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SRCA INTRODUCTION & BACKGROUND

The **State Reportable Conditions Assessment (SRCA)** is a web-based assessment of reportable conditions. Ongoing since 2007, the SRCA collects publicly available information on what conditions are reportable in states, territories, and other large jurisdictions and who is required to report them. The SRCA is intended to be a publicly available, national repository of information that can be used by public health, researchers, and healthcare providers.

Jurisdiction users may access their SRCA at any point during the year to update conditions as their state reporting regulations are updated or revised. Jurisdiction responses from previous iterations have been pre-populated into the SRCA so that respondents only need to review or update the tool as specific regulations are updated or as new core conditions are added within the collection tool. This tool needs to be reviewed and updated once every year, with the state epidemiologist to “sign off” by clicking the “jurisdiction approval” button at the top of the page.

This document outlines step-by-step instructions for navigating and updating the SRCA. If you have any questions, please contact srca@cste.org.

What Should be Reported in the SRCA?

The SRCA covers reporting requirements as stipulated by state law, regulation, or legislation for conditions for which reporting is mandated. Mandated reporters may include clinicians (i.e., healthcare providers), laboratories, hospitals, and other reporters in your jurisdiction. SRCA responses should reflect these reporting regulations or rules as closely and accurately as possible. Any conditions that must be reported to the state public health agency should be considered reportable in the SRCA. If a condition is reportable to another department within your state (e.g., Department of Agriculture) but the state health agency receives this information as the result of a data-sharing agreement, then the condition should also be considered reportable. Conditions that are not named on your jurisdiction's lists but fall under general, catch-all reporting language, such as "all outbreaks," "disease of public health importance," etc., are considered implicitly reportable in the SRCA and should be included in your responses. More information on implicitly reportable conditions may be found further in the instructions.

How Are SRCA Data Used?

CSTE maintains SRCA data using a public facing dashboard in which current and archived SRCA data can be viewed. This public-facing database will be updated regularly to reflect ongoing data collection.

GETTING STARTED: LOGGING INTO AND NAVIGATING THE SRCA

Logging Into the SRCA:

Users access their jurisdiction's online SRCA data collection portal using individual log-in information. Each jurisdiction may enroll multiple users.

1. Locate email sent to you with username and temporary password (for first time login)
2. Access the SRCA: <https://srca.cste.org/>
3. Enter your email and self-selected password. Click "Log in."
 - a. Your email is your username.
 - b. If you forget your password, please select "Forgot your password?" below the "Login" button.

If have you questions about your credentials, please email srca@cste.org for assistance.

Navigation Toolbar:

Once you log in, you will see a toolbar with the following functions:



- A. **Manual:** This tab will open a new tab with the PDF instruction manual
- B. **My Conditions:** This tab allows you to update conditions within your state specific SRCA, this tab is the main tab you will work under.
- C. **My Jurisdiction:** This tab allows you to manage users for your jurisdiction and grant others in your jurisdiction access to your SRCA. This section also allows you to make changes to your jurisdictions reporter types to fit your jurisdictional reporting guidelines.
- D. **Account:** This tab allows you to change your account password
- E. **Logout:** This tab logs you out of the SRCA data collection tool.

Main Page:

Your assigned jurisdiction should pop-up in the center of the “**My Conditions**” page titled “X Conditions”. If you scroll down, you will find your list of conditions and the main area you will enter in data.



(Example: California's Conditions)

Managing Existing Users and Inviting New Users:

Navigate to the **My Jurisdiction** tab. Once selected, you will be able to view your jurisdiction's SRCA users. If you would like to add a new user, select **ADD NEW USER**. Add the user's full name and email, and select 'SAVE' to save the record.

Upon enrollment, new users will receive an email from 'srca@cste.org' prompting them to set up their SRCA account and to select a password.

Users can also edit or delete existing accounts.

On this same page, **“My Jurisdiction”** you will find a section that allows you to make edits to your reporter types, double click the reporter type you wish to edit, and select from the 4 options (Healthcare Providers, Hospitals, Laboratory, and Other) based off your reporting guidelines, then click **“Save Changes”** when you are finished making edits.

