



Indiana
Department
of
Health

WHAT'S NEW IN COMMUNICABLE DISEASE REPORTING

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OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



Objectives

- Understand the basics of communicable disease reporting in Indiana, including reporting types, timelines, and conditions/results
- Understand the importance of communicable disease reporting and impact on public health actions
- Review selected reportable conditions and understand reporting details for those conditions

Basics of Communicable Disease Reporting



Communicable disease reporting 101

Indiana Administrative Code (IAC) 410 contains the Communicable Disease (CD) Rule:

- Definitions
- Reporting Requirements for Physicians and Hospital Administrators
- Laboratories Reporting Requirements
- Disease Intervention Measures
- Control Measures

Communicable disease reporting 101

Two important types of communicable disease reporting:

- Hospital/clinician reporting
 - Disease/diagnosis
 - Ex. tuberculosis disease
- Laboratory reporting
 - Laboratory result/pathogen
 - Ex. *Mycobacterium tuberculosis*

Why both disease and laboratory reporting?

- Won't always have both for a reportable event
 - Ex. Suspected clinical disease might not have a positive lab result
- Different actions may be taken depending on if report is diagnosis or lab result
- Reporting isn't perfect – gives us more chances of catching the information and taking quick public health action

“Reporting of specimen results by a laboratory to health officials does not nullify the physician’s or administrator’s obligations to report the case”

Indiana Communicable Disease Rule changes

- Indiana Code Title 16 (Health 16-41-2-1) was amended in 2019 allowing the IDOH to publish and update the list of reportable communicable diseases and control measures on the IDOH website
- Changes effective **April 1, 2023**
 - Streamlined timeframes for reporting
 - Updated lists of reportable communicable diseases
 - Annual cadence of updating lists

Communicable Disease Reporting Lists

Division of prior list of reportable conditions/pathogens into two separate lists:

- **Indiana Reportable Disease List for Healthcare Providers**
- **Indiana Reportable Result/Pathogen List for Laboratories**

Updated reporting timeframes

- Updated timeframes to simplify reporting and align with public health response
- All timeframes were combined into two categories
 - **Immediately**
 - **Within one working day**
- Reduced the number of immediately reportable diseases

Annual updates to CDR

- IDOH updates the **Indiana Reportable Disease List for Healthcare Providers** and the **Indiana Reportable Result/Pathogen List for Laboratories** annually on **Jan. 1**
- Announcement of the upcoming changes will occur on or around **Dec. 1** and published to website on or around **Dec. 31**
- <https://www.in.gov/health/idepd/communicable-disease-reporting/> -

Infectious Disease Epidemiology & Prevention Division / Communicable Disease Reporting

Communicable Disease Reporting

Announcements

On **January 1st, 2026**, updates to the Indiana Reportable Disease List for Healthcare Providers and Hospitals and the Indiana Reportable Result/Pathogen List for Laboratories went into effect. Attached below, you will find the updated reportable disease lists and the summary of changes made. If you have any questions, please contact Lunden Espinosa LEspinosa@health.in.gov and Jim Sainsbury jsainsbury@health.in.gov.

1. [Indiana Reportable Disease List for Healthcare Providers and Hospitals](#)
2. [Indiana Reportable Result/Pathogen List for Laboratories](#)
3. [Summary of Reporting Changes Document](#)

April 15, 2024: The new guidelines for submitting Electronic Lab Reports (ELR) using the guidelines established by HL7 Messaging standards, version 2.5.1 are now available. Please contact NBS@health.in.gov with any questions.

1. [HL7 Lab Checklist for ELR](#)
2. [Supplemental Resources for HL7 Lab Checklist](#)

Healthcare Provider and Hospital Reporting



410 IAC 1-2.5-75 Reporting requirements for physicians and hospital administrators

(a) It shall be the duty of each:

(1) physician licensed under IC 25-22.5; and

(2) administrator of a hospital licensed under IC 16-21, or the administrator's representative; to report all cases and suspected cases of the diseases listed in subsection (d). *Reporting of specimen results by a laboratory to health officials does not nullify the physician's or administrator's obligations to report the case.*

(b) Except for HIV infection/disease, the report required by subsection (a) *shall be made to the local health officer in whose jurisdiction the patient normally resides or, in the absence of such information, in whose jurisdiction the patient was examined at the time the diagnosis was made or suspected.* If the patient is a resident of a different jurisdiction, the local health jurisdiction receiving the report shall forward the report to the local health jurisdiction where the patient resides. If the patient is not a resident of Indiana, the report shall be forwarded to the department. If a person who is required to report is unable to make a report to the local health officer within the time mandated by this rule, a report shall be made directly to the department within the time mandated by this rule. The report for HIV infection/disease shall be made directly to the department in accordance with IC 16-41-2-3.

410 IAC 1-2.5-75 Reporting requirements for physicians and hospital administrators

(c) Any reports of diseases required by subsection (a) shall include the following:

(1) The patient's:

(A) full name; (B) street address; (C) city; (D) zip code; (E) county of residence; (F) telephone number; (G) date of birth or age if date of birth is not available; (H) sex; and (I) race and ethnicity, if available.

(2) The date of onset.

(3) The diagnosis.

(4) Definitive diagnostic test results, for example:

(A) culture; (B) IgM; (C) liver enzyme levels; (D) serology; (E) Western blot; (F) interferon gamma release assay; (G) NAAT; or (H) tuberculin skin test.

(5) The: (A) name; (B) address; and (C) telephone number; of the attending physician.

(6) Other epidemiologically necessary information requested by the:

(A) local health officer; (B) state designated districts; or (C) commissioner.

(7) Persons who are tested anonymously at a counseling and testing site cannot be reported using personal identifiers. Rather, they are to be reported using a numeric identifier code. The following shall also be reported: (A) Age. (B) Race. (C) Sex. (D) Risk factors. (E) County of residence.

(8) The: (A) name; (B) address; and (C) telephone number; of the person completing report.

410 IAC 1-2.5-75 Reporting requirements for physicians and hospital administrators

(f) The department, under the authority of IC 4-22-2-37.1, *may adopt emergency rules to include mandatory reporting of emerging infectious diseases*. Reports shall include the information specified in subsection (c).

(g) *Outbreaks of any of the following shall be reported immediately upon suspicion:*

- (1) Any disease required to be reported under this section.
- (2) Diarrhea of the newborn (in hospitals or other institutions).
- (3) Foodborne or waterborne diseases in addition to those specified by name in this rule.
- (4) Streptococcal illnesses.
- (5) Conjunctivitis.
- (6) Impetigo.
- (7) Nosocomial disease within hospitals and health care facilities.
- (8) Influenza-like illness
- (9) Viral meningitis.
- (10) Unusual occurrence of disease.
- (11) Any disease, including, but not limited to:
 - (A) anthrax; (B) plague; (C) tularemia; (D) Brucella species; (E) smallpox; (F) botulism; or (G) multiple drug-resistant tuberculosis.
- (12) Chemical illness that is considered:
 - (A) a bioterrorism threat; (B) an importation; or (C) a laboratory release.

