

# Virginia Reportable Disease List

Reporting of the following diseases is required by state law ([§32.1-36](#) and [§32.1-37](#) of the *Code of Virginia* and 12VAC5-90-80 and 12VAC5-90-90 of the Board of Health *Regulations for Disease Reporting and Control*, <http://www.vdh.virginia.gov/epidemiology/regulations.htm>). Report all conditions when suspected or confirmed to your local health department within three days on an [Epi-1 form](#), except those listed in **RED** must be reported immediately by the most rapid means available.

<ul style="list-style-type: none"> <li>Acquired immunodeficiency syndrome (AIDS)</li> <li>Amebiasis</li> <li><b>ANTHRAX</b></li> <li>Arboviral infections (e.g., dengue, EEE, LAC, SLE, WNV)</li> <li><b>BOTULISM</b></li> <li><b>BRUCELLOSIS</b></li> <li>Campylobacteriosis</li> <li>Chancroid</li> <li>Chickenpox (Varicella)</li> <li><i>Chlamydia trachomatis</i> infection</li> <li><b>CHOLERA</b></li> <li>Creutzfeldt-Jakob disease if &lt;55 years of age</li> <li>Cryptosporidiosis</li> <li>Cyclosporiasis</li> <li><b>DIPHTHERIA</b></li> <li><b>DISEASE CAUSED BY AN AGENT THAT MAY HAVE BEEN USED AS A WEAPON</b></li> <li>Ehrlichiosis/Anaplasmosis</li> <li><sup>^</sup> <b>Escherichia coli</b> infection, Shiga toxin-producing</li> <li>Giardiasis</li> <li>Gonorrhea</li> <li>Granuloma inguinale</li> <li><b>HAEMOPHILUS INFLUENZAE INFECTION, INVASIVE</b></li> <li>Hantavirus pulmonary syndrome</li> <li>Hemolytic uremic syndrome (HUS)</li> <li><b>HEPATITIS A</b></li> <li>Hepatitis B (acute and chronic)</li> <li>Hepatitis C (acute and chronic)</li> <li>Hepatitis, other acute viral</li> <li>Human immunodeficiency virus (HIV) infection</li> <li># Influenza           <ul style="list-style-type: none"> <li>(report <b>INFLUENZA A, NOVEL VIRUS</b> immediately)</li> <li><b>INFLUENZA-ASSOCIATED DEATHS IN CHILDREN &lt;18 YEARS OF AGE</b></li> </ul> </li> <li>Lead, elevated blood levels</li> <li>Legionellosis</li> <li>Leprosy (Hansen disease)</li> <li>Listeriosis</li> <li>Lyme disease</li> <li>Lymphogranuloma venereum</li> <li>Malaria</li> <li><b>MEASLES (RUBEOLA)</b></li> <li><b>MENINGOCOCCAL DISEASE</b></li> </ul>	<ul style="list-style-type: none"> <li><b>MONKEYPOX</b></li> <li>Mumps</li> <li><b>MYCOBACTERIAL DISEASES (INCLUDING AFB), (IDENTIFICATION OF ORGANISM) AND DRUG SUSCEPTIBILITY</b></li> <li>Ophthalmia neonatorum</li> <li><b>OUTBREAKS, ALL</b> (including but not limited to foodborne, healthcare-associated, occupational, toxic substance-related, and waterborne)</li> <li><b>PERTUSSIS</b></li> <li><b>PLAGUE</b></li> <li><b>POLIOVIRUS INFECTION, INCLUDING POLIOMYELITIS</b></li> <li><b>PSITTACOSIS</b></li> <li><b>Q FEVER</b></li> <li><b>RABIES, HUMAN AND ANIMAL</b></li> <li>Rabies treatment, post-exposure</li> <li><b>RUBELLA, INCLUDING CONGENITAL RUBELLA SYNDROME</b></li> <li>Salmonellosis</li> <li><b>SEVERE ACUTE RESPIRATORY SYNDROME (SARS)</b></li> <li>Shigellosis</li> <li><b>SMALLPOX (VARIOLA)</b></li> <li>Spotted fever rickettsiosis</li> <li><i>Staphylococcus aureus</i> infection, (invasive methicillin-resistant) and (vancomycin-intermediate or vancomycin-resistant)</li> <li>Streptococcal disease, Group A, invasive or toxic shock</li> <li><i>Streptococcus pneumoniae</i> infection, invasive, in children &lt;5 years of age</li> <li>Syphilis (report <b>PRIMARY</b> and <b>SECONDARY</b> immediately)</li> <li>Tetanus</li> <li>Toxic substance-related illness</li> <li>Trichinosis (Trichinellosis)</li> <li><b>TUBERCULOSIS, ACTIVE DISEASE</b></li> <li>Tuberculosis infection in children &lt;4 years of age</li> <li><b>TULAREMIA</b></li> <li><b>TYPHOID/PARATYPHOID FEVER UNUSUAL OCCURRENCE OF DISEASE OF PUBLIC HEALTH CONCERN</b></li> <li><b>VACCINIA, DISEASE OR ADVERSE EVENT</b></li> <li><b>VIBRIO INFECTION</b></li> <li><b>VIRAL HEMORRHAGIC FEVER</b></li> <li><b>YELLOW FEVER</b></li> <li>Yersiniosis</li> </ul>
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<sup>h</sup> These conditions are reportable by directors of laboratories. In addition, these and all other conditions except methicillin-resistant *Staphylococcus aureus* (MRSA), invasive and mycobacterial diseases are reportable by physicians and directors of medical care facilities. Laboratory reports may be by computer-generated printout, Epi-1 form, CDC surveillance form, or upon agreement with VDH, by means of secure electronic transmission.

**I** A laboratory identifying evidence of these conditions shall notify the local health department of the positive culture and submit the initial isolate to the Virginia Division of Consolidated Laboratory Services (DCLS) or, for tuberculosis, to another lab designated by the Board.

<sup>^</sup> Laboratories that use a Shiga toxin EIA methodology without a simultaneous culture should forward all positive stool specimens or positive broth cultures to DCLS for confirmation and further characterization.

# Physicians and directors of medical care facilities should report influenza by number of cases only (report total number per week and by type of influenza, if known); however, individual cases of influenza A novel virus should be reported immediately by rapid means.

Note: 1. Central line-associated bloodstream infections in adult intensive care units are reportable. Contact the VDH Healthcare-Associated Infections Program at (804) 864-8141 or see 12VAC5-90-370 for more information.

2. Cancers are also reportable. Contact the VDH Virginia Cancer Registry at (804) 864-7866 or see 12VAC5-90-150-180 for more information.