(Note: if you do not have 4 separate reporter types, you can leave the cell blank and this will reflect on the **“My conditions”** data table)

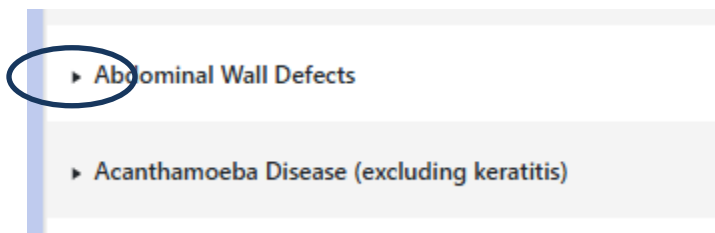
My Conditions:

Navigate to the **My Conditions** tab located at the top of the webpage. Once selected, your screen will load a comprehensive view with responses for **ALL CONDITIONS** currently within your SRCA:

Column Headers in the SRCA:

1. **Condition:** Stipulates the condition name (this section is not editable by user).
2. **Categories:** Stipulates the broader category that encompasses the condition.
3. **Reporting Timeframe by Reporter Type:** Stipulates the required reporting timeframe according to each reporter type (i.e., healthcare providers, hospitals, labs, and other).
 - If your jurisdiction has a single column with multiple reporter types (e.g., Healthcare Providers – Laboratory), then reporting requirements chosen apply to all reporter types in that column.
 - **Note on ‘implicitly reportable’ conditions:** All jurisdiction timeframe options include “Implicitly Reportable - *category*”. Conditions that are not specifically listed as reportable but would be considered reportable under general language in the jurisdiction’s laws, such as calling for reporting of “any condition of public health importance” or other similar terms are considered “implicitly reportable” in the SRCA. Respondents should include all appropriate implicitly reportable conditions and categories (e.g. “event, bioterrorist,” “outbreaks of clusters of public concern,” or “occurrence of any unusual disease of public health importance”) as relevant when updating the SRCA.
4. **NNC:** Stipulates whether the condition is currently on the Nationally Notifiable Conditions (NNC) list. This field is view-only and managed by CSTE admin. *Unless adding a new condition*
5. **Year Made Reportable:** This column is used to specify when a condition was made reportable in your jurisdiction. This column is optional to be completed for any condition made reportable before 2018 (the last year CSTE conducted the SRCA). CSTE requests this section be completed for conditions made reportable from 2018-present, though we encourage you to fill out this section for all reportable conditions, as time allows.
6. **Reportable (state):** This column auto-populates based off timeframes being reportable or not, this allows for a quick glance at what conditions are reportable in your jurisdiction (this section is not editable by user).

The arrow next to certain conditions indicates that there are subset (child) conditions listed under them. By clicking this arrow, the subset conditions will appear for viewing and editing.



Abdominal Wall Defects	Birth Defects and Congenital Anomalies	Not Reportable	Not Reportable	Not Reportable	No	No	+ Add child
Gastroschisis	Birth Defects and Congenital Anomalies	Not Reportable	Not Reportable	Not Reportable	No	No	+ Add child
Omphalocele	Birth Defects and Congenital Anomalies	Not Reportable	Not Reportable	Not Reportable	No	No	+ Add child
Acanthamoeba Disease (excluding keratitis)	Infectious Disease Not Otherwise Specified	Not Reportable	Not Reportable	Not Reportable	No	No	+ Add child

(Example: Clicking the arrow, dropped down subset (child) conditions for Abdominal Wall Defects shown with an indented format to indicate those are the child subsets of the parent condition)

While the default view is **ALL CONDITIONS**, the SRCA is further divided by section based on **CONDITION CATEGORY**. See **Appendix 1** for a full list of conditions included within each of the following categories:

1. Birth Defects and Congenital Anomalies
2. Bloodborne Diseases
3. Enteric Diseases
4. Healthcare Associated Events
5. Infectious Disease Not Otherwise Specified
6. Injuries
7. Neurologic and Toxin-Mediated Conditions
8. Respiratory Conditions
9. Selected Non-Infectious Diseases
10. Sexually Transmitted Diseases
11. Systemic Conditions
12. Toxic Effects of Non-Medicinal Substances
13. Vaccine-Preventable Conditions
14. Zoonotic and Vectorborne Diseases

You may filter by condition category using the **CATEGORIES** dropdown box at the top of the page. **It is often helpful to delegate or assign certain sections to relevant staff. Jurisdictions are encouraged to coordinate among their jurisdictions designated SRCA users to determine the most effective approach for updating responses. By default, all SRCA users can see all SRCA condition categories.**

UPDATING EXISTING CONDITIONS IN THE SRCA

SRCA TIP | Have References Handy: It is helpful to have your jurisdiction's reportable conditions laws, regulations, lists, and other documents readily available as you update the SRCA.