(h) Failure to report constitutes a Class A infraction as specified by IC 16-41-2-8.

Indiana Communicable Disease Rule Lists

2026 Indiana Reportable Disease List

- **Audience:** Healthcare Providers and Hospitals
- Lists the name of reportable *diseases/conditions*

2026 Indiana Reportable Result/Pathogen List

- **Audience:** Laboratorians
- Lists the name of reportable *pathogens/organisms*

2026 Indiana Reportable Disease List
for Healthcare Providers and Hospitals

410 IAC 1-2.5 75 & 76



Report immediately upon suspicion

Anthrax	Rubella Congenital Syndrome
Botulism	Severe Acute Respiratory Syndrome (SARS-CoV)
Cholera (<i>Vibrio cholerae</i> O1, O139, or toxigenic)	Smallpox (Variola infection)
Diphtheria	Tularemia
Influenza A, Novel	Viral hemorrhagic fever, filoviruses
Measles (Rubeola)	Ebola virus
Melioidosis (<i>Burkholderia pseudomallei</i>)	Marburg virus
Meningococcal disease, invasive	Viral hemorrhagic fever, other
Middle East Respiratory Syndrome (MERS-CoV)	Chapare virus
New World screwworm myiasis	Crimean-Congo hemorrhagic fever virus
Plague	Guanarito virus
Polioomyelitis	Junin virus
Primary amebic meningoencephalitis (<i>Naegleria fowleri</i>)	Lassa virus
Rabies, human	Lujo virus
Rubella (German Measles)	Machupo virus
	Rift Valley fever virus
	Sabia virus

To Report:

- Immediately reportable: complete steps 1-2
- Within one working day: complete step 2

Step 1: Call 317-233-7125

317-233-1325 (after hours)

Step 2:

- NBS users: Report conditions via Morbidity Report in [NBS](#)
- Non-NBS users: Report with [this](#) form



Report within one working day

Acquired Immunodeficiency Syndrome (AIDS)	<i>Escherichia coli</i> (<i>E. coli</i>) infection (Shiga toxin-producing <i>E. coli</i> (STEC) including, but not limited to, <i>E. coli</i> O157 and other serogroups)	Malaria
Acute Flaccid Myelitis (AFM)		Mpox (formerly known as Monkeypox)
Anaplasmosis		Multisystem Inflammatory Syndrome in adults (MIS-A)
Animal bite or exposure		Multisystem Inflammatory Syndrome in children (MIS-C)
Arboviral disease or infection, domestic	Giardiasis	Mumps
California serogroup viruses	Gonorrhea	Pandrug-resistant Organisms
Eastern equine encephalitis virus	Disseminated gonococcal infection (including antimicrobial susceptibility testing)	Pertussis (whooping cough)
Heartland virus	<i>Haemophilus influenzae</i> , invasive disease, (including antimicrobial susceptibility testing)	Psittacosis
Jamestown Canyon virus	Hansen's disease (leprosy)	Q Fever
La Crosse virus	Hantavirus pulmonary syndrome and non-pulmonary syndrome	Rabies, postexposure prophylaxis administration
Powassan virus	Hemolytic uremic syndrome (HUS), post-diarrheal	Salmonellosis, non-typhoidal
St. Louis encephalitis virus	Hepatitis, viral, Type A	Shigellosis
West Nile virus	Hepatitis, viral, Type B (acute and chronic)	Spotted fever rickettsiosis, including Rocky Mountain Spotted fever
Western equine encephalitis virus	Hepatitis, viral, Type B, pregnant woman or perinatally exposed infant	<i>Streptococcus pneumoniae</i> , invasive disease (including antimicrobial susceptibility testing)
Arboviral disease or infection, imported	Hepatitis, viral, Type C (acute and chronic)	<i>Streptococcus</i> , Group A, invasive disease
Chikungunya virus	Hepatitis, viral, Type C, pregnant woman or perinatally exposed infant	Syphilis
Dengue virus	Hepatitis, viral, Type Delta	Syphilis, Congenital (pregnant woman and/or infant)
Japanese encephalitis	Hepatitis, viral, Type E	Tetanus
Oropouche virus	Hepatitis, viral, unspecified	Toxic shock syndrome (streptococcal or staphylococcal)
Yellow fever virus	Histoplasmosis	Trichinellosis
Zika virus	HIV infection*	Tuberculosis disease, reportable upon suspicion
Babesiosis	HIV infection, pregnant woman or perinatally exposed infant*	Typhoid and paratyphoid fever, cases and carriers
Brucellosis	Influenza-associated deaths (all ages)	Vancomycin-resistant <i>Staphylococcus aureus</i> (VISA) and Vancomycin-intermediate <i>Staphylococcus aureus</i> (VISA)
Campylobacteriosis	Latent tuberculosis infection (LTBI)	Varicella (chickenpox)
<i>Candida auris</i>	Legionellosis	Vibriosis (non-cholera <i>Vibrio</i> infection)
Carbapenemase-Producing Organisms (CPO)	Leptospirosis	Yersiniosis, non-pestis
Chancroid	Listeriosis	
Chlamydia trachomatis, genital infection	Lyme disease	
<i>Lymphogranuloma venereum</i>		
Coccidioidomycosis		
COVID-19-associated deaths (all ages)		
<i>Cronobacter</i> infection, invasive, infants (younger than 1 year of age)		
Cryptosporidiosis		
Cyclosporiasis		
Ehrlichiosis		

*Pursuant to 410 IAC 1-2.5, HIV infection and related laboratory results must be reported directly to the Indiana Department of Health

2026 Indiana Reportable Disease List
for Healthcare Providers and Hospitals

410 IAC 1-2.5 75 & 76



Immediately reportable outbreaks

1. Any disease required to be reported as listed above
2. Newborns with diarrhea in hospitals or other institutions
3. Foodborne or waterborne diseases in addition to those specified above
4. Streptococcal illnesses
5. Conjunctivitis
6. Impetigo
7. Clusters or suspected outbreaks of any disease associated with hospitals and healthcare facilities
8. Influenza-like illness
9. Viral meningitis
10. Unusual occurrence of disease
11. Any disease (e.g. anthrax, plague, tularemia, Brucella species, smallpox, or botulism) or chemical illness considered a bioterrorism threat, importation, or laboratory release

Other reportable non-communicable conditions and diseases

- Report all blood lead results (capillary and venous) in children and adults within one week (410 IAC 29-3-1)
- Report confirmed cases of cancer occurring in residents diagnosed or treated in Indiana to the state cancer registry (410 IAC 21-1-2)

How to report diseases to IDOH

Immediately reportable

1. Phone call: 317-233-7125 or 317-233-1325 (after hours)

AND

2. NBS users: NBS Morbidity Report

Non-NBS users: Faxed Confidential Report of Communicable Disease Form (State Form 43823)

