apparent cause.	Isolation of mumps virus from clinical specimen, or significant rise between acute and convalescent-phase titers in serum mumps immunoglobulin G (IgG) antibody level by any standard serologic assay, or positive serologic test for mumps immunoglobulin M (IgM) antibody.	48 hours
Pertussis	A cough illness lasting at least 2 weeks with one of the following: paroxysms of coughing, inspiratory "whoop," or post-tussive vomiting, and without other apparent cause.	Isolation of <i>B. pertussis</i> from a clinical specimen, or positive polymerase chain (PCR) reaction assay for <i>B. pertussis</i> .	48 hours

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Polio	Acute onset of a flaccid paralysis of one or more limbs with decreased or absent tendon reflexes in the affected limbs, without other apparent cause, and without sensory or cognitive loss.	Poliovirus isolation is highest from stool specimens, intermediate from pharyngeal swabs, and very low from blood or spinal fluid. To increase the probability of poliovirus isolation, at least two stool specimens should be obtained 24 hours apart from patients with suspected poliomyelitis as early in the course of disease as possible (ideally within 15 days after onset).	48 hours
Psittacosis	Characterized by fever, chills, headache, photophobia, cough and myalgia	Isolation of <i>Chlamydia psittaci</i> from respiratory secretions, or 4-fold or greater rise in antibody titer against <i>C. psittaci</i> , or presence of IgM antibody against <i>C. psittaci</i>	24 hours
Rocky Mountain Spotted Fever	Characterized by acute onset of myalgia, headache, and petechial rash.	4-fold rise in titer to <i>Rickettsia rickettsii</i> , Positive PCR to <i>Rickettsia rickettsii</i> , demonstration of positive immunofluorescence of skin lesion or organ tissue, or isolation of <i>R. rickettsii</i> from clinical specimen.	5 days
Rubella	An illness that has all of the following characteristics: acute onset of generalized maculopapular rash; temperature >99°F (37.2°C), if measured; arthralgia/arthritis, lymphadenopathy, or conjunctivitis	Isolation of rubella virus, or significant rise between acute and convalescent-phase titers in serum rubella immunoglobulin G (IgG) antibody level by any standard serologic assay, or positive serologic test for rubella immunoglobulin M (IgM) antibody.	24 hours
Salmonellosis	Common symptoms include diarrhea, abdominal pain, nausea and sometimes vomiting, asymptomatic infections may occur.	Isolation of <i>Salmonella</i> from clinical specimen.	24 hours
Shigellosis	Characterized by diarrhea, fever, nausea, cramps and tenesmus, asymptomatic infections may occur.	Isolation of <i>Shigella</i> from a clinical specimen.	24 hours
Tetanus	Acute onset of hypertonia and/or painful muscular contractions (usually of the muscles of the jaw and neck) and generalized muscle spasms without other apparent medical cause.	There are no laboratory findings characteristic of tetanus. The diagnosis is entirely clinical.	48 hours
Toxic Shock Syndrome	Fever > 102, diffuse macular erythroderma rash, BP < 90, and multisystem involvement.	May be negative or positive culture for <i>Staphylococcus aureus</i> or group A <i>Streptococcus</i> from a normally sterile site.	5 days
Trichinosis	Characterized by fever, myalgia, and periorbital edema	Demonstration of <i>Trichinella</i> larvae in tissue obtained by muscle biopsy, or positive serologic test for <i>Trichinella</i>	5 days
Tuberculosis	Positive TB skin test, prolonged cough, night sweats, and weight loss.	Isolation of <i>M. tuberculosis</i> from a clinical specimen.	48 hours