Mandated reporters, such as health care providers, hospitals and laboratories, must report suspected or confirmed cases of these diseases to the local health department within the number of days or hours indicated in parentheses.

*For reporting purposes, “immediate” means as soon as possible within three hours.

Anaplasmosis (7d)
Any suspected bioterrorist threat (immediate)*
Any unusual case or cluster of cases that may indicate a public health hazard (immediate)*
Anthrax (immediate)*
Arboviruses (including WNV) (7d)
Babesiosis (7d)
Botulism, foodborne (immediate)*
Botulism, infant, wound, other (24h)
Brucellosis (24h, unless bioterrorism suspected, then immediate)*
Chancroid (7d)
Chlamydia (7d)
Cholera (24h)
Creutzfeldt-Jakob Disease (7d)
Cryptosporidiosis (7d)
Cyclosporiasis (7d)
Diphtheria (immediate)*
Drug-resistant organism, extensively (7d)
Ehrlichiosis (7d)
Enteric E. coli infections (STEC, O157:H7, ETEC, EPEC, EIEC) (24h)
Foodborne or waterborne outbreaks (24h)
Gonorrhea (7d)
Haemophilus influenzae, invasive (24h)
Hantavirus pulmonary syndrome (24h)
Hemolytic uremic syndrome, post diarrheal (24h)
Hepatitis A (24h), B (7d), C (7d), D (7d)
Histoplasmosis (7d)
HIV infection (7d)
Influenza, deaths in <18 yr olds (7d)
Influenza A, variant (immediate)*
Influenza, ICU admissions (24h)
Legionellosis (7d)
Leprosy (7d)
Leprosy predisposition (7d)
Listeriosis (7d)
Lyme disease (7d)
Malaria (7d)
Measles (24h)
Mumps (24h)
N. meningitidis, invasive (24h)
Ophthalmia neonatorum (gonococcal) (7d)
Outbreaks of public health significance (24h)
Pertussis or whooping cough (24h)
Plague (immediate)*
Poliomyelitis (immediate)*
Q fever (24h unless bioterrorism suspected, then immediate)*
Rabies, human and potential human exposure and animal (24h)
Reye syndrome (7d)
Rubella (24h)
Salmonellosis, other than typhoid (7d)
Severe Acute Respiratory Syndrome (SARS) (immediate)*
Shigellosis (7d)
Smallpox (immediate)*
Smallpox vaccination, complications of (24h)
Spotted fever rickettsioses (7d)
S. aureus, Methicillin resistant (MRSA) clusters (two or more lab confirmed cases) in a community setting (24h)
S. aureus, Methicillin resistant (MRSA) in infants <61 days (24h)
S. aureus infections with intermediate or high level resistance to vancomycin (24h)
Streptococcal infections, Group A, invasive including STSS and necrotizing fasciitis (24 h)
S. pneumoniae, invasive in those <5 yrs (7d)
Syphilis (7d)
Tetanus (7d)
Toxic shock syndrome due to S. aureus (7d)
Trichinosis (7d)
Tuberculosis (7d)
Tularemia (24h unless bioterrorism suspected, then immediate)*
Typhoid fever (24h)
Typhus (24h)
Varicella (chickenpox) (24 h)
Vibriosis (non cholera) (7d)
Yersiniosis (7d)

Laboratories must report positive test results of these diseases to their local health department within the time frame indicated.

All reports are confidential and should include—

• the disease or condition being reported
• patient’s name, date of birth, age, sex, race/ethnicity, address and telephone number
• physician’s name, address and telephone number
• method of diagnosis, if available

TO REPORT A CASE

contact your local health department:

During regular business hours, call _______ - _______ - ________________.

For emergencies after business hours, call _______ - _______ - ________________.

If no local health department is available, contact the
Illinois Department of Public Health
217-785-7165 • TTY (hearing impaired use only) 800-547-0466