Within one working day

NBS users: NBS Morbidity Report*

Non-NBS users: Faxed applicable reporting form

Reminders for immediately reportable conditions

- Must be reported **upon suspicion**, not just upon diagnosis
 - May still have testing or other follow-up pending at time of report
- Must be called 24/7/365
 - If outside of normal business hours, IDOH epidemiologist on call will take call and notify relevant subject matter expert to initiate investigation and public health action
- Submit additional report (Confidential Report of Communicable Disease Form or NBS Morbidity Report) and any other supplemental information or forms once phone call is completed

NBS Morbidity Report

- Clinicians/hospitals with NBS access should report *most* communicable diseases via Morbidity Report
 - HIV is handled differently
- Generally completed by infection preventionist or other staff within facility
- Morbidity Report will appear in the Documents Requiring Review queue and will generally be managed by the IDOH subject matter expert

Confidential Report of Communicable Diseases

- Providers/facilities without NBS access should report via the specified reporting form
- Most conditions are reported via the Confidential Report of Communicable Diseases Form
- Fax completed form along with requested documentation to IDOH or LHD of patient residence
 - IDOH will share with LHD if submitted directly to IDOH

**CONFIDENTIAL REPORT OF COMMUNICABLE DISEASES**State Form 43823 (R9 / 3-25)
THIS FORM CONTAINS CONFIDENTIAL INFORMATION PER 410 IAC 1-2.5-78**Reset Form**Fax Completed Form to:
317-234-2812

Patient Name (last, first, middle initial)		Date of Birth (MM/DD/YYYY)	
If child, name of parents or guardian (last, first, middle initial)			
Address (number and street)			
City		State	ZIP Code
County		Telephone	
Sex		Ethnicity	Race
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> Multi-race <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused to Answer
Pregnant?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Occupations of Interest		Congregate Setting	
<input type="checkbox"/> Health Care Worker <input type="checkbox"/> Food Service <input type="checkbox"/> School (students / staff) <input type="checkbox"/> Daycare (attendee / staff)		<input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Group Home <input type="checkbox"/> Daycare (attendee / staff)	
Name of Workplace or School / Daycare:		Name of Congregate Setting:	
Disease		Report Date (MM/DD/YYYY)	
Person Reporting		Person Reporting Telephone	

CLINICAL			
Symptoms			
Onset Date (MM/DD/YYYY)		Diagnosis Date (MM/DD/YYYY)	
Deceased	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date of Death (MM/DD/YYYY)	Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Hospital Name			
Admission Date (MM/DD/YYYY)		Discharge Date (MM/DD/YYYY)	

LABORATORY			
Test		Result	
Specimen Collection Date (MM/DD/YYYY)		Specimen Source	
Laboratory Name		Laboratory Telephone	

TREATMENT		
Treatment (name of antibiotic)	Dosage	Treatment Start Date (MM/DD/YYYY)

PROVIDER	
Physician Name	Facility / Hospital Name
Facility / Hospital Address	Facility Telephone Number

For questions or emergencies, call the Infectious Disease Epidemiology & Prevention Division at 317-233-7125.

What diseases aren't reported on the Confidential Report of Communicable Disease Form?

- Tuberculosis Disease (cases and suspects)
- Latent TB Infection
- HIV/AIDSs
- STDs
 - Chlamydia
 - Gonorrhea
 - Syphilis
- Animal Bites

Tuberculosis Disease Reporting

- Tuberculosis disease (on suspicion) should be reported in NBS via Morbidity Report or via the Report of Tuberculosis State Form 14058 (non-NBS users)
 - Providers with NBS access should still complete the Report of TB and attach within the morbidity report
- Discharge of patients with TB disease requires consultation with the local health department

Report of Tuberculosis (State Form 14058)



REPORT OF TUBERCULOSIS
 State Form 14058 (R11 / 5-23)
 INDIANA DEPARTMENT OF HEALTH

This form contains confidential information per 410 IAC 1-2.5-78.

Reset Form

Submit form via NBS or fax completed form to
 Indiana Department of Health at (317) 233-7747.
 Telephone: (317) 233-7434

TB Law: Every suspected and verified case of tuberculosis disease must be reported to the local health officer or health department within one (1) working day in accordance with 410 IAC 1-2.5.

<p>1. Patient name (Last, First, Middle Initial)</p> <p>_____</p> <p>2. Address (number and street)</p> <p>_____</p> <p>City _____ ZIP code _____</p> <p>County _____ Telephone (____) _____</p> <p>3. Date of birth ____ - ____ - ____ 4. At time of report <input type="checkbox"/> Alive <input type="checkbox"/> Dead</p> <p>5. Sex at birth <input type="checkbox"/> Male <input type="checkbox"/> Female If female, was individual pregnant at time of evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Race (Check all that apply.) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (specify) _____ <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or other Pacific Islander (specify) _____ <input type="checkbox"/> White <input type="checkbox"/> Other Race (specify) _____</p> <p>7. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>8. Born in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," country of birth _____ Date arrived in the U.S. (month, date, year) ____ - ____ - ____</p> <p>9. Country of usual residence</p> <p>_____</p> <p>10. Lived outside of the United States for >2 months uninterrupted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list countries: _____</p> <p>11. Pediatric TB patients (<15 years old) Country of birth for primary guardian(s) (specify) _____ Guardian 1 _____ Guardian 2 _____</p>	<p style="text-align: center;">FOR LOCAL HEALTH DEPARTMENT USE ONLY</p> <p>Date local health department notified of TB Suspect / TB Case _____ <small>(month, day, year)</small></p> <p>Reported by _____ Telephone _____</p> <hr/> <p style="text-align: center;">FOR ALL NON-LOCAL HEALTH DEPARTMENT USE ONLY</p> <p>Reported by: _____</p> <p>Agency: _____</p> <p>Telephone: _____</p> <p>Attending Physician: _____</p> <p>Telephone: _____</p> <p>12. Initial reason evaluated for TB disease (Select one.) <input type="checkbox"/> Contact investigation Name of case _____ <input type="checkbox"/> Screening <input type="checkbox"/> TB symptoms <input type="checkbox"/> Other _____</p> <p>13. Previous diagnosis of TB disease and/or Latent TB Infection?</p> <table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">TB Disease</th> <th style="text-align: center;">Latent TB Infection</th> </tr> <tr> <th></th> <th style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</th> <th style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</th> </tr> </thead> <tbody> <tr> <td>Previous diagnosis</td> <td></td> <td></td> </tr> <tr> <td>Year of diagnosis</td> <td></td> <td></td> </tr> <tr> <td>Completed treatment?</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</td> </tr> <tr> <td>Length of treatment</td> <td></td> <td></td> </tr> </tbody> </table>		TB Disease	Latent TB Infection		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous diagnosis			Year of diagnosis			Completed treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Length of treatment		
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Length of treatment																			



Latent TB infection reporting

- Patients with Latent TB Infection should be reported in NBS via a **Morbidity Report**
- Non-NBS users should report using the Report of Latent TB Infection State Form 49894
- Information on treatment, including treatment outcome, is specifically reportable
 - Make initial report at diagnosis/start of treatment
 - Make updated report once patient completes treatment



REPORT OF LATENT TUBERCULOSIS INFECTION (LTBI)

State Form 49894 (R7 / 5-23)
INDIANA DEPARTMENT OF HEALTH

This form contains confidential information per 410 IAC 1-2.5-78.