Step 1. Review Pre-Populated Responses:

- Within the **MY CONDITION** tab, choose a condition section to edit by accessing the **CATEGORIES** dropdown list at the top of the table.

CATEGORIES

ALL
▼

- Review all pre-populated data, including reporter type(s) and reporting requirement timeframes.

Since the tool is pre-populated with last known jurisdiction responses to previous SRCA iterations, most conditions should have responses. Respondents should review their assigned conditions or sections for any updates or inaccuracies.

- All blank cells should be remedied by providing the appropriate corresponding reportability specification.

Step 2. Enter or Edit Data for Conditions by Section:

- To edit a reporting requirement for a specific timeframe, click on the cell you are wanting to make edits to and it will show a dropdown box. Choose the appropriate reporting choice according to your rules and regulations.
 - If a condition displayed within the SRCA is not reportable within your jurisdiction, please indicate by selecting '**NOT REPORTABLE**' in the dropdown list.
 - **Note:** Please reference **Appendix 2** for a full list of reporting timeframes as they associate to the “bucket” list of timeframes available in the dropdown boxes. If you require any changes to your reporting timeframe options, please contact SRCA@cste.org.



3-Hydroxy-3-Methylglutaric Aciduria	Birth Defects and Congenital Anomalies	Not Reportable	Not Reportable	Not Reportable	No	No	+ Add child
3-Methylcrotonyl-CoA Carboxylase Deficiency	Birth Defects and Congenital Anomalies	Not Reportable	Not Reportable	Not Reportable	No	No	+ Add child

Click on any cell to make changes to that certain condition.



+ Add new record ✓ Save changes ⌂ Cancel changes 📄 Export to Excel 🔍 Search by Title...								
Condition	Categories	Healthcare Providers	Hospitals	Laboratory	NINC	Year Made Reportable	Reportable State	Actions
TEST (Instruction Manual)	Birth Defects and Congenital Anomalies	>1 Week	≤48 Hours	≤24 Hours	No	2025		
3-Hydroxy-3-Methylglutaric Aciduria	Birth Defects and Congenital Anomalies	Not Reportable	Not Reportable	Not Reportable	No		No	+ Add child

Once you have made changes, you will see small **RED** tabs on any cell you have made edits to. This indicates that it is un-saved data, click “Save Changes” to save any edits you’ve made.

Note: Though you have the option to edit multiple cells at a time, we strongly recommend saving changes frequently to avoid mistakes and/or lost data.

ADDING A NEW CONDITION OR CONDITION SUBSET

There may be instances in which a condition or condition subset that is reportable in your jurisdiction is not already included within the SRCA data collection tool. Users can add new conditions or condition subsets using the following options.

Option 1. Adding an Entirely New Condition:

- To add a new condition to your SRCA, navigate to the **ADD NEW RECORD** tab located in the navigation tool bar. By selecting **ADD NEW RECORD**, a new blank row will appear at the very top of the list of conditions:

Condition	Categories	Healthcare Providers	Hospitals	Laboratory	NNC	Year Made Reportable	Reportable State	Actions
<input type="text" value=""/>								
3-Hydroxy-3-Methylglutaric Aciduria	Birth Defects and Congenital Anomalies	Not Reportable	Not Reportable	Not Reportable	No		No	+ Add child

- Add the name of the new condition in the empty box provided, select the appropriate condition category from the dropdown, and select the appropriate reporting timeframe from the dropdown for each reporter type/column as previously demonstrated and fill out any other relevant columns. Be sure to click the **SAVE CHANGES** button when all edits have been made.
 - Note:** Once you save the condition, it will auto-populate into the list (you can use the search bar to find it).

Option 2. Adding a New Subset (Child) to an Existing Condition:

- To add a new subset to a condition already in your SRCA, navigate to that condition and select **ADD CHILD** in the last column of the condition row. (For the purpose of this example, we have added a child to 'Abdominal Wall Defects.')

