

# Reportable Condition Reporting Guidance



Infectious Disease  
Epidemiology &  
Prevention Division

**Condition Name:**  
**Legionellosis**

**Condition Name in NBS:**  
**Legionellosis**

**Reporting Timeframe:**  
**Within One Working Day**

## TO REPORT:

- NBS users: Report conditions via Morbidity Report in [NBS](#)
- Non-NBS users: Report with [this](#) form

## Associated Reportable Laboratory Results

- *Legionella species*

## Condition Specific Reporting Details

- Clinical Epidemiologic, Lab report, and Treatment information sections within the NBS Morbidity Report

## Additional Documentation to Include

- If admitted to or visited a healthcare facility during the 14 days prior to symptom onset, please provide facility name and address. This includes long-term care, assisted living, clinics, hospitals, or rehabilitation facilities
- Chest imaging and travel history

## For more information on Legionellosis please visit:

<https://www.in.gov/health/idepd/diseases-and-conditions-resource-page/legionellosis/>

For more information on reportable conditions:  
<https://www.in.gov/health/idepd/communicable-disease-reporting/>