INSTRUCTIONS: 1. Submit form via NBS or fax completed form to Indiana Department of Health at (317) 233-7747. Telephone number: 317-233-7434
2. Submit only for newly provider diagnosed latent TB infection (LTBI).
3. All newly diagnosed cases of LTBI shall be reported to the local health officer or the department within one (1) working day in accordance with 410 IAC 1-2.5.

Report of Latent Tuberculosis Infection (State Form 49894)

<p>1. Patient name (Last, First, MI) _____</p> <p>2. Address (number and street) _____ _____ City _____ ZIP code _____ County _____ Telephone number (____) _____</p> <p>3. Date of birth ____ - ____ - ____</p> <p>4. Sex at birth <input type="checkbox"/> Male <input type="checkbox"/> Female <i>If female, was individual pregnant at time of evaluation?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Race (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (specify): _____ <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or other Pacific Islander (specify): _____ <input type="checkbox"/> White <input type="checkbox"/> Other race (specify): _____</p> <p>6. Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>7. Language spoken: _____</p>	<p>Reported by _____ Agency _____ Telephone number (____) _____ Attending Physician _____ Telephone number (____) _____</p> <hr/> <p style="text-align: center;">FOR LOCAL HEALTH DEPARTMENT USE ONLY</p> <p>Date received at local health department (month, day, year) _____ Reported by _____ Telephone number (____) _____</p> <hr/> <p>8. Born in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, country of birth</i> _____ <i>Date arrived in the U.S. (month, day, year)</i> _____</p> <p>9. Country of usual residence _____</p> <p>10. Lived outside of the United States for >2 months uninterrupted? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list countries:</i> _____</p> <p>11. Pediatric TB patients (<15 years old) <i>Country of birth for primary guardian(s) (specify):</i> Guardian 1 _____ Guardian 2 _____</p>
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STD reporting

- STDs can be reported via morbidity report in NBS or via online reporting forms
 - Chlamydia
 - Gonorrhea
 - Syphilis
- Traditional reporting form (State Form 56459) also available

STI reporting

Indiana Department of Health

Search HIV/STD/VH

Health Home > HIV/STI/Viral Hepatitis Home

Prevention

- HIV Prevention
- Mpox
- Sexually Transmitted Infection (STI) Prevention
- Viral Hepatitis Prevention
- Harm Reduction

Services

- HIV Services
- Viral Hepatitis Services
- Provider and Funded Recipient Resources
- Community Impact
- Clinical Quality Management

Surveillance

- HIV/AIDS Case Report Forms
- STI Surveillance**
- Viral Hepatitis Surveillance
- Medical Monitoring Project (MMP)

HIV/STI/Viral Hepatitis / STI Surveillance

STI Surveillance

Reporting Forms **Data Dashboards** **STI Surveillance Reports**

In Indiana, cases of chlamydia, gonorrhea, syphilis, and congenital syphilis are required to be reported to the health department in your area within one business day of diagnosis; healthcare providers should not report cases of herpes or trichomoniasis. Cases can be reported via the [Indiana Confidential Sexually Transmitted Infection \(STI\) Report State Form 56459](#) by fax, or online via the REDCap Survey links below. Diseases should be reported separately in the appropriate survey (e.g., Gonorrhea cases should be reported in the Gonorrhea survey and NOT in the Chlamydia or Syphilis survey). Fax numbers for each STI district (where your local health department or affiliated community-based agencies are located) are included on the STI DIS Contact Map (link below).

Online Reporting of STIs

[Chlamydia](#) [Gonorrhea](#) [Syphilis](#) [DIS Contact Map](#)

Condition-Specific Reporting for Providers

[Chancroid](#) [Chlamydia](#) [Congenital Syphilis](#) [Gonorrhea](#) [Syphilis](#)

Data Dashboards

The STI Morbidity Dashboard includes Indiana STI data from 2019-2023. Data can be broken down by county, STI districts, and the following demographic information (race, sex, and age group).

The 2023 STI Rate Map Dashboard include national averages taken from the CDC's 2023 STI Surveillance Report. Indiana data were taken from the state's NEDSS-based Surveillance System (NBS).



PATIENT INFORMATION

Legal Last Name: _____ Legal First Name: _____ MI: _____
 Preferred Name (if different than legal name): _____ Date of Birth: ____ / ____ / ____
 Address (number and street): _____
 City/State/ZIP: _____ County: _____
 Telephone: _____ Home Work Cell
 Sex: Male Female Unknown **Pregnant** Yes No
 Race: White Black Asian Pacific Islander American Indian/Alaskan Native Other Multiracial Unknown
 Ethnicity: Hispanic Non-Hispanic **Health Insurance:** Yes No **Marital Status:** Single Married

*****For reports of positive chlamydia, gonorrhea, and syphilis cases only.*****

Check all that apply: **CHLAMYDIA** **GONORRHEA:**
 Pelvic Inflammatory Disease **Specimen Source:** _____ **Collection Date:** ____ / ____ / ____
 Cervix Patient-collected vaginal **Test Type:** _____
 Urethral Urine Rectal Pharyngeal
Treatment:
 Prescribed Administered Patient Not Treated Patient Not Informed of Result **Date:** ____ / ____ / ____
Treatment Regimen (including dosage): _____
 Does patient have sex with: Men Women Both Unknown
 Were patient's partners notified of exposure? Yes, by our office. Yes, patient notified partners. No Unknown
 Treatment given for patient's partners? Yes, extra medication given for ____ (#) partners. Yes, prescription written for ____ (#) partners. No

SYPHILIS: Please report all positive test results and negative reflex test results.
 Primary Secondary Early (less than 12 months duration) Late (greater than 12 months duration) Congenital Unknown
Collection date: ____ / ____ / ____ **Symptoms:** _____
Onset Date: ____ / ____ / ____ Neurologic symptoms? Ocular symptoms? Otic symptoms?
Non-Treponemal Tests: RPR VDRL CSF-VDRL **Treponemal Tests:** EIA IgG: Positive Negative FTA: Positive Negative
 Positive Negative Titer: 1:____ TPPA: Positive Negative Other (specify): _____ Result: _____
Treatment:
 Prescribed Administered Patient Not Treated Patient Not Informed of Result **Date:** ____ / ____ / ____
Treatment Regimen (including dosage): _____
 Does patient have sex with: Men Women Both Unknown
 Were patient's partners notified of exposure? Yes, by our office. Yes, patient notified partners. No Unknown

Ordering Provider: _____ **Provider Facility:** _____ **Telephone:** _____
Person Completing Form: _____ **Date of Report:** ____ / ____ / ____
 Name: _____
 Fax: _____
 Contact Telephone: _____

All reports of sexually transmitted disease must be made within seventy-two (72) hours of diagnosis. Please fax form to district STD reporting facility.
 Find the current contact information by downloading the most current DIS Contact Map which can be found at <https://www.in.gov/health/hiv-std-viral-hepatitis/std-surveillance/>. Contains confidential information per 410 IAC 1-2.5-78.

