

Disease/Condition	Code	Disease/Condition	Code
<b>An emerging infectious disease or an unusual occurrence of any disease</b>	I*	Encephalitis, acute arboviral (e.g. Eastern Equine, St. Louis, Western Equine)	I*
<b>An infection or outbreak (e.g. healthcare-associated and foodborne) that may be of public health concern</b>	I*	Gastrointestinal illness outbreak - school/child care facility-associated	24±
Animal bites	I	Giardiasis	48
Anthrax ( <i>Bacillus anthracis</i> )	I*	Gonococcal infection	48
Babesiosis	48	Granuloma inguinale	48
Botulism	I*	<i>Haemophilus influenzae</i> , invasive disease	24
Brucellosis	24	Hand, foot, and mouth disease outbreak - school/child care facility-associated	24±
Campylobacteriosis	24	Hantavirus pulmonary syndrome (HPS)	I*
Carbapenem-resistant enterobacteriaceae (CRE) - LabID event	NHSN	Head lice outbreak - school/child care facility-associated	24±
Catheter-associated urinary tract infections (CAUTIs)	NHSN	Hemolytic uremic syndrome	I*
Central line-associated bloodstream infections (CLABSIs)	NHSN	Healthcare-associated infection (cluster or outbreak)	24
Chancroid	48	Hepatitis (B,C) #- pregnancy in a woman positive for hepatitis B or C also requested	48
Chickenpox (morbidity, pediatric mortality)	48	Hepatitis A	I
Chikungunya	24	Human immunodeficiency virus (HIV) infection and pregnancies in HIV-infected women	48
<i>Chlamydia trachomatis</i> infection (including PID, perinatal, and trachoma)	48	Impetigo outbreak - school/child care facility-associated	24±
Cholera (Toxigenic <i>Vibrio cholerae</i> 01 or 0139)	I*	Influenza A (novel subtype only)	I*
Clostridium difficile ( <i>C. difficile</i> ) - LabID event	NHSN	Influenza-associated mortality (patients <18 years of age)	I*
Coccidioidomycosis	48	Kawasaki disease	48
Conjunctivitis (Pink Eye) outbreak - school/child care facility-associated	24±	Lead poisoning in children	L
Cryptosporidiosis	48	Legionellosis	48
Cyclosporiasis	48	Leptospirosis	48
Dengue	24	Listeriosis	I*
Diphtheria	I*	Lyme Disease ( <i>Borrelia Burgdorferi</i> )	48
Ehrlichiosis	48		

Visit our website for details on how to report these diseases and conditions online: <http://dchealth.dc.gov/service/infectious-diseases>

**Codes**

<b>NHSN</b>	Acute care, ambulatory, long-term acute care, skilled nursing, and outpatient renal dialysis facilities should report these conditions to the National Healthcare Safety Network (NHSN) and provide DC DOH with access to these data. Definitions of these infections are provided in the most current edition of the NHSN manual ( <a href="http://www.cdc.gov/nhsn/">http://www.cdc.gov/nhsn/</a> ).
<b>I</b>	Must be reported immediately upon provisional diagnosis or the appearance of suspicious symptoms by submission of a case report within 24 hours.
<b>I*</b>	Must be reported immediately by telephone (see detailed guidance documents) upon provisional diagnosis or the appearance of suspicious symptoms, and confirmed by submission of a case report within 24 hours. For epidemiological support to address an urgent/emergent public health issue outside of business hours (weekdays, 8:15am-4:45pm), call 1-844-493-2652.
<b>L</b>	Must be reported to the DC Department of Energy & Environment (DOEE) immediately by telephone (202) 654-6002 or fax (202) 535-2607 if results are ≥10 µg/dL. As a courtesy, all results ≥ 5 µg/dL should also be reported immediately. Providers must report the case to DOEE by telephone within 72 hours of receiving notification from a laboratory or another provider/facility. Laboratories, including providers who utilize point-of-care testing, are required to report all test results <10 µg/dL within 1 week of analysis.
<b>24</b>	Must be reported within 24 hours after provisional diagnosis or the appearance of suspicious symptoms
<b>48</b>	Must be reported within 48 hours after provisional diagnosis or the appearance of suspicious symptoms
<b>±</b>	Only required to be reported by school/child care facilities when there are ≥ 3 cases that occur in the facility within a 7-day period
<b>#</b>	Acute hepatitis B is currently mandated. However, case reports for chronic and perinatal hepatitis B are requested and will be mandated in forthcoming regulations.

