

County of Riverside Department of Public Health
Reportable Diseases: Notification by Laboratories

Title 17 California Code of Regulations (CCR), section 2505
REPORTABLE CONDITIONS: NOTIFICATION BY LABORATORIES

CALIFORNIA Code of Regulations Title 17, section 2505 requires laboratories to report laboratory-testing results suggestive of the following diseases of public health importance to the local health department:

List (e) (1)

Anthrax, human or animal (*B. anthracis*)
 Influenza, novel strains (human)
 Botulism
 Brucellosis, human (*Brucella spp.*)
Burkholderia mallei and *B. pseudomallei*
 Plague, animal or human
 Smallpox (*Variola*)
 Tularemia, human (*F. tularensis*)
 Viral hemorrhagic fever agents, human or animal (VHF) (e.g.,
 Crimean-Congo, Ebola, Lassa and Marburg Viruses)

List (e) (2)

Acid-Fast Bacilli (AFB)
 Anaplasmosis / Ehrlichiosis
Bordetella pertussis, acute infection, by culture or
 molecular identification
Borrelia burgdorferi infection (Lyme Disease)
 Brucellosis, animal (except dogs) (*Brucella spp.*)
 Campylobacteriosis (*Campylobacter spp.*)
 Chancroid (*Hemophilus ducreyi*)
Chlamydia trachomatis infections, including
 Lymphogranuloma Venereum (LGV)
 Coccidioidomycosis
 Cryptosporidiosis
Cyclospora cayetanensis
 Dengue (*dengue virus*)
 Diphtheria
 Encephalitis, arboviral
Escherichia coli: shiga toxin producing (STEC),
 including *E. coli* O157:H7 infection
 Giardiasis (*Giardia lamblia*)
 Gonorrhea
 Hantavirus Infections (hantavirus)
Haemophilus Influenzae (<15 years of age, sterile site)
 Hepatitis A, acute infection – laboratory results as listed in
 the CDC/CSTE case definition
 Hepatitis B, Acute infection – laboratory results as listed in
 the CDC/CSTE case definition
 Hepatitis B, surface antigen positivity (specify gender)
 Hepatitis C – laboratory results as listed in the CDC/ CSTE
 case definition
 Hepatitis D (Delta), acute
 Hepatitis E
Legionella pneumophila (antigen or culture)
 Leprosy (Hansen Disease) (*Mycobacterium leprae*)
 Leptospirosis (*Leptospira spp.*)
Listeria monocytogenes
 Malaria
 Measles (*Rubeola*), acute infection - laboratory results as listed
 in the CDC/CSTE case definition
 Mumps (mumps virus)
Mycobacterium tuberculosis (see instructions)
Neisseria meningitidis (sterile site isolate)
 Poliovirus
 Psittacosis (*Chlamydia psittaci*)
 Q fever (*Coxiella burnetti*)
 Rabies, animal or human
 Relapsing fever (*Borrelia spp.*)
 Rocky Mountain Spotted Fever (*Rickettsia rickettsii*)
 Rickettsia, any species, acute infection
 Rubella, acute infection by IgM antibody test or culture
Salmonella species, including *S. typhi* (sec. 2612 – see below)
 Shiga toxin (detected in feces)
Shigella species
 Syphilis
 Trichinosis (*Trichinella*)
 Tularemia, animal (*F. tularensis*)
Vibrio species infections
 West Nile Virus (WNV) infection
 Yellow Fever (Yellow fever virus)
 Yersiniosis (*Yersinia spp.*, non-pestis)

WHEN TO REPORT

The notification for **List (e)(1) diseases** shall be reported by telephone within **one (1) hour**, followed by a written report submitted by electronic facsimile transmission or electronic mail within **one (1) working day**, to the local health officer in the jurisdiction where the health care provider who submitted the specimen is located. Within one year of the establishment of the state electronic reporting system, all List (e) (1) diseases, in addition to be reported by telephone within one (1) hour, shall be reported electronically to the state electronic reporting system within one (1) working day of identification. Reporting to the state electronic reporting system substitutes reporting by electronic facsimile transmission and electronic mail. The notification for **List (e)(2) diseases** shall be submitted by courier, mail, electronic facsimile transmission or electronic mail within **one (1) working day** to the local health officer in the jurisdiction where the health care provider who submitted the specimen is located. Within one year of the establishment of the state electronic reporting system, all List (e) (2) diseases shall be reported electronically to the state electronic reporting system within one (1) working day of identification. Reporting to the state electronic reporting system substitutes reporting by courier, mail, electronic facsimile transmission or electronic mail. Whenever the specimen, or an isolate there from, is transferred between laboratories, a test requisition with the above patient and submitter information shall accompany the specimen. The laboratory that first receives a specimen shall be responsible for obtaining the patient and submitter information at the time the specimen is received by that laboratory.