HIV reporting forms

- Indiana has a separate HIV report form within the Gateway (same portal as NBS but allows you to see HIV tab) for provider reporting
 - To request access please call 1-800-376-2501 or email to SLofton@health.in.gov
- In addition, hard copies of all HIV reporting forms can be found on the Indiana Department of Health (IDOH) website
- <https://www.in.gov/health/hiv-std-viral-hepatitis/forms/confidential-hivaids-case-report-forms/>

HIV reporting

- Accurate, thorough, case reports provide demographic information regarding priority populations influenced by HIV
- Reporting sex, race, ethnicity, and behavior allows us to gear programs toward specific populations and areas of need
- Case reports need to be reported within **one working day** after notifying the person they are positive. If a person does not return for their test result, send in the report at that time.
- All HIV **perinatal exposures** must be reported for further follow-up by the state prior to birth. All babies born with HIV must be reported immediately after birth.
- As a reminder, HIV case reports must be reported directly to IDOH

Animal bites

Animal bites should be reported via morbidity report in NBS or via the Report of Animal Bite or Exposure (State Form 14072)



REPORT OF ANIMAL BITE OR EXPOSURE

State Form 14072 (R4 / 10-25)
INDIANA DEPARTMENT OF HEALTH



We encourage you to complete this form online. Please visit <https://www.in.gov/rabies/report-an-animal-bite>.

INSTRUCTIONS: Use this form to report a person bitten by an animal or a person with other animal exposure.

Reporting animals bitten by other animals is not required, but if you would like to do so, call the Indiana State Board of Animal Health at 317-544-2400.

This form may be completed by the bitten or exposed person, their healthcare provider, or anyone with knowledge of the incident. Healthcare providers can satisfy state animal bite reporting requirements by ensuring that this form is completed during a patient visit.

This information will be kept confidential to the maximum extent possible by all applicable state and federal privacy laws. It will be shared with the local health department serving the bitten or exposed person's home address for the purpose of conducting public health activities.

Bitten or exposed persons are encouraged to file a separate report with the animal control or law enforcement agency serving the location where the incident occurred.

SECTION A		
Today's date MM-DD-YYYY		
First name		Last name
Date of birth MM-DD-YYYY		
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown		
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown or prefer not to answer		
SECTION B		
Patient Information		
<small>This section is about the bitten or exposed person.</small>		
Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> More than one of these <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer not to answer		
Street address		
City		State ZIP-code
County		
Primary phone		Alternate phone
Parent/guardian (if applicable)		
Type of animal <input type="checkbox"/> Bat <input type="checkbox"/> Cat <input type="checkbox"/> Chipmunk <input type="checkbox"/> Cow or cattle <input type="checkbox"/> Dog <input type="checkbox"/> Ferret <input type="checkbox"/> Fox <input type="checkbox"/> Gerbil <input type="checkbox"/> Hamster <input type="checkbox"/> Horse <input type="checkbox"/> Monkey <input type="checkbox"/> Mouse <input type="checkbox"/> Rabbit <input type="checkbox"/> Raccoon <input type="checkbox"/> Rat <input type="checkbox"/> Skunk <input type="checkbox"/> Squirrel <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown		
Date of bite or exposure MM-DD-YYYY		
SECTION C		
Incident Information		
<small>This section is about the bite or exposure incident.</small>		
Country where bite/exposure occurred <input type="checkbox"/> United States <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown		State where bite/exposure occurred <input type="checkbox"/> Indiana <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown
		County where bite/exposure occurred <input type="checkbox"/> County: _____ <input type="checkbox"/> Out of state <input type="checkbox"/> Unknown
Which of these best describes the bite or exposure? <input type="checkbox"/> Animal bite (multiple) <input type="checkbox"/> Animal bite (single) <input type="checkbox"/> Animal scratch or scratches <input type="checkbox"/> Animal saliva or fluids in open wound <input type="checkbox"/> Animal saliva or fluids in eyes, nose, or mouth <input type="checkbox"/> Bat came in contact with bare skin <input type="checkbox"/> Bat found in same room with sleeping/impaired person or unattended child <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown		

How do I know which form to use or what to include?

IDOH Communicable Disease Reporting website provides guidance for each reportable condition, including:

- Reporting timeframes
- Links to specific reporting form
- Guidance on completing form variables
- Additional documentation to include for that condition



Sanitary Operations for Cosmetic Services

Contact Us

I Want To

Online Services

Top FAQs

Indiana Reportable Disease List for Healthcare Providers and Hospitals

Report Immediately on Suspicion

How to Report

Download List

Step 1:

Call (317) 233-7125 (weekdays 8:15 a.m. to 4:45 p.m. EST) or (317) 233-1325 (after hours)

Step 2:

NBS Users: Report conditions via Morbidity Report in [NBS](#)

Non-NBS Users: Report via the following reporting form: [Confidential Report of Communicable Diseases](#)

- [Anthrax](#)
- [Botulism](#)
- [Cholera \(*Vibrio cholerae* O1, O139, or toxigenic\)](#)
- [Diphtheria](#)
- [Eastern equine encephalitis virus \(EEEV\) disease](#)
- [Hemolytic uremic syndrome \(HUS\), post-diarrheal](#)
- [Hepatitis, viral, Type B, pregnant woman \(acute and chronic\) or perinatally exposed infant](#)
- [Influenza A, Novel](#)
- [Rubella congenital syndrome](#)
- [Severe Acute Respiratory Syndrome Coronavirus \(SARS-CoV\)](#)
- [Smallpox \(Variola infection\)](#)
- [Tularemia](#)
- [Viral hemorrhagic fever, filoviruses](#)
 - Ebola virus
 - Marburg virus
- [Viral hemorrhagic fever, other](#)

Reportable Condition Reporting Guidance



Infectious Disease
Epidemiology &
Prevention Division

Condition Name:

Candida auris

Condition Name in NBS:

- ***Candida auris*, clinical**
- ***Candida auris*, colonized**

Reporting Timeframe:

Within One Working Day

TO REPORT:

- NBS users: Report conditions via Morbidity Report in **NBS**
- Non-NBS users: Report with **this** form