Condition	Categories	Healthcare Providers	Hospitals	Laboratory	NNC	Year Made Reportable	Reportable State	Actions
3-Hydroxy-3-Methylglutaric Aciduria	Birth Defects and Congenital Anomalies	Not Reportable	Not Reportable	Not Reportable	No		No	+ Add child
3-Methylcrotonyl-CoA Carboxylase Deficiency	Birth Defects and Congenital Anomalies	Not Reportable	Not Reportable	Not Reportable	No		No	+ Add child
Abdominal Wall Defects	Birth Defects and Congenital Anomalies	Not Reportable	Not Reportable	Not Reportable	No		No	+ Add child
<input type="text" value=""/>	Birth Defects and Congenital Anomalies				No			
gastroesophageal reflux	Birth Defects and Congenital Anomalies	Not Reportable	Not Reportable	Not Reportable	No		No	+ Add child

- Once you add the name of the new subset, the subset will appear immediately below the parent condition. Select the appropriate reporting timeframe from the dropdown for each reporter type/column as previously demonstrated.

- When adding a new child condition, the category of the child condition will auto-populate to the parent's category.

EXPORTING SRCA RESPONSES INTO EXCEL

Users are able export SRCA responses into an excel file, either for easier coordination during SRCA updating or for record keeping after the fact. To export a summary of your jurisdiction's responses, select **EXPORT TO EXCEL**. This will initiate the download of the online spreadsheet into an excel. This is not intended to be an interactive excel file.

- **Note:** When exporting to excel, the database will only export the section you are currently displaying. For example, if you have filtered by 'Birth Defect and Congenital Anomalies' and hit **EXPORT**, only the conditions within that condition category will be exported. If you would like to export all responses, please ensure you select **ALL** in the **SELECT CATEGORY** dropdown.



STATE EPIDEMIOLOGIST “JURISDICTION APPROVAL”

Instruction: Reviewing and Approving Conditions

1. **Review Conditions:** Ensure that all conditions have been thoroughly reviewed. This includes verifying any updates or changes and adding any new conditions as necessary.
2. **State Epidemiologist Action:** Once all conditions have been reviewed, the State Epidemiologist must log into their account.
3. **Approval Step:** At the top of the page, you will see a "Jurisdiction Approval" button. **Only** click this button if you are completely certain that all conditions have been reviewed and updated correctly.
 - Once you click this button it will pop up a warning, ensuring you are 100% sure you're ready to submit your jurisdictions data.



If there are any questions about approving a jurisdiction, please email srca@cste.org.

APPENDIX 1: Alphabetical List of Conditions by Condition Category (*Nationally Notifiable Conditions [NNC] as of June 2024)

<u>Birth Defects and Congenital Anomalies</u>		
Abdominal Wall Defects	Congenital Hyperthyroidism	Neural Tube Defect
Gastroschisis	Down's Syndrome (Trisomy 21)	Anencephaly
Omphalocele	Epispadia	Spina Bifida
Fetal Alcohol Spectrum Disorders (FASD)	Hypospadia	Other Specified Developmental Deformity
Fetal Alcohol Syndrome (FAS)	Inborn Errors of Metabolism	Other Specified Genetic Disorder
Autism Spectrum Disorders	Galactosemia	Primary Congenital Hypothyroidism
Biotinidase Deficiency	Maple Syrup Urine Disease	Sudden Infant Death Syndrome (SIDS)
Cardiac Defect	Other Specified Metabolic Disorder	
Cleft Lip	Phenylketonuria	
Cleft Lip/Palate	Infant Hearing Loss	
Cleft Palate	Limb Reduction	
<u>Bloodborne Diseases</u>		
Hepatitis Viral Infection	Hepatitis D	*HIV Infection
*Hepatitis B	Hepatitis C	Acquired Immunodeficiency Syndrome (AIDS)/HIV Stage III
*Hepatitis B, Acute	*Hepatitis C, Acute	HIV Infection in Pregnant Women
*Hepatitis B, Chronic	*Hepatitis C, Past or Present	
Hepatitis B, Perinatal	*Hepatitis C, Perinatal	
Hepatitis B, Pregnant Woman	Hepatitis G	
<u>Enteric Diseases</u>		
Amebiasis	Salmonella spp. Infections	Rotavirus Infections
*Campylobacteriosis	*Salmonellosis	*Shigellosis
Clostridium difficile Infection	*S. Typhi Infection (Typhoid Fever)	Staphylococcal Disease
Clostridium perfringens Infection	Yersiniosis	Staphylococcal Enterotoxin B Intoxication
Clostridium perfringens Toxin Poisoning	Non-Pestis Yersiniosis	*Trichinellosis
*Cryptosporidiosis	Enterovirus Infections	*Cholera
*Cyclosporiasis	Foodborne Disease	*Vibriosis, Vibrio spp. (non-cholera)
Escherichia coli Infection	*Foodborne Disease, Outbreak	Waterborne Disease
Escherichia coli Infection, *Escherichia coli O157:H7	*Giardiasis	*Waterborne Disease, outbreak
Escherichia coli Infection, Escherichia coli (shiga-toxin producing)	Hepatitis A	
	*Hepatitis A, Acute	
	Hepatitis E	
	*Listeriosis	
	Norovirus Infections	
<u>Healthcare-Associated Events</u>		

