In the United States, requirements for reporting diseases and conditions are mandated by state and territorial laws and/or regulations. However, physicians are highly encouraged to report foodborne illness that they may encounter in the event that an outbreak situation may be present. Reporting will facilitate the tracking of the outbreak and in fact, the case identified may even be the sentinel case!

Differences exist between states and territories as to which diseases and conditions are reportable. The Council of State and Territorial Epidemiologists (CSTE) and the Centers for Disease Control and Prevention (CDC) collaborate on which diseases and conditions are designated as nationally notifiable. Details on specific state requirements are located at www.cste.org/nndss/reportingrequirements.htm.

This information is also available by contacting CSTE at:

  The Council of State and Territorial Epidemiologists (CSTE)
  Suite 303 – 2872 Woodcock Boulevard
  Atlanta, Georgia 30341
  Phone: 770 458-3811

Notifiable Bacterial Foodborne Diseases and Conditions

- Anthrax
- Botulism
- Brucellosis
- Cholera
- Enterohemorrhagic Escherichia coli
- Hemolytic uremic syndrome, post-diarrheal
- Listeriosis
- Salmonellosis (other than S. Typhi)
- Shigellosis
- Typhoid fever (S. Typhi and S. Paratyphi infections)

References

Council of State and Territorial Epidemiologists. Available at: www.cste.org/nndss/reportingrequirements.htm


Toll-free Information Phone Numbers

- USDA Meat and Poultry Hotline: 800 535-4555
- FDA Safe Food Hotline: 888 SAFE-FOOD (723-3366)
- CDC Voice Information System: 888 CDC-FAXX (232-3299)

Notifiable Viral Foodborne Diseases and Conditions

- Hepatitis A

Notifiable Parasitic Foodborne Diseases and Conditions

- Cryptosporidiosis
- Cyclosporiasis
- Giardiasis
- Trichinellosis

February 2004
<table>
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<tr>
<th>Etiology</th>
<th>Incubation Period</th>
<th>Signs and Symptoms</th>
<th>Duration of Illness</th>
<th>Associated Foods</th>
<th>Laboratory Testing</th>
<th>Treatment</th>
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<tbody>
<tr>
<td>Hepatitis A</td>
<td>28 days average (15-50 days)</td>
<td>Diarrhea, dark urine, jaundice, and flu-like symptoms, i.e., fever, headache, nausea, and abdominal pain.</td>
<td>Variable, 2 weeks-3 months</td>
<td>Shellfish harvested from contaminated waters, raw produce, contaminated drinking water, uncooked foods and cooked foods that are not reheated after contact with infected food handler.</td>
<td>Increase in ALT, bilirubin. Positive IgM and anti-hepatitis A antibodies.</td>
<td>Supportive care. Prevention with immunization.</td>
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<tr>
<td>Noroviruses (and other caliciviruses)</td>
<td>12-48 hrs</td>
<td>Nausea, vomiting, abdominal cramping, diarrhea, fever, myalgia, and some headache. Diarrhea is more prevalent in adults and vomiting is more prevalent in children.</td>
<td>12-60 hrs</td>
<td>Shellfish, fecally contaminated foods, ready-to-eat foods touched by infected food workers (salads, sandwiches, ice, cookies, fruit).</td>
<td>Routine RT-PCR and EM on fresh unpreserved stool samples. Clinical diagnosis, negative bacterial cultures. Stool is negative for WBCs.</td>
<td>Supportive care such as rehydration. Good hygiene.</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>1-3 days</td>
<td>Vomiting, watery diarrhea, low-grade fever. Temporary lactose intolerance may occur. Infants and children, elderly, and immunocompromised are especially vulnerable.</td>
<td>4-8 days</td>
<td>Fecally contaminated foods. Ready-to-eat foods touched by infected food workers (salads, fruits).</td>
<td>Identification of virus in stool via immunoassay.</td>
<td>Supportive care. Severe diarrhea may require fluid and electrolyte replacement.</td>
</tr>
</tbody>
</table>

Please call the state health department for more information on specific foodborne illnesses. These telephone numbers are available at: [http://www.cdc.gov/mmwr/international/relres.html](http://www.cdc.gov/mmwr/international/relres.html). See the reverse side for information hotlines and list of notifiable diseases.