## Arkansas Department of Health (ADH) Mandatory Reportable Diseases List and Instructions

The "Rules and Regulations Pertaining to Reportable Disease" adopted by the Arkansas State Board of Health in 1977 pursuant to the authority conferred by Act 96 of 1913 (Arkansas statutes, 1947, Section 82-110) Section III, states "The responsibility for reporting certain communicable diseases is the duty of EVERY physician, practitioner, nurse, superintendent or manager of a dispensary, hospital, clinic, nursing or extended care home and laboratory personnel examining human specimens resulting in the diagnosis of notifiable diseases or any person in attendance on a case of any disease or conditions declared notifiable."

## The following diseases/conditions (suspected or confirmed) are to be reported immediately to the ADH:

Anthrax***	Coronavirus (SARS, MERS)***	Novel influenza virus**	Q Fever***	Typhus***
Botulism (all types)***	Emerging threat agents***	Plague**	Smallpox***	Viral hemorrhagic fevers***
Chemical agents of terrorism***	Meningococcal infection**	Poliomyelitis***	Tularemia**	
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## TO REPORT DISEASES IMMEDIATELY VIA TELEPHONE, CALL 1-501-537-8969 (8:00-4:30, Mon-Fri. Local Central Time) AFTER HOURS AND ON WEEKENDS, PLEASE CALL 1-800-554-5738

All outbreaks of diseases on this list or any unusual outbreak/cluster should be reported immediately by phone to the ADH. All unusually drug resistant infections should be reported within 24 hours to the ADH.

The following diseases of public health significance are to be reported to the Arkansas Department of Health within 24 hours of diagnosis. Reports should include: 1) the reporter's name, location and phone number; 2) the name and onset date of the disease; 3) the patient's name, address, phone number, age, sex and race; 4) the attending physician's name, location and phone number; 5) any pertinent clinical, laboratory, and treatment information. Report by fax to 501-661-2428; or by phone to 501-537-8969.

Anaplasmosis Histoplasmosis REPORTABLE OCCUPATIONAL AND Arboviral, neuro and non-neuroinvasive HIV (human immunodeficiency virus)\* ENVIRONMENTAL DISEASES Babesiosis (qualitative, quantitative, and genotyping AND OTHER CONDITIONS (For acute disease consultation on the Bacillus cereus included even if no virus is detected) Bacillus cereus by anthracis or Bacillus species Influenza deaths/hospitalizations, all ages‡ diseases listed below please call the that cannot be ruled out as B. anthracis Poison Control Center at: 800-376-4766) Legionellosis or B. cereus by anthracis\*\* Listeriosis\*\* Asbestosis Blastomycosis Lyme disease Blood lead levels\*\*\*\* Brucellosis\*\* Malaria **Byssinosis** CD4+ T-lymphocyte count Measles (rubeola) Chemical exposure, all types Campylobacteriosis\*\* Melioidosis (burkholderia pseudomallei)\*\* Clinical radiation adverse event Candida auris (candida haemulonii)\*\* Meningitis, all types\*\* Elevated blood heavy metal (e.g.: mercury, Carbapenem-resistant Enterobacteriaceae (CRE) Mumps arsenic, cadmium) Chagas disease Pertussis Pesticide exposure Chancroid Psittacosis Pneumoconiosis (coal workers) Chikungunya Rabies, human and animal Mesothelioma Rickettsiosis, spotted fever (RMSF) Silicosis Chlamydial infections Coccidioidomycosis Rubella, including congenital infection Suspected unintentional radiation exposure Creutzfeld-Jakob disease Salmonellosis (including typhoid fever)\*\* \* Any woman infected with AIDS, HIV or Syphilis, who is pregnant, must be reported Shigellosis (include all isolates)\*\* Cryptosporidiosis indicating the trimester of pregnancy. This Cyclosporiasis Streptococcus infection, invasive, including applies each time the woman becomes Dengue virus infections S. pneumoniae, S. pyogenes/group A; pregnant. Diphtheria Indicate antibiotic susceptibility if known. \*\* Non-viral isolates must be submitted to the Ehrlichiosis Syphilis, including congenital infection\* ADH Laboratory for further testing. For E. coli, Shiga toxin producing\*\* Tetanus enteric, if no isolate is available please send raw stool. Encephalitis, all types (e.g.: Powassan, Toxic shock syndrome California, EEE, St. Louis, West Nile, WEE) Toxoplasmosis \*\*\* Isolates must be retained and ADH Food poisoning, all types Trichinellosis contacted to determine whether sample needs to be submitted for further testing. Giardiasis Tuberculosis Glanders (burkholderia mallei)\*\* Vancomycin-intermediate/resistant \*\*\*\* Blood lead levels over 5 µg/dl for patients 72 months old and younger and levels over 10 Gonorrhea staphylococcus aureus (VISA/VRSA\*\*) µg/dl for patients 73 months and older. Haemophilus influenzae, invasive\*\* Varicella (chickenpox), disease or death Hansen's disease (leprosy) Vibriosis (cholera and non-cholera)\*\* **‡** Web reporting for influenza is available at: https://flureport.adh.arkansas.gov Hantavirus pulmonary syndrome West Nile virus Hemolytic-uremic syndrome (HUS) Yellow fever Other diseases not named in this list may at any Hepatitis (type A, B, C, or E) viruses Yersinia enterocolitica time be declared notifiable as the necessity and Hepatitis B surface antigen (HBsAg) positive Zika virus public health demand, and these regulations shall in pregnant woman apply when so ordered by the Director.

## TO REPORT DISEASES IN THE SECOND LIST ABOVE, PLEASE FAX THE DISEASE REPORT TO 1-501-661-2428

01/01/2019

Download the reporting form at: https://www.healthy.arkansas.gov/images/uploads/pdf/CommunicableDiseaseReportingForm.pdf