Associated Reportable Laboratory Results

- *Candida auris* clinical isolates representing both invasive (e.g., blood and CSF) and non-invasive sources (e.g., urine, wound, and respiratory tract), OR
- Colonized cases diagnosed via a skin or axilla/groin swab used to screen for *C. auris*

Condition Specific Reporting Details

- Clinical, Epidemiological, Lab Report, and Treatment information sections within the NBS Morbidity Report

Additional Documentation to Include

- Completed [Candida auris reporting form](#)
- Culture and any anti-fungal susceptibility testing associated with the positive test
- History and physical, most recent admission and discharge notes, any Infection disease doctor's notes

For more information on *Candida auris* please visit:

<https://www.in.gov/health/idepd/healthcare-associated-infections-and-antimicrobial-resistance-epidemiology/antimicrobial-resistance/candida-auris/>

For more information on reportable conditions:

<https://www.in.gov/health/idepd/communicable-disease-reporting/>



Updated: January 2026

Reportable Condition Reporting Guidance



Infectious Disease
Epidemiology &
Prevention Division

Condition Name:

Carbapenemase-Producing Organisms (CPO)

Condition Name in NBS:

- **Carbapenemase-Producing Organisms (CPO), Clinical**
- **Carbapenemase-Producing Organisms (CPO), Screening**

Reporting Timeframe:

Within One Working Day

TO REPORT:

- NBS users: Report conditions via Morbidity Report in **NBS**
- Non-NBS users: Report with **this** form

Associated Reportable Laboratory Results

- Carbapenemase-producing *Enterobacterales*, *Pseudomonas aeruginosa*, and *Acinetobacter baumannii* from any site OR
- Isolates of *Enterobacterales*, *Pseudomonas aeruginosa*, and *Acinetobacter baumannii* that are resistant to carbapenems but have not been tested for Carbapenemase production

Condition Specific Reporting Details

- Clinical, Epidemiological, Lab Report, and Treatment information sections within the NBS Morbidity Report

Additional Documentation to Include

- Completed [CPO Investigation Form](#)
- Culture and antibiotic susceptibility test results
- History and physical, most recent admission and discharge notes, any Infection disease doctor's note

For more information on Carbapenemase-Producing Organisms (CPO) please visit:

<https://www.in.gov/health/idepd/healthcare-associated-infections-and-antimicrobial-resistance-epidemiology/antimicrobial-resistance/carbapenemase-producing-organisms-cpos/carbapenem-resistant-enterobacteriaceae/>

For more information on reportable conditions:

<https://www.in.gov/health/idepd/communicable-disease-reporting/>



Updated: January 2026

Newly added conditions and upcoming changes

- New conditions added for 2026:
 - Primary amebic meningoencephalitis (PAM)
 - New World screwworm myiasis
- Both conditions do not have specific pages in NBS; however, they are immediately reportable requiring a phone call **first**. SME will provide next steps.
- COVID-19 deaths
 - Adding COVID-19-associated pediatric mortality and COVID-19-associated adult mortality conditions soon

What about electronic case reports?

Electronic case reports (eCRs) are automatic reports sent by a facilities electronic health record (EHR) when certain conditions set by IDOH are met

- Diagnosis, symptoms, etc.

Does **not** replace the need for regular reporting by either healthcare providers or laboratories

Reporting outbreaks

Outbreaks should be reported immediately upon suspicion by calling IDOH at 317-233-7125 or 317-233-1325 (after hours).

HIPAA and Communicable Disease Reporting

Indiana communicable disease laws and the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows for release of information to Indiana Department of Health (IDOH) staff during an epidemiological investigation

“Prior approval from a patient is not required before releasing medical or epidemiological information to the local health department or the department or state designated districts.”

410 IAC 1- 2.5-77(a)

Laboratory Reporting



Indiana Communicable Disease Rule Lists

2025 Indiana Reportable Disease List

- **Audience:** Healthcare clinicians and hospitals
- Lists the name of reportable **diseases/conditions**

2025 Indiana Reportable Result/Pathogen List

- **Audience:** Laboratorians
- Lists the name of reportable **pathogens/organisms**

Report immediately upon suspicion

<i>Bacillus anthracis</i>	Smallpox (variola) virus
<i>Burkholderia mallei</i>	<i>Vibrio cholerae</i> O1, O139, or toxigenic
<i>Burkholderia pseudomallei</i>	Viral hemorrhagic fever, filoviruses
<i>Clostridium botulinum</i>	Ebola virus
<i>Cochliomyia hominivorax</i>	Marburg virus
<i>Corynebacterium diphtheriae</i>	Viral hemorrhagic fever, other
Eastern equine encephalitis virus	Chapare virus
<i>Francisella tularensis</i>	Crimean-Congo hemorrhagic fever virus
Measles virus	Guanarito virus
Middle East Respiratory Syndrome (MERS-CoV)	Junin virus
<i>Naegleria fowleri</i>	Lassa virus
<i>Neisseria meningitidis</i> , invasive disease	Lujovirus
Novel influenza A	Machupo virus
Poliovirus	Rift Valley fever virus
Rabies virus	Sabia virus
Rubella virus	<i>Yersinia pestis</i>
Severe Acute Respiratory Syndrome (SARS-CoV)	

For immediate reporting,
call 317-233-7125 or
317-233-1325 (after hours)

Please also report via electronic laboratory reporting

For facilities unable to submit via ELR please fax reports to
317-234-2812.

