Laboratory Reporting Requirements

Reportable Disease Test Result

- **Ampicillin** Positive results for any ampicillin, including Ampicillin phenylacetylamide.
- **Any viral case or cluster** Positive results for any viral case or cluster with public health importance.
- **Methicillin** Positive results for methicillin sensitive/ resistant bacteria.
- **Ampicillin** Positive results for any ampicillin.
- **Vancomycin** Positive results for vancomycin sensitive/ resistant bacteria.
- **Tobramycin** Positive results for any tobramycin sensitive/ resistant bacteria.
- **Smaller outbreaks** Positive results for any tobramycin sensitive/ resistant bacteria.
- **Influenza, isolated, inlet, resident, other** Persons for whom isolation testing was ordered.
- **Brucellosis** (7d) Positive result for *Brucella* spp. infection.
- **Campylobacteriosis** Refer clinical specimens and isolates associated with clusters/ outbreaks to the Department's laboratory.
- **Pneumococcal** Positive results for *Streptococcus pneumoniae* from a normally sterile site.
- **Chlamydia** A reactive or positive sm ear, culture, ELISA or molecular probe (amplified and non-amplified).
- **Mycobacterium** Positive results for *Mycobacterium tuberculosis* infection.
- **Cryptosporidium** Positive results for *Cryptosporidium* infection.
- **Cyclosporiasis** Positive results for *Cyclospora* infection.
- **E. coli** Enteric infections
  - O 157 , other shiga toxin producing *E. coli*, enteropathogenic *E. coli*, enteropathogenic *E. coli*, enteroaggregative *E. coli*.
  - Other enteric infections
  - Yersiniosis
  - Typhoid fever
  - Tuberculosis
  - Trichinosis
  - Streptococcus pyogenes
  - Salmonellosis
  - Other than Typhoid Fever
  - Rubella
  - Q-fever
  - Poliomyelitis
  - Plague
  - Pertussis
  - Ophthalmia Neonatorum
  - Neisseria meningitidis
  - Mumps
  - Measles
  - Malaria
  - Listeriosis
  - Leprosy
  - Influenza case in ICU
  - HIV/AIDS
  - Hepatitis A
  - Haemophilus influenzae
  - Gonorrhea
  - E. coli
  - Ehrlichiosis
  - Drug resistant organism, extensively
  - Cyclosporiasis
  - Cryptosporidiosis
  - Cholera
  - Chlamydia
  - Brucellosis
  - Botulism, infant, wound, other
  - Arboviruses
  - Anthrax
  - Any unusual case or cluster
  - Anaplasmosis

Laboratories must report positive test results of these diseases to the local health department within the number of days or hours as indicated.

**Timetable**

- **Ampicillin** 7d
- **Any viral case or cluster** 7d
- **Methicillin** 7d
- **Ampicillin** 7d
- **Vancomycin** 7d
- **Tobramycin** 7d
- **Smaller outbreaks** 7d
- **Influenza, isolated, inlet, resident, other** 7d
- **Brucellosis** (7d)
- **Campylobacteriosis** 7d
- **Pneumococcal** 7d
- **Chlamydia** 7d
- **Mycobacterium** 7d
- **Cryptosporidium** 7d
- **Cyclosporiasis** 7d
- **E. coli** Enteric infections
  - O 157 , other shiga toxin producing *E. coli*, enteropathogenic *E. coli*, enteropathogenic *E. coli*, enteroaggregative *E. coli*.
  - Other enteric infections
  - Yersiniosis
  - Typhoid fever
  - Tuberculosis
  - Trichinosis
  - Streptococcus pyogenes
  - Salmonellosis
  - Other than Typhoid Fever
  - Rubella
  - Q-fever
  - Poliomyelitis
  - Plague
  - Pertussis
  - Ophthalmia Neonatorum
  - Neisseria meningitidis
  - Mumps
  - Measles
  - Malaria
  - Listeriosis
  - Leprosy
  - Influenza case in ICU
  - HIV/AIDS
  - Hepatitis A
  - Haemophilus influenzae
  - Gonorrhea
  - E. coli
  - Ehrlichiosis
  - Drug resistant organism, extensively
  - Cyclosporiasis
  - Cryptosporidiosis
  - Cholera
  - Chlamydia
  - Brucellosis
  - Botulism, infant, wound, other
  - Arboviruses
  - Anthrax
  - Any unusual case or cluster
  - Anaplasmosis

**Laboratory Reporting Requirements**

**TO REPORT A CASE**

- **Illinois Department of Public Health**
  - 217-785-7165, after hours 800-782-7860
  - TTY (hearing impaired use only) 800-547-0466.

All reports are confidential and should include the following:

- 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
- significant lab results, if applicable

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