HOW TO REPORT:

Laboratory reports must be made in writing and give the following information:

- The date the specimen was obtained,
- The patient identification number,
- The specimen accession number or other unique specimen identifier,
- The laboratory findings for the test performed,
- The date that any positive laboratory findings were identified,
- The name, gender, address, telephone number (if known), date of birth and age of the patient,
- The name, address, and telephone number of the health care provider who ordered the test.
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ADDITIONAL REQUIREMENTS

ANTHRAX, AVIAN INFLUENZA, BOTULISM, BRUCELLOSIS, GLANDERS, MELIOIDOSIS, PLAGUE, SMALLPOX, TULAREMIA, AND VIRAL HEMORRHAGIC FEVERS

Whenever a laboratory **receives a specimen** for the laboratory diagnosis of a suspected human case of one of these diseases, such laboratory shall communicate **immediately by telephone** with the Microbial Diseases Laboratory 510-412-3700 (or, for Avian Influenza, Smallpox or Viral Hemorrhagic Fevers, with the Viral and Rickettsial Disease Laboratory 510-307-8585.

BRUCELLOSIS

Brucellosis, by isolation of *Brucella* species from a clinical specimen, or demonstration by immunofluorescence of *Brucella* species in a clinical specimen, or fourfold or greater rise in antibody titer to *Brucella* antigen between acute and convalescent phase serum specimens obtained two or more weeks apart and studied at the same laboratory, or elevated serum antibody to *Brucella* antigen at a titer of 1:160 or greater in a single serum specimen (see section 2553 for special reporting instructions).

HEPATITIS C

Any laboratory with a positive Hepatitis C virus (HCV) test that meets the CDC laboratory criteria for diagnosis of HCV infection in a California resident shall report the positive test to the local health officer.

The following test results are reportable:

- (1) All HCV positive recombinant immunoblot assay (RIBA) tests;
- (2) All HCV RNA positive tests [e.g., nucleic acid tests (NAT)];
- (3) All HCV genotype reports; and
- (4) Anti-HCV reactive by a screening test [e.g., enzyme immunoassay (EIA) or chemiluminescence immunoassay (CIA)] with either:
 - (A) The exact signal-to-cut-off (s/co) ratio or index value; or
 - (B) A comment that indicates whether or not the screening test s/co ratio or index value is predictive of a true positive as determined for the particular assay as defined by the CDC in the case definition for “laboratory criteria for diagnosis” of Hepatitis C virus infection, past or present. The *url* for the s/co ratios that meet the CDC case definition is

http://www.cdc.gov/ncidod/diseases/hepatitis/c/sc_ratios.htm .

If a laboratory chooses to report a reactive anti-HCV screening test (e.g., EIA or CIA test) with a s/co or index value that is lower than required to meet the CDC case definitions AND does not report the exact s/co or index value (i.e., the laboratory report is positive without a specific s/co or index value reported), then the laboratory report MUST include a comment to indicate that the s/co or index value is low and that supplemental testing (e.g., RIBA or NAT) is recommended by the CDC. Rev. 01/11 – Attachment IV

TUBERCULOSIS

Any laboratory that isolates *Mycobacterium tuberculosis* from a patient specimen must submit a culture to the local public health laboratory for the local health jurisdiction in which the health care provider's office is located as soon as available from the primary isolate on which a diagnosis of tuberculosis was established. The information listed under "HOW TO REPORT" above must be submitted with the culture. Unless drug susceptibility testing has been performed by the clinical laboratory on a strain obtained from the same patient within the previous three months or the health care provider who submitted the specimen for laboratory examination informs the laboratory that such drug susceptibility testing has been performed by another laboratory on a culture obtained from that patient within the previous three months, the clinical laboratory must do the following:

- Perform or refer for drug susceptibility testing on at least one isolate from each patient from whom *Mycobacterium tuberculosis* was isolated,
- Report the results of drug susceptibility testing to the local health officer of the city or county where the submitting physician's office is located within **one (1) working day** from the time the health care provider or other authorized person who submitted the specimen is notified, and
- If the drug susceptibility testing determines the culture to be resistant to at least isoniazid and rifampin, in addition, submit one culture or subculture from each patient from whom multidrug resistant *Mycobacterium tuberculosis* was isolated to the local public health laboratory (as described above). Whenever a clinical laboratory finds that a specimen from a patient with known or suspected tuberculosis tests positive for acid-fast bacillus (AFB) staining and the patient has not had a culture which identifies that acid-fast organism within the past 30 days, the clinical laboratory shall culture and identify the acid fast bacteria or refer a subculture to another laboratory for those purposes.

MALARIA

Any clinical laboratory that makes a finding of malaria parasites in the blood film of a patient shall immediately submit one or more such blood film slides for confirmation to the local public health laboratory for the local health jurisdiction where the health care provider is located. When requested, all blood films will be returned to the submitter.

TULAREMIA

Tularemia, by isolation of *Francisella tularensis* in a clinical specimen, or demonstration by immunofluorescence of *F. tularensis* in a clinical specimen, or fourfold or greater rise in antibody titers to *F. tularensis* antigen between acute and convalescent phase serum specimens obtained two or more weeks apart and studied at the same laboratory, or elevated antibody to *F. tularensis* antigen at a titer of 1:160 or greater in a single serum specimen (see section 2553 for special reporting instructions).

SALMONELLA

Title 17, CCR, Section 2612 requires that a culture of the organisms on which a diagnosis of salmonellosis is established must be submitted to the local public health laboratory and then to the State's Microbial Diseases Laboratory for definitive identification.

The confidentiality of laboratory reports and other patient information is always protected. Reporting to public health is exempt from Health Information and Portability Accountability Act (HIPAA) requirements.

For information regarding submission of specimens to the Public Health Laboratory, please contact Janna Troy, Public Health Laboratory Manager, at (951) 358-5070.