Report within one working day

<i>Anaplasma phagocytophilum</i>	<i>Cronobacter</i> spp., infants (younger than 1 year of age)	Mumps virus
Arboviruses including, but not limited to:	<i>Cryptosporidium</i> spp.	<i>Mycobacterium leproe</i>
California serogroup viruses	<i>Cyclospora cayentensis</i>	<i>Mycobacterium tuberculosis</i> complex
Chikungunya virus	<i>Ehrlichia</i> spp.	<i>Neisseria gonorrhoeae</i> (list anatomic site to determine if disseminated infection)
Dengue virus	<i>Escherichia coli</i> (E. coli) infection (Shiga toxin-producing (STEC), including but not limited to, E. coli O157, E. coli O157:H7, non-O157 E. coli, and Shiga toxin detected)	Pandrug-resistant Organisms*
Heartland virus	<i>Giardia</i> spp.	<i>Photobacterium damsela</i>
Jamestown Canyon virus	<i>Grimontia hollisae</i> (<i>Vibrio hollisae</i>)	(<i>Vibrio damsela</i>)
Japanese encephalitis virus	<i>Haemophilus ducreyi</i>	<i>Plasmodium</i> spp.
La Crosse virus	<i>Haemophilus influenzae</i> , invasive disease*	<i>Pneumocystis carinii</i> (<i>Pneumocystis pneumonia</i>)
Oropouche virus	Hantavirus, including Sin Nombre virus, Seoul virus, and other hantaviruses	<i>Rickettsia</i> (non-rickettsii spp.)
Powassan virus	Hepatitis, viral, Type A, Anti-HAV IgM or RNA detected	<i>Rickettsia rickettsii</i>
St. Louis encephalitis virus	Hepatitis, viral, Type B [†]	<i>Salmonella</i> spp. (non-typhoidal)*
Western equine encephalitis virus	Hepatitis, viral, Type C [†]	<i>Salmonella</i> serotype Paratyphi (Paratyphoid fever)
West Nile virus	Hepatitis, viral, Type Delta [†]	<i>Salmonella</i> serotype Typhi (Typhoid fever)*
Yellow fever virus	Hepatitis, viral, Type E, Anti-HEV IgM and IgG	SARS-CoV-2 ^{**}
Zika virus	Hepatitis, viral, unspecified	<i>Shigella</i> spp.
<i>Babesia</i> spp.	<i>Histoplasma capsulatum</i>	<i>Streptococcus</i> , group A (<i>Streptococcus pyogenes</i>), invasive disease
<i>Bordetella pertussis</i>	HIV and related retroviruses [†]	<i>Streptococcus pneumoniae</i> , invasive disease
<i>Borrelia burgdorferi</i>	Influenza viruses	<i>Treponema pallidum</i> [†]
<i>Brucella</i> spp.	Interferon gamma release assay (IGRA) for tuberculosis (positive results only)	<i>Trichinella spiralis</i>
<i>Campylobacter</i> spp.	Legionella spp.	Vancomycin-resistant <i>Staphylococcus aureus</i>
<i>Candida auris</i>	<i>Leptospira</i> spp.	(VRSA) and Vancomycin intermediate
Carbapenemase-producing Enterobacterales, <i>Pseudomonas aeruginosa</i> , and <i>Acinetobacter baumannii</i>	<i>Listeria monocytogenes</i>	<i>Staphylococcus aureus</i> (VISA) [†]
<i>Chlamydia psittaci</i>	Mpox (Monkeypox) virus, including Non-variola Orthopox virus and Orthopox virus	Varicella-zoster virus
<i>Chlamydia trachomatis</i>		<i>Vibrio</i> spp.
<i>Lymphogranuloma venereum</i> (LGV) (C. trachomatis serotypes L1, L2, or L3)		<i>Yersinia</i> spp., <i>Enterocolitica</i> , <i>Pseudotuberculosis</i>
<i>Clostridium tetani</i>		
Coccidioides spp.		
<i>Coxiella burnetii</i>		

* Include antimicrobial susceptibility testing
** Only laboratories and testing sites that submit results via electronic lab reporting (ELR)
† Further guidance on the second page of the Indiana Reportable Result/Pathogen List for Laboratories

REPORTING REQUIREMENTS

Reporting is required of any specimen derived from the human body yielding microscopic, bacteriologic, immunologic, serologic, or other evidence of infection by any of the organisms or agents listed.

1. Test: name, date, test results, specimen source, normal limits for the test, test result interpretation, and laboratory's accession number or other numeric identifier.
2. Person: name, address, and date of birth (or age if date of birth is not available)
3. Submitter: name, address, and telephone number of attending physician, hospital, clinic, or other specimen submitter
4. Laboratory: name, address, telephone number, and CLIA ID number of the laboratory performing the test

Any infection, disease or condition submitted via electronic laboratory reporting should continue to be reported to the Indiana Department of Health. For facilities unable to submit via ELR please fax reports to
317-234-2812.

HEPATITIS B HEPATITIS C HEPATITIS D

- Positive HBsAg;
- HBV DNA (positive/detectable and negative/undetectable results), including quantitative, qualitative, and genotype testing;
- Positive anti-HBc IgM;
- Positive HBeAg;
- Anti-HBs (positive, negative, and indeterminate) for children ≤ 2 years of age; and
- If any of the above results are reported, also report the following:

1. Pregnancy status
2. Concurrent ALT and total bilirubin result
3. Other associated positive or negative hepatitis serological results (e.g., hepatitis A, hepatitis B, hepatitis C, hepatitis D, and/or hepatitis E)
4. Negative HBsAg, negative anti-HBc IgM, and/or negative total anti-HBc.

SYPHILIS (*Treponema pallidum*)

Results from the following tests should be reported electronically, including results from each test in a syphilis screening algorithm (including positive/reactive, indeterminate, equivocal, and negative/non-reactive):

- Nontreponemal tests: RPR, VDRL, TRUST
- Treponemal tests: FTA, TP-PA, MHA-TP, EIA, CIA, immunoblot

HEPATITIS C

- Positive Anti-HCV (including rapid tests);
- HCV RNA (positive/detectable and negative/undetectable results), including quantitative, qualitative, and genotype testing;
- Negative Anti-HCV results for children ≤ 36 months of age; and
- If any of the above results are reported, also report the following:

1. Pregnancy status
2. Concurrent ALT and total bilirubin result
3. Other associated positive or negative hepatitis serological results (e.g., hepatitis A, hepatitis B, hepatitis C, hepatitis D, and/or hepatitis E)

HIV/AIDS

HIV confirmed positive diagnostic and serologic test results should be reported. This can include:

- Initial and supplemental CD4 T-lymphocyte count/percentage and viral load count
- Non-detectable viral load results in association with the care and treatment of persons living with HIV and AIDS

When submitting organisms and for questions about isolate submission, Indiana Department of Health Laboratory should be notified at
317-921-5500.

See page 3 for isolate submission

One-day isolate submission

Laboratories shall submit all suspect biothreat isolates of the following organisms to the IDOH Laboratory for further evaluation within one (1) business day of isolation:

1. *Bacillus anthracis*
2. *Brucella* spp.
3. *Burkholderia mallei/pseudomallei*
4. *Francisella tularensis*
5. *Yersinia pestis*

Three-day isolate submission

Laboratories shall submit all the following organisms to the IDOH Laboratory for further evaluation within three (3) business days of isolation or antibody detection:

1. *Candida auris*
2. Carbapenemase-producing Enterobacterales, *Pseudomonas aeruginosa*, and *Acinetobacter baumannii*
3. Carbapenem-resistant Enterobacterales isolates that have not undergone carbapenemase testing
4. Carbapenem-resistant Enterobacterales (CRE) that tests pan-non-susceptible on antimicrobial susceptibility testing (AST)
5. All carbapenem-resistant *Acinetobacter baumannii* isolates
6. Carbapenem-resistant *Pseudomonas aeruginosa* isolates that are also resistant to cefepime and ceftazidime
7. *Cronobacter* spp., infants (younger than 1 year of age) isolates[†]
8. *Escherichia coli* (Shiga toxin-producing *E. coli* (STEC)) isolates[†]
9. *Haemophilus influenzae*, invasive disease
10. Arboviral IgM positive CSF or serum specimens, including Eastern equine encephalitis virus[†]
11. *Listeria monocytogenes*
12. *Mycobacterium tuberculosis* complex (*M. tuberculosis*, *M. bovis*, *M. canettii*, *M. africanum*, *M. microti*, *M. caprae*, *M. pinnipedi*)
13. *Neisseria gonorrhoeae*, disseminated infection
14. *Neisseria meningitidis*, invasive disease
15. *Salmonella* spp. isolates[†]
16. *Shigella* spp. isolates[†]
17. *Streptococcus pneumoniae*, invasive disease, isolates from persons less than five (5) years of age
18. *Vibrio cholerae* isolates[†]
19. *Vibrio* spp., *Grimontia hollisae* (*Vibrio hollisae*), and *Photobacterium damsela* (*Vibrio damsela*) isolates[†]
20. Vancomycin-resistant *Staphylococcus aureus* (VRSA). *Staphylococcus aureus* isolated from any body site that are vancomycin resistant level MIC >= 16 µg/mL