Enterobacteriaceae Infection
 Enterobacteriaceae Infection,
 Carbapenem, Resistant
 Enterobacteriaceae Infection,
 Carbapenem-producing,
 carbapenem resistant (CP-CRE)
 *Candida auris

Healthcare-associated Adverse
 Event
 Catheter-associated Urinary
 Tract Infection (UTI)
 Central-line associated
 Bloodstream Infection
 Healthcare-associated Infection

Hospital-acquired Infection
 Ventilator-associated
 Pneumonia
 Nosocomial Infection
 Surgical Site Infection
 Vancomycin-resistant
 Enterococci (VRE) Infection

Infectious Disease Not Otherwise Specified

Acanthamoeba Disease
 (excluding keratitis)
 Acanthamoeba Keratitis

Balamuthia mandrillaris Disease
 Conjunctivitis
 Trachoma

Primary Amebic
 Meningoencephalitis

Injuries

Burns
 Contaminated Sharps Injury
 Disaster Casualty
 Drownings and Submersions
 Drug (Controlled Substance)
 Overdose
 Hazardous Substances
 Emergency Event
 Hyperthermia

Hypothermia
 Noise-induced Hearing Loss
 Smoke Inhalation
 Traumatic Fatalities
 Animal Bites
 Farm-related
 Head Injury
 Motor Vehicle Injury
 Spinal Cord Injury

Violent Injuries
 Violent Injuries, Mortality
 Gunshot Wounds
 Intimate Partner Violence
 Intimate Partner Violence,
 Hospitalization
 Suicide

Neurologic and Toxin-Mediated Conditions

Acute Flaccid Myelitis
 Acute Flaccid Paralysis
 Botulism
 *Botulism, food
 *Botulism, infant
 *Botulism, wound
 *Botulism, other

Ciguatera
 Creutzfeldt-Jakob Disease
 Domoic Acid Poisoning
 Encephalitis
 Fish and Shellfish Poisoning
 Guillain-Barre Syndrome
 Meningitis

Mushroom Poisoning
 Neurotoxic Shellfish Poisoning
 Paralytic Shellfish Poisoning
 Ricin Poisoning
 Scombroid
 Variant Creutzfeldt-Jakob
 Disease

Respiratory Conditions

Acute Upper Respiratory Illness
 *Coccidioidomycosis
 Histoplasmosis
 Influenza-like Illness
 *Legionellosis
 Pneumonia

*Psittacosis
 Respiratory Syncytial Virus
 (RSV) Infection
 Respiratory Syncytial Virus
 (RSV) Infection, Mortality

*Severe Acute Respiratory
 Syndrome-associated
 Coronavirus Disease
 Staphylococcal Enterotoxin B
 Pulmonary Poisoning
 *Tuberculosis

Selected Non-Infectious Diseases

Asbestosis
 Asthma
 Berylliosis
 Byssinosis
 *Cancer
 Cerebral Palsy

Chronic Fatigue Syndrome
 Coal Workers' Pneumoconiosis
 Diabetes
 Hypersensitivity Pneumonitis
 Mesothelioma
 Parkinson's Disease

Pneumoconiosis
 Pneumonitis
 Scabies
 *Silicosis

*Chancroid
 **Chlamydia trachomatis*
 Infection
 Chlamydial Infection
 Genital Warts
 *Gonorrhea
 Granuloma Inguinale
 Herpes Genitalis
 Herpes Simplex
 Lymphogranuloma Venereum

Sexually Transmitted Diseases

Mucopurulent Cervicitis (MPC)
 *Neurosyphilis
 Nongonococcal Urethritis (NGU)
 Ophthalmia Neonatorum
 Pelvic Inflammatory Disease (PID)
 Syphilis
 *Syphilis, Primary
 *Syphilis, Secondary

