

PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH DIVISION OF DISEASE CONTROL (DDC)

Report: 215-685-6748

Fax: 215-545-8362

For after hours immediate reporting & consultation: 215-686-1776 – ask for Division of Disease Control on-call staff

REPORTABLE DISEASES AND CONDITIONS

Acquired Immune Deficiency Syndrome (AIDS/HIV) ‡	Listeriosis *
Amebiasis	Lyme disease
Animal bites (wild/stray/domestic)	Malaria
Anthrax *	Measles (rubeola) *
Botulism *	Meningitis - all types
Brucellosis *	Meningococcal infections *
Campylobacteriosis	Mumps
<i>Chlamydia trachomatis</i> including lymphogranuloma venereum (LGV)	Pelvic inflammatory disease
Chancroid	Pertussis (whooping cough)
Cholera *	Plague *
Creutzfeldt-Jakob disease	Poliomyelitis *
Cryptosporidiosis	Psittacosis (ornithosis)
Cyclosporiasis	Rabies *
Diphtheria *	Rickettsial diseases
Ehrlichiosis	Rubella (German Measles) & Congenital Rubella *
Encephalitis including all arboviruses *	Severe Acute Respiratory Syndrome (SARS) *
<i>Escherichia coli</i> O157:H7 *	Salmonellosis
Food poisoning *	Shigellosis
Giardiasis	Smallpox *
Gonococcal infections	<i>Staphylococcus aureus</i> , vancomycin insensitive
Guillain-Barré syndrome	Streptococcal disease, invasive group A
<i>Haemophilus influenzae</i> , invasive disease *	<i>Streptococcus pneumoniae</i> , invasive disease
Hantavirus Pulmonary Syndrome *	Syphilis
Hepatitis A	Tetanus
Hepatitis B	Toxic Shock Syndrome
Hepatitis C	Trichinosis
Hepatitis, other viral	Tuberculosis §
Histoplasmosis	Tularemia *
Influenza – pediatric mortality and institutional outbreaks	Typhoid (<i>Salmonella typhi</i> and <i>paratyphi</i>) *
Lead poisoning	West Nile Virus *
Legionnaires' disease *	Varicella, including zoster
Leprosy (Hansen's disease)	Yellow Fever and other viral hemorrhagic fevers *
Leptospirosis (Weil's disease)	

* Report suspected and confirmed cases within 24 hours

‡ Report to AIDS Activities Coordinating Office at 215-685-4781

All other cases should be reported within 5 days

§ Report to TB Control Program at 215-685-6744 or -6873

All unusual disease clusters, disease outbreaks, and unusual disease occurrences should be reported immediately

To Report a Case Call, Fax or Submit through NEDSS the Following Information to DDC:

Condition | Patient Name, Age/DOB, Sex, Address & Phone | Clinician Name, Address & Phone