[†] If isolate of organism is not available, submit clinical specimens per IAC 1-2.5-76(f)
[†] Although not an isolate, Arboviral IgM sera are included in the three-day submission timeframe

How to report results/pathogens to IDOH

Immediately reportable

1. Call 317-233-7125
or 317-233-1325 (After hours)

and

2. Electronic Lab Report (ELR)
or Fax result to 317-234-2812

Within one working day

Electronic Lab Report (ELR)

or

Fax result to 317-234-2812

Additional laboratory reporting information

- Most laboratories send all reportable results/pathogens via ELR to IDOH (either directly or via IHIE)
- Results faxed to IDOH are sorted and sent to IDOH subject matter expert for entry into NBS
- All results from an Indiana laboratory are reportable – even for out of state patients

What about point of care testing?

- Point of care testing done by a clinician/non-laboratory setting still must be reported following the laboratory reporting rule
- Entities conducting point of care testing should ensure they are reporting any reportable results to their LHD or IDOH

Isolate submission

- Laboratories should be aware of isolates required to be submitted to IDOH lab for further testing
- Lists of isolates to be sent within one business day and three business days of isolation
- When submitting organisms and isolates, notify Indiana Department of Health Laboratory at 317-921-5500

Blood lead level reporting

- Indiana statute (410 IAC 29-3-1) requires that ALL blood lead tests, REGARDLESS OF RESULTS are required to be reported to IDOH by the entity examining the specimen (i.e. Laboratory, Clinic, Physician, etc.) not later than one (1) week after completing the test
- Reporting can be done via:
 - HL7 messaging,
 - Direct entry into Lead Data Flow (LDF) database, or
 - Direct entry into Children and Hoosier Immunization Registry Program (CHIRP)
- Lead results are NOT to be reported into NBS via Morbidity Report
 - LHDs are responsible for opening case investigations for lead based on results in the DRR queue or emailed to the LHD

Importance of Communicable Disease Reporting



Wait ... why do we have the CDR?

The communicable disease rule, and disease reporting, allows public health to be informed about conditions/results that require public health action.

- Isolate infectious patients to stop the spread of disease
- Quarantine exposed contacts
- Provide prophylaxis to exposed contacts to prevent disease
- Provide treatment to patients to cure disease
- Track disease patterns to inform other public health actions

Public health action example

Report:

- Person bitten by a racoon while hiking in the woods

Action:

- Coordination with local authorities to attempt to locate animal and complete rabies testing
- If unable to be tested, ensure bitten person is recommended rabies PEP

Public health action example

Report:

- Person came to urgent care with cough and hemoptysis and TB is suspected

Action:

- Ensure person is fully evaluated for TB disease, including obtaining specimens to send to IDOH laboratory
- Place person into isolation to prevent exposure of the public
- Provide TB treatment through state contract pharmacy
- Identify exposed individuals and offer testing and treatment, if necessary

Public health action example

Report:

- Person is diagnosed with measles

Action:

- Ensure person with measles is placed into isolation to prevent further exposure
- Identify those exposed (contacts) and offer vaccine/IG to protect against disease and limit additional exposures

Review of Selected Conditions



Animal bite reporting

- Every case of a human bitten by a domestic *or* wild mammal is reportable **within one working day**
 - Also includes proximity/direct contact exposures to bats
- Anyone can report an animal bite – providers, bitten person, animal owners, etc.
- Report bite by faxing Animal Bite Reporting form to IDOH
 - Ensure the form is legible
 - Owner information is crucial for public health follow up
 - Fax each form separately, please!

Measles reporting

- Measles should be reported to IDOH **immediately upon suspicion**
 - If a provider thinks a patient could have measles and is putting it on their differential, they should be calling IDOH immediately
- Measles testing can be performed at IDOHL but authorization is required
 - Testing with IDOHL is free and has faster turnaround times (often within 24 hours)
- Measles submission instructions:
 - Measles PCR: <https://www.in.gov/health/laboratories/testing/measles-pcr/>
 - Measles serology: <https://www.in.gov/health/laboratories/testing/measles-serology/>

Meningococcal disease reporting

- Meningococcal disease should be reported to IDOH **immediately upon suspicion**
- Public health action needs to be taken even if meningococcal disease is only suspected, so IDOH should receive calls regarding:
 - Gram-negative diplococci isolated from a sterile body site
 - Culture growing *N. meningitidis* from a sterile site or purpuric lesions
 - Detection of *N. meningitidis* DNA from a sterile site by PCR
 - Clinical presentation of purpuric rash (purpura fulminans)
 - Detection of *N. meningitidis* antigen in CSF by latex agglutination or in formalin-fixed tissue by immunohistochemistry (IHC)

Reportable conditions often under-reported

- **Mumps** should be reported within one working day
- **Pertussis** should be reported within one working day
- **Varicella (chicken pox)** should be reported within one working day
- **Latent TB infection (LTBI)** should be reported within one working day

Wrap-up



Summary

- Communicable disease reporting has both healthcare provider and laboratory components
- Reporters should follow lists created for their applicable setting
 - **Indiana Reportable Disease List for Healthcare Providers**
 - **Indiana Reportable Result/Pathogen List for Laboratories**
- Reporting can be accomplished electronically (NBS, ELR) or manually
- Communicable disease reporting is an important piece of protecting Hoosiers' health

Resources

- IDEPD CDR website: <https://www.in.gov/health/idepd/communicable-disease-reporting/>
 - Indiana Reportable Disease List of Healthcare Providers and Hospitals
 - Indiana Reportable Result/Pathogen List for Laboratories
 - Individual Reportable Disease Reporting Guidance Documents
 - Copy of the Indiana Communicable Disease Rule
- NBS Training for Healthcare Users*
- <https://www.train.org/indiana/course/1131146/compilation>

*Reminder: new users with accounts requested after Oct. 1, 2025 are required to complete the training series before gaining access. Current users are encouraged to take the training.

More resources

- IDEPD contact us : <https://www.in.gov/health/idepd/contact-us/>
- Indiana Health Alert Network: <https://www.in.gov/health/emergency-preparedness/indiana-health-alert-network-ihan/>

Questions?

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