

State of New Hampshire

Reportable Infectious Diseases



Acute Flaccid Myelitis
Anaplasmosis [*Anaplasma Phagocytophilum*]
Anthrax [*Bacillus anthracis*]*
Arboviral infection, including EEE, WNV, Dengue, Powassan, Zika*
Babesiosis [*Babesia microti*]
Botulism [*Clostridium botulinum*]*
Brucellosis [*Brucella abortus*]*
Campylobacteriosis [*Campylobacter* species]
Carbapenem-resistant enterobacteriaceae
Chlamydial infection [*Chlamydia trachomatis*]
Cholera [*Vibrio cholerae*]*
Coccidioidomycosis [*Coccidioides immitis*]
Creutzfeldt-Jakob Disease*
Cryptosporidiosis [*Cryptosporidium parvum*]
Cyclospora infection [*Cyclospora cayetanensis*]
Diphtheria [*Corynebacterium diphtheriae*]*
Ehrlichiosis [*Ehrlichia* species]
Escherichia coli O157 infection and other shiga toxin producing *E. coli*
Giardiasis [*Giardia lamblia*]
Gonorrhea [*Neisseria gonorrhoeae*]
Haemophilus influenzae, invasive disease, sterile site*
Hantavirus Pulmonary Syndrome [Hantavirus]*
Hemolytic Uremic Syndrome (HUS)
Hepatitis A Virus*
Hepatitis B Virus (positive surface antigen in a pregnant person & new diagnoses by providers only)
Hepatitis C (new diagnoses by providers only)
Hepatitis E
Human Immunodeficiency Virus (HIV), including new diagnosis, perinatal exposure, and Acquired Immune Deficiency Syndrome (AIDS)
Human Immunodeficiency Virus-related CD4+ counts and all viral loads
Legionellosis [*Legionella pneumophila*]
Leprosy, Hansen's disease [*Mycobacterium leprae*]
Leptospirosis [*Leptospira* species]
Listeriosis [*Listeria monocytogenes*]
Lyme disease [*Borrelia burgdorferi*]
Malaria [*Plasmodium* species]
Measles [Rubeola]*
Mumps*
Neisseria meningitidis, invasive disease, sterile site*
Pertussis [*Bordetella pertussis*]*
Plague [*Yersinia pestis*]*
Pneumococcal disease, invasive [*Streptococcus pneumoniae*]
Pneumocystis pneumonia [*Pneumocystis jiroveci* formerly *carinii*]
Poliomyelitis [Polio]*
Psittacosis [*Chlamydophila psittaci*]*
Rabies in humans or animals*
Rocky Mountain Spotted Fever [*Rickettsia rickettsii*]
Rubella, including Congenital Rubella Syndrome*
Salmonellosis [*Salmonella* species] (report *S. Typhi** within 24 hours)
Shigellosis [*Shigella* species]
Syphilis, including Congenital Syphilis Syndrome [*Treponema pallidum*]
Tetanus [*Clostridium tetani*]
Toxic-Shock Syndrome (TSS) [streptococcal or staphylococcal]
Trichinosis [*Trichinella spiralis*]
Tuberculosis disease [*Mycobacterium tuberculosis*]*
Tuberculosis infection, latent (lab reporting only, no provider reporting)
Tularemia [*Francisella tularensis*]*
Typhoid fever [*Salmonella Typhi*]*
Typhus [*Rickettsia prowazekii*]*
Varicella
Vibriosis [any *Vibrio* species]*
Vancomycin Resistant *Staphylococcus aureus* (VRSA)*
Yersiniosis [*Yersinia enterocolitica*]

Any suspect outbreak, cluster of illness, unusual occurrence of communicable disease, or other incident that may pose a threat to the public's health must be reported within 24 hours of recognition.*

Any investigation of suspected or actual incident of diversion of injectable medications in a health care setting must be reported within 72 hours of initiation of such investigation.*

Disease Reporting Guidelines

- Diseases with an asterisk (*) and in **red** must be reported within 24 hours of diagnosis or suspicion of diagnosis.
- All suspect and confirmed cases must be reported within 72 hours of diagnosis or suspicion of diagnosis.
- Reports are handled under strict confidentiality standards.

Report Disease to Bureau of Infectious Disease Control

By phone (8a-4:30p): 1- 603-271-4496

Toll Free (in NH only): 1-800-852-3345 x 4496

After hours: 1-603-271-5300

Toll Free (in NH only): 1-800-852-3345 x 5300

Fax reports (incl. HIV/AIDS) to:
1-603-696-3017

Fax COVID-19 reports to: 1-603-696-3154

Disease Reporting Forms Available Here

[https://www.dhhs.nh.gov/
report-concern/
infectious-disease-reporting-and-forms](https://www.dhhs.nh.gov/report-concern/infectious-disease-reporting-and-forms)

Please use disease specific form, if one is available, AND complete form in its entirety.

- Name of the disease
- Name of the person reporting
- Patient information: name, date of birth, age, sex, race, ethnicity, address, telephone number, occupation, place of employment, date of illness onset
- Diagnostic test information: type of test performed, specimen type(s), date
- Treatment Information: date, medication, dosage
- Send **COPY OF RESULTS**-not transcription

Updated August 2022