*Syphilis, Latent
 *Syphilis, Early Latent
 *Syphilis, Latent (Unknown Duration)
 *Syphilis, [Latent] Non-Neurological
 *Syphilis, Congenital
 Syphilis, Pregnant Women
 *Syphilitic Stillbirth

Extrapulmonary
 Nontuberculous Mycobacteria (NTM) Infection
 *Hansen's Disease
 Hemolytic Uremic Syndrome
 *Hemolytic Uremic Syndrome, Post-diarrheal
 Hepatitis G
 Kawasaki Disease
 Rash Outbreak

Systemic Conditions

Reye's Syndrome
 Rheumatic Fever
 Septicemia
Staphylococcus aureus Infection
 **Staphylococcus aureus* Infection, Vancomycin-intermediate
 **Staphylococcus aureus* Infection, Vancomycin-resistant

Streptococcal Disease
 *Streptococcal Toxic Shock Syndrome (STSS)
Streptococcus pneumoniae Infection
 **Streptococcus pneumoniae* Infection, invasive
 Toxic Shock Syndrome
 *Toxic Shock Syndrome other than Streptococcal

Arsenic Poisoning
 Cadmium Poisoning
 Chemical Pneumonitis
 Farmers' Lung
 Lead Level
 *Lead Level, Blood, <16 years, ≥10 µg/dL

Toxic Effects of Non-medicinal Substances

*Lead Level, Blood, ≥16 years, ≥10 µg/dL
 Lead Poisoning
 Mercury Poisoning
 Toxic Effects of Agricultural Chemicals
 *Toxic Effects of Carbon Monoxide

Toxic Effects of Chemicals
 Toxic Effects of Heavy Metals
 Toxic Effects of Pesticides
 * Toxic Effects of Pesticides, acute
 Nonfatal Opioid Overdose

*Congenital Rubella Syndrome
 *Diphtheria
Haemophilus influenzae Infection
 **Haemophilus influenzae* Infection, invasive
 Immunization-related Adverse reaction
 Influenza
 *Influenza, Pediatric, Mortality

Vaccine-Preventable Conditions

*Influenza, influenza A virus, novel cases
 *Measles
 Meningococcal Disease
 *Mumps
 *Non-Paralytic Poliovirus Infection
 *Paralytic Poliomyelitis
 *Pertussis
 *Rubella

*Smallpox
 Smallpox Vaccination Adverse Event
 *Tetanus
 Vaccinia Adverse Event
 Vaccinia Disease
 *Varicella
 *Varicella, mortality

Anaplasmosis
 *Anaplasmosis, *Anaplasma phagocytophilum*

Zoonotic and Vectorborne Diseases

*Anaplasmosis, undetermined
 Angiostrongyliasis
 *Anthrax

Arboviral Disease
 Arenavirus Infection
 *Babesiosis

Bartonellosis
 Blastomycosis
 *Brucellosis
 California Serogroup Virus Disease
 *California Serogroup Virus Disease, Neuroinvasive
 *California Serogroup Virus Disease, Non-Neuroinvasive
 Chagas Disease
 *Chikungunya
 Cysticercosis
 Colorado Tick Fever
 *Crimean-Congo Hemorrhagic Fever Virus Infection
 *Dengue Fever
 *Dengue Hemorrhagic Fever
 *Dengue Shock Syndrome
 Eastern Equine Encephalitis Virus Disease
 *Eastern Equine Encephalitis Virus Disease, Neuroinvasive
 *Eastern Equine Encephalitis Virus Disease, Non-Neuroinvasive
 *Ebola Virus Infection
 Ehrlichiosis
 *Ehrlichiosis, *Ehrlichia chaffeensis*
 *Ehrlichiosis, *Ehrlichia ewingii*
 *Ehrlichiosis, undetermined
 Filariasis
 Glanders
 *Hantavirus Pulmonary Syndrome

Japanese Encephalitis Virus Disease
 LaCrosse Virus Infection
 *Lassa Virus Infection
 Leishmaniasis
 *Leptospirosis
 Louse-Borne Relapsing Fever
 *Lujo Virus Infection
 *Lyme Disease
 *Malaria
 *Marburg Virus Infection
 Melioidosis
 Mpox
 *New World Arenavirus Infection
 Nipah Virus Infection
 Orthopox
 *Plague
 Powassan Virus Disease
 *Powassan Virus Disease, Neuroinvasive
 *Powassan Virus Disease, Non-Neuroinvasive
 Q Fever
 *Q Fever, acute
 *Q Fever, chronic
 Rabies
 *Rabies, animal
 *Rabies, human
 Rickettsial Disease
 *Rift Valley Fever
 Rocky Mountain Spotted Fever
 *Spotted Fever Rickettsiosis
 St. Louis Virus Disease
 *St. Louis Virus Disease, Neuroinvasive

