



# REPORTABLE CONDITIONS: NOTIFICATION BY LABORATORIES

Title 17, California Code of Regulations (CCR), § 2505

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: **All notifications are acquired in confidence; confidentiality of patient information is always protected.**

**URGENT REPORTING / Reports Due in 1 Day:** The following diseases or agents shall be reported within **one (1) hour** after the health care provider or other person authorized to receive the report has been notified. Laboratory findings for these diseases are those that satisfy the most recent communicable disease surveillance case definitions established by the CDC (unless otherwise specified in this Section).

- Anthrax, animal or human (*B. anthracis*)
- Botulism
- Brucellosis, human (*all Brucella spp.*)
- *Burkholderia pseudomallei* and *B. mallei* (detection or isolation from clinical specimen)
- Influenza, novel strains (human)
- Plague, animal or human
- Smallpox (Variola)
- Tularemia, human (*F. tularensis*)
- Viral Hemorrhagic Fever agents, animal or human (VHF), (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)

**Reports Due in 1 Day:** The following diseases or agents shall be reported within **one (1) working day** after the health care provider or other person authorized to receive the report has been notified. Laboratory findings for these diseases are those that satisfy the most recent communicable disease surveillance case definitions established by the CDC (unless otherwise specified in this Section).

- Acid-fast bacillus (AFB)
- Anaplasmosis
- *Bordetella pertussis* acute infection, by culture or molecular identification

- *Borrelia burgdorferi* infection (Lyme disease)
- Brucellosis, animal (*Brucella spp. except B. canis*)
- Campylobacteriosis (*Campylobacter spp.*) (detection or isolation of clinical specimen)
- Chancroid (*Haemophilus ducreyi*)
- *Chlamydia trachomatis* infections, including lymphogranuloma venereum
- Coccidioidomycosis
- Cryptosporidiosis
- Cyclosporiasis
- Dengue (dengue virus)
- Diphtheria
- Ehrlichiosis
- Encephalitis, arboviral
- *Escherichia coli*: Shiga toxin-producing (STEC) including *E. coli* O157
- Giardiasis
- Gonorrhea
- *Haemophilus influenzae* (case less than 15 years of age, from sterile site)
- Hantavirus Infections
- Hepatitis A, acute infection only
- Hepatitis B, acute or chronic infection (specify gender)
- Hepatitis C, acute or chronic infection
- Hepatitis D (Delta), acute or chronic infection
- Hepatitis E, acute infection (detection of hepatitis E virus RNA or positive serology)
- Legionellosis (*antigen or culture*)
- Leprosy (Hansen Disease) (*Mycobacterium leprae*)
- Leptospirosis (*Leptospira spp.*)
- Listeriosis (*Listeria monocytogenes*)
- Malaria

- Measles (rubeola), acute infection
- Mumps (mumps virus), acute infection
- *Mycobacterium tuberculosis*
- *Neisseria meningitidis* (sterile site isolate)
- Poliovirus
- Psittacosis (*Chlamydia psittaci*)
- Q Fever (*Coxiella burnetii*)
- Rabies, animal or human
- Relapsing Fever (identification of *Borrelia spp.* spirochetes on peripheral blood smear)
- *Rickettsia*, any species, acute infection (from a clinical specimen or positive serology) including Rocky Mountain spotted fever *R. rickettsii*
- Rubella, acute infection
- Salmonellosis (*Salmonella spp.*)
- Shiga toxin detected in feces
- Shigellosis (*Shigella spp.*)
- Syphilis
- Trichinosis (*Trichinella*)
- Tuberculosis
- Tularemia, animal (*F. tularensis*)
- Typhoid (*S. Typhi*), acute or chronic
- *Vibrio* species infections, including cholera
- West Nile virus infection
- Yellow Fever
- Yersiniosis (*Yersinia spp., non-pestis*) (isolation from a clinical specimen)

**Reports Due in 7 Days:**

- Human immunodeficiency virus (HIV), including **all** CD4 cell counts (any level), all viral loads (including undetectable), and all genotyping results
- *Streptococcus pneumoniae*, invasive (sterile site)

## ADDITIONAL REPORTING REQUIREMENTS

**ANTHRAX, BOTULISM, BRUCELLOSIS, GLANDERS, INFLUENZA (NOVEL STRAINS), 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 appropriate public health facility, California Department of Public Health (CDPH) or LACDPH Acute Communicable Disease Control (ACDC), for instruction.

**Bacterial testing (via CDPH): 510-412-3700**

**Viral testing (via CDPH): 510-307-8575**

**Botulism testing (via ACDC): 213-240-7941**

♦ **Malaria slides and bacterial isolates of: 1) *Mycobacterium tuberculosis* Complex, 2) *Salmonella* (including *S. Typhi*), and 3) Category A agents (anthrax, brucellosis, *B. pseudomallei* and *B. mallei*, novel strains of influenza, plague, smallpox, and tularemia), 4) Shiga-toxin producing *E. coli* (O157 and non-O157 strains), 5) Shiga-toxin fecal broths, 6) *Neisseria meningitidis* (from sterile site), 7) *Listeria monocytogenes*, and 8) measles IgM positive sera must be forwarded to the LA County Department of Public Health Laboratory for confirmation.**

■ **These isolates are requested to be forwarded to the LA County Public Health Laboratory for surveillance activities, subtyping and/or confirmatory testing.**

### 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.

### SALMONELLA (including *S. Typhi*)

California Code of Regulations, Title 17, 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.

★ For questions regarding the reporting of HIV/AIDS, STDs or TB, contact the respective program:

#### HIV Epidemiology Program

(213) 351-8516 (reporting); (213) 351-8196 (general)  
www.publichealth.lacounty.gov/hiv/index.htm

#### STD Program

(213) 744-3070  
www.publichealth.lacounty.gov/std/index.htm

#### TB Control Program

(213) 745-0800  
www.publichealth.lacounty.gov/tb/index.htm

To report a case or outbreak of any disease, contact the Communicable Disease Reporting System

Tel: (888) 397-3993 • Fax: (888) 397-3778