Disease/Condition	Code
Lymphogranuloma venereum (LGV, including atypical LGV)	24
Malaria	48
Measles (Rubeola)	I*
Melioidosis	48
Meningitis ( <i>Neisseria meningitidis</i> )	I*
Meningitis (aseptic or viral, fungal, and bacterial other than <i>N. meningitidis</i> )	24
Meningococcal disease, invasive	I*
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bacteremia - LabID event	NHSN
Middle East Respiratory Syndrome (MERS)	I*
Mumps	I*
Pertussis (Whooping cough)	I*
Pinworm (Enterobiasis) outbreak - school/child care facility-associated	24±
Plague ( <i>Yersinia pestis</i> )	I*
Poliovirus infection	I*
Powassan virus	48
Psittacosis (Ornithosis)	24
Q Fever	24
Rabies (animal or human)	I*
Rickettsiosis, spotted fever (e.g. Rocky Mountain Spotted Fever)	48
Ringworm (Tinea) outbreak - school/child care facility-associated	24±
Rubella, including congenital rubella syndrome	I*
Salmonellosis	48
Scabies outbreak - school/child care facility-associated	24±
Severe Acute Respiratory Syndrome (SARS)	I*
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	I

Disease/Condition	Code
Shigellosis	48
Smallpox	I*
Staphylococcal infections in newborns (nosocomial)	I
Streptococcal infection, invasive (Pneumococcal disease)	24
Streptococcal non-invasive, Group A (Scarlet fever and strep throat) outbreak - school/child care facility-associated	24±
Surgical site infection (SSI): Abdominal hysterectomy	NHSN
Surgical site infection (SSI): Colon surgery	NHSN
Syphilis (all stages, congenital)	48
Tetanus	24
Toxic shock syndrome (Staphylococcal, Streptococcal, and other)	48
Trichinosis (Trichinellosis)	48
Tuberculosis	48
Tularemia	I*
Typhoid fever ( <i>Salmonella typhi</i> )	I*
Urethritis, atypical	48
Vaccine adverse events	48
Vibriosis (non-cholera <i>Vibrio</i> species infections)	I
Viral hemorrhagic fevers (Ebola or other)	I*
West Nile virus	48
Yellow fever	I*
Zika virus disease (including congenital Zika virus infection)	24

Visit our website for details on how to report these diseases and conditions online: <http://dchealth.dc.gov/service/infectious-diseases>

**Codes**

<b>NHSN</b>	Acute care, ambulatory, long-term acute care, skilled nursing, and outpatient renal dialysis facilities should report these conditions to the National Healthcare Safety Network (NHSN) and provide DC DOH with access to these data. Definitions of these infections are provided in the most current edition of the NHSN manual ( <a href="http://www.cdc.gov/nhsn/">http://www.cdc.gov/nhsn/</a> ).
<b>I</b>	Must be reported immediately upon provisional diagnosis or the appearance of suspicious symptoms by submission of a case report within 24 hours.
<b>I*</b>	Must be reported immediately by telephone (see detailed guidance documents) upon provisional diagnosis or the appearance of suspicious symptoms, and confirmed by submission of a case report within 24 hours. For epidemiological support to address an urgent/emergent public health issue outside of business hours (weekdays, 8:15am–4:45pm), call 1-844-493-2652.
<b>L</b>	Must be reported to the DC Department of Energy & Environment (DOEE) immediately by telephone (202) 654-6002 or fax (202) 535-2607 if results are ≥10 µg/dL. As a courtesy, all results ≥ 5 µg/dL should also be reported immediately. Providers must report the case to DOEE by telephone within 72 hours of receiving notification from a laboratory or another provider/facility. Laboratories, including providers who utilize point-of-care testing, are required to report all test results <10 µg/dL within 1 week of analysis.
<b>24</b>	Must be reported within 24 hours after provisional diagnosis or the appearance of suspicious symptoms
<b>48</b>	Must be reported within 48 hours after provisional diagnosis or the appearance of suspicious symptoms
<b>±</b>	Only required to be reported by school/child care facilities when there are ≥ 3 cases that occur in the facility within a 7-day period
<b>#</b>	Acute hepatitis B is currently mandated. However, case reports for chronic and perinatal hepatitis B are requested and will be mandated in forthcoming regulations.