*St. Louis Virus Disease, Non-Neuroinvasive
 Taeniasis
 Tick-borne Relapsing Fever
 Toxoplasmosis
 *Tularemia
 Typhus Fever
 Venezuelan Equine Encephalitis Virus Disease
 Vesicular Stomatitis
 Viral Hemorrhagic Fever
 West Nile Virus Disease
 *West Nile Virus Disease, Neuroinvasive
 *West Nile Virus Disease, Non-Neuroinvasive
 Western Equine Encephalitis Virus Disease
 *Western Equine Encephalitis Virus Disease, Neuroinvasive
 *Western Equine Encephalitis Virus Disease, Non-Neuroinvasive
 *Yellow Fever
 Zika Virus Disease and Zika Virus Infection
 *Zika Virus Disease, congenital
 *Zika Virus Disease, non-congenital
 *Zika Virus Infection, congenital
 *Zika Virus Infection, non-congenital

APPENDIX 2: UPDATED LIST OF TIMEFRAME CATEGORIES

Please use this guide to cross-reference your state specific timeframes to the SRCA 8 category timeframes.

For Example: If you have a condition with the timeframe of “3 hours”, you will select “immediately” in your SRCA.

Note: These timeframes were pulled from the 2018 SRCA data, if you have a timeframe that is not listed here, please place your timeframe in the best category out of the 8 provided options.

Immediately
ASAP
Immediately
Suspect Immediately
Immediately (fax/mail); 24 hours (electronic)
1 Hour
2 Hours
3 Hours
4 Hours

<24 Hours
8 Hours
12 Hours
24 Hours
24 hours (electronic only)
1 Business Day(s)
1 Day(s)
3 Business days (fax/mail); 24 hours (electronic)
60 days (fax/mail); 24 hours (electronic)
COB
1 day for pulmonary or 3 days for extra-pulmonary

<48 Hours
48 Hours
2 Day(s)
2 Business Day(s)

<1 Week
3 Business Day(s)
3 Day(s)
72 Hours
4 Business Day(s)
4 Day(s)
5 Business Day(s)
5 Day(s)
7 Business Day(s)
7 Day(s)

Weekly
1 Week(s)
Weekly
7 Business Day(s)
7 Day(s)
1 Week(s)

>1 Week
10 Business Day(s)
10 Day(s)
15 Business Day(s)
15 Day(s)
21 Day(s)
40 Day(s)
30 Day(s)
45 Day(s)
60 days after end of quarter
Within 60 Days of discharge
60 Day (s)
90 Day (s)
120 Day(s)
180 Day(s)
1 Month(s)
4 Week(s)
2 Month(s)
1 Quarter
3 Month(s)
Quarterly
6 Month(s)
24 Month(s)
Monthly
Annually
1 Year
Bi-Annually
2 Week(s)
14 Day(s)

No Time Frame
No Timeframe
Routine
Reportable by coroners and law enforcement/No timeframe, or upon request

Not Reportable
Not Reportable
N/A
ELR Only

Implicitly Reportable
Implicitly Reportable: Emerging or exotic disease
Implicitly Reportable: Event, bioterrorist
Implicitly Reportable: Event, terrorist

Implicitly Reportable: Exposure, biological
Implicitly Reportable: Exposure, chemical
Implicitly Reportable: Exposure, environmental
Implicitly Reportable: Exposure, radioactive
Implicitly Reportable: Exposure, toxic
Implicitly Reportable: Occupational Illness
Implicitly Reportable: Occupational Injury
Implicitly Reportable: Occurrence of any unusual disease of public health importance
Implicitly Reportable: Outbreaks or clusters of public concern
Implicitly Reportable: Outbreaks, infectious disease
Implicitly Reportable: Public Health Emergencies of International Concern
Implicitly Reportable: Unexplained critical illness
Implicitly Reportable: Unexplained death
Implicitly Reportable: Unusual manifestation of disease
Implicitly Reportable: Congenital Anomalies
Implicitly Reportable