

LIST OF INFECTIOUS DISEASES LEGALLY NOTIFIABLE UNDER THE INFECTIOUS DISEASES ACT

NOTIFICATION OF INFECTIOUS DISEASES UNDER SECTION 6 OF THE INFECTIOUS DISEASES ACT*

***Notification of infectious diseases**

6.—(1) Every medical practitioner who has reason to believe or suspect that any person attended or treated by the medical practitioner is suffering from a prescribed infectious disease or is a carrier of that disease must notify the Director-General of Health within the prescribed time and in such form or manner as the Director-General of Health may require.

(2) Every person in charge of a laboratory used for the diagnosis of disease who becomes aware of the existence of a prescribed infectious disease in the course of his or her work must notify the Director-General of Health within the prescribed time and in such form or manner as the Director-General of Health may require.

Medical practitioners and laboratories are reminded to notify infectious diseases within the timelines (refer to table below) via:

- Electronic Notification System (CDLENS)
<https://de-rom.moh.gov.sg/cdlens>

OR

- Existing institution systems interfacing with CDLENS (e.g., EPIC NGEMR, SingHealth Sunrise Clinical Manager, SmartCMS systems)

OR

- In case of system(s) downtime where submission via the above modes is not possible, medical practitioners and laboratories can fill up the pdf notification forms found [here](#) and email to cdlens_notification@cda.gov.sg.

Besides individual cases of notifiable infectious diseases, medical practitioners must continue to notify MOH of events of public health significance (e.g., clusters of infectious diseases, suspected bioterrorism agents, suspect cases of emerging infectious diseases) immediately.

Table 1: List of infectious diseases notifiable by doctors and laboratories, and respective timelines.

Infectious Disease	Notifiable by		Notification Timeline
	Medical Practitioners upon Clinical Diagnosis	Laboratories upon Test Confirmation ¹	
Avian Influenza	✓	✓	Immediately via phone call to the Surveillance Duty Officer
Ebola Virus Disease	✓	✓	
MERS CoV infection	✓	✓	
Mpox ²	✓	✓	
Nipah Virus Infection	✓	✓	
Plague	✓	✓	
Poliomyelitis	✓	✓	
Rabies	✓	✓	
SARS	✓	✓	
Yellow Fever	✓	✓	
Botulism	✓	✓	Within 24 hours
Chikungunya Fever	✓	✓	
Dengue Fever	✓	✓	
Dengue Haemorrhagic Fever	✓	✓	
Diphtheria	✓	✓	
Japanese Encephalitis	✓	✓	
Malaria	✓	✓	
Measles	✓	✓	
Rubella	✓	✓	
Zika Virus Infection	✓	✓	
Cholera		✓	
<i>Haemophilus Influenzae</i> Type b Disease		✓	
Leptospirosis		✓	
Meningococcal Disease		✓	
Murine Typhus		✓	
Paratyphoid		✓	
Typhoid Fever		✓	
Tetanus	✓		Within 72 hours
Mumps	✓	✓	
Syphilis	✓	✓	
Tuberculosis	✓	✓	
Campylobacteriosis		✓	
Chlamydia Genital Infection		✓	
Gonorrhoea		✓	
Hepatitis A, acute		✓	
Hepatitis B, acute		✓	
Hepatitis C, acute		✓	
Hepatitis E, acute		✓	
HIV Infection		✓	
Legionellosis		✓	
Leprosy		✓	
Melioidosis		✓	
Pertussis		✓	
Pneumococcal Disease (Invasive)		✓	
Salmonellosis (non-typhoidal)		✓	

¹ Medical Practitioners performing diagnostic POCTs are also required to notify these diseases. Please indicate “confirmed by laboratory tests” when notifying MOH.

² Per MOH Circular 14/2025 and 15/2025, all suspected or confirmed cases of mpox virus (MPXV) clade Ia and IIa infections should be reported immediately via phone call to the Surveillance Duty Officer followed by submission of notification via CDLENS. MPXV clade Ib and IIb infections should be reported via CDLENS within 24 hours followed by a phone call to the Surveillance Duty Officer once swab is taken.