Class A Diseases
(1) diseases of major public health concern because of the severity of disease or potential for epidemic spread - report by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result exists

- Anthrax
- Botulism, foodborne
- Cholera
- Diptheria

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

(2) diseases of public health concern needing timely response because of potential for epidemic spread - report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known

- Arboviral neuroinvasive and non-neuroinvasive disease
- Eastern equine encephalitis virus disease
- E. coli O157:H7 and other enterohemorrhagic (Shiga toxin-producing) E. coli
- Foodborne disease outbreaks
- Granuloma inguinale virus disease
- Haemophilus influenzae
- Hantavirus (also current infection)
- Hemolytic uremic syndrome (HUS)
- Hepatitis A
- Hepatitis B, perinatal disease

(3) diseases of significant public health concern -- report by the end of the work week after the existence of a case, a suspected case, or a positive laboratory result is known

- Amebiasis
- Botulism, wound
- Botulism, infant
- Brucellosis
- Campylobacteriosis
- Chlamydia infections
- (urethritis, epididymitis, cervicitis, pelvic inflammatory disease, neonatal conjunctivitis and pneumonia)
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cytomegalovirus (CMV)
- Ehrlichiosis

Class B Disease - the number of cases is to be reported by the close of each working week

- Influenza

Class C Diseases - report an outbreak, unusual incidence, or epidemic by the end of the next working day

- Blastomycosis
- Conjunctivitis, acute
- Histoplasmosis
- Nosocomial infections of any type
- Pediculosis

Except as otherwise required for the Class A(1) diseases, reports of cases and suspect cases and positive laboratory results shall be in writing, and shall include the name and address of the case, suspect case, or person from whom the specimen was taken. A Board of Health may accept verbal reports by telephone or other electronic systems approved by the Director within the same time limitations. Reports shall include supplementary information relevant to the case or laboratory reports as needed to complete official surveillance forms provided or approved by the Director.

Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, and CD4 T-lymphocytes counts <200 or 14% must be reported on forms and in a manner prescribed by the Director.