HEALTH BASICS

Reportable diseases

Reportable diseases are selected health conditions that must be reported to public health authorities.

WHAT IT IS
Required reporting of selected health conditions to public health

WHERE IT COMES UP
Certain diagnoses, test results, suspected outbreaks, or exposure investigations

WHY IT MATTERS
Enables public health follow-up and outbreak control

WHAT IT IS NOT
Not a disease or a diagnosis

WHO TO ASK
Your clinician, testing laboratory, or local public health service

HOW IT IS CHECKED
Condition-specific clinical assessment and laboratory testing

Overview

"Reportable diseases" is a public health and legal term. It is not a disease or a diagnosis.

The term refers to infections, conditions, test results, and unusual health events that must be reported to a public health authority. You may also hear "notifiable diseases" or "notifiable conditions."

Examples can include measles, tuberculosis, some sexually transmitted infections, certain foodborne infections, and unusual clusters of illness. The exact list differs between countries and may also differ between states, provinces, or territories.

Reporting is usually done by a clinician, hospital, laboratory, or another organization named in local law. In some places, schools, care facilities, employers, or individuals also have duties in specific situations.

A condition can be reported before a diagnosis is confirmed. Public health agencies may accept reports of suspected cases, positive laboratory findings, exposures, or outbreaks. A report can later be updated or ruled out.

How it works

Reporting connects healthcare services with the public health system. It allows health authorities to look for patterns that may not be visible in one clinic or hospital.

The usual process is:

A report may include your name, contact details, date of birth, test results, diagnosis, vaccination history, and possible exposures. The information requested depends on the condition and local rules.

Public health staff may contact you to confirm details, explain steps to reduce spread, or identify other people who may have been exposed. This is sometimes called a case investigation. Contact tracing is the process of reaching people who may have been exposed while limiting unnecessary disclosure of your identity.

Not every report leads to personal contact. Some reports are used mainly to count cases and monitor trends.

In the United States, state and local laws generally determine what must be reported. States then send information about nationally notifiable conditions to the Centers for Disease Control and Prevention. Other countries organize reporting through their own national and regional systems.

- A clinician suspects or diagnoses a listed condition, or a laboratory finds a reportable result
- Required information is sent to the appropriate local, regional, or national authority
- Public health staff review the report and decide whether follow-up is needed
- The record may be updated when more test results or clinical details become available

Why it matters for your health

Reporting can connect you with practical support related to the condition being investigated. Depending on the situation, public health services may help arrange testing, explain temporary work or school restrictions, or provide information for household members and other contacts.

Reports also help authorities detect outbreaks. For example, separate reports of the same foodborne infection may reveal a link to one food product, restaurant, or event. Reports of measles can help public health teams identify exposed people who may need prompt assessment.

At a wider level, the information helps track changes in infections and other health threats. It

can guide vaccination programs, food safety investigations, infection-control measures, and planning for healthcare resources.

Being reported does not show how serious your condition is. It also does not mean you did anything wrong. A mild infection may be reportable because it can spread, while a serious condition may not be on the reportable list.

What can go wrong

A report can be delayed or incomplete. This may slow an investigation into conditions such as tuberculosis, measles, hepatitis, or foodborne infections. Electronic reporting from laboratories and health records is intended to reduce these gaps, but systems are not identical everywhere.

Reports can also contain outdated contact details, duplicate records, or results that are later corrected. Some conditions must be reported when they are only suspected. Public health staff may therefore classify a report differently after reviewing laboratory and clinical information.

Privacy concerns are common. Public health reports are not necessarily anonymous, because staff may need to contact you or investigate an exposure. Health authorities use legal and administrative safeguards for this information, but the exact protections and permitted uses come from local law.

Reporting does not automatically mean that your employer, school, family, or contacts receive your full medical information. A public health service may need to notify a setting or exposed people, but it should limit disclosure according to applicable rules.

Confusion may arise when local and national lists differ. In the United States, for example, a condition described as "nationally notifiable" is not necessarily reported directly by your clinician to the federal government. Reporting duties usually begin under state or local law.

The reporting label does not determine whether you need emergency care. If the actual illness causes severe trouble breathing, new confusion, fainting, blue or grey lips, or another life-threatening problem, call local emergency services. If you are stable but have questions about testing, reporting, or public health follow-up, contact your healthcare service or the public health team during routine hours.

What you can do

In most situations, you do not need to file the initial report yourself. The clinician or laboratory

usually handles it. However, local rules may place reporting duties on other people or organizations.

If you receive a reportable result or diagnosis, you can ask:

Keep copies of relevant test results and appointment notes. It may also help to record when symptoms began, recent travel, places you visited, foods you ate, and people who may have been exposed. Only collect information that is relevant to the investigation.

If public health staff contact you, ask how they verified their identity before giving personal information. You can also request an interpreter, accessible communication, or an explanation of how your information will be used.

Follow instructions for the specific infection or condition rather than relying on the word "reportable." The reporting category alone does not tell you what treatment, testing, or precautions you need.

If you have only heard that a condition is reportable and have no diagnosis, test result, exposure notice, or request from public health, there may be nothing you need to do.

- Has this result already been reported?
- Which public health service may contact me?
- What information was shared?
- Do I need to avoid work, school, travel, food preparation, or close contact?
- Do household members or other contacts need testing?

Common questions

Does reporting require my permission?

Often it does not. Many reporting systems are created by law, so clinicians and laboratories may be required to send information without separate consent. The exact rule depends on where you live and what is being reported.

Does a report confirm that I have the condition?

No. Some systems require reports of suspected cases, probable cases, exposures, or certain laboratory findings. A report may later be confirmed, changed, or ruled out.

Are all positive test results reportable?

No. Only results covered by the relevant reporting rules are included. The list and the required type of result differ by location.

Will public health contact everyone I know?

Not usually. Follow-up focuses on people or settings with a meaningful possible exposure. Whether contact tracing is needed depends on the condition, timing, and type of contact.

Can I refuse to speak with public health staff?

Your rights and responsibilities depend on local law and the condition involved. Declining an interview may not stop the original report. You can ask why information is needed, how it will be protected, and whether answering a particular question is legally required.

Where can I find the local list?

Look for the official website of your national, state, provincial, territorial, or local health authority. A clinician, testing laboratory, or public health service can also explain which rules apply to your result.

Sources

- Centers for Disease Control and Prevention: National Notifiable Diseases Surveillance System
- Centers for Disease Control and Prevention: Electronic Case Reporting
- Council of State and Territorial Epidemiologists: Nationally Notifiable Conditions
- U.S. Department of Health and Human Services: HIPAA Privacy Rule and Public Health
- UK Health Security Agency: Notifiable diseases and causative organisms-how to report
- World Health Organization: International Health Regulations, third edition