

REPORTABLE CONDITIONS: NOTIFICATION BY LABORATORIES

Title 17, California Code of Regulations (CCR), § 2505 and § 2643.10; Title 17, California Code of Regulations (CCR), § 2612; California Health and Safety Code (HSC), §124130 and specific Los Angeles County Requirements This list is specific to Los Angeles County and includes state and federal reporting requirements.

☎ Report by telephone immediately (within 1 hour, see below). Do not wait for laboratory confirmation.

📧 After the telephone report, submit an electronic report to the Public Health Laboratory within 1 working day.

<i>Bacillus anthracis</i> (Anthrax), human or animal	<i>Burkholderia mallei</i> (Glanders), human or animal	Middle East Respiratory Syndrome Coronavirus (MERS-CoV), human
<i>Bacillus cereus</i> biovar <i>anthracis</i> (Anthrax), human or animal	<i>Clostridium botulinum</i> , <i>C. baratii</i> , <i>C. butyricum</i> (Botulism)	Variola (Smallpox)
<i>Brucella</i> spp. (Brucellosis), human or animal	<i>Coxiella burnetii</i> (Q fever)	Viral Hemorrhagic Fever agents (e.g., Crimean-Congo, Ebola, Lassa, Marburg), human or animal
<i>Burkholderia pseudomallei</i> (Melioidosis), human or animal	<i>Francisella tularensis</i> (Tularemia), human or animal	<i>Yersinia pestis</i> (Plague), human or animal
	Influenza, Novel or Un-subtypable, human or animal	

☎ Whenever a laboratory receives a specimen or notified of a possible patient for the diagnosis of a suspected human case of one of these diseases, the laboratory shall communicate immediately by telephone for instruction with: **Acute Communicable Disease Control: 213-240-7941**

📧 Report electronically within 1 working day. Submit to the Public Health Laboratory for confirmation and further characterization as soon as possible.

Report	Specimen type for submission to Public Health Laboratory
Coronavirus, 2019 (SARS-CoV-2), antigen or nucleic acid amplification test (NAAT)	Report only. Specimen not needed.
Coronavirus, 2019 (SARS-CoV-2) Serology (IgM/IgG) tests with FDA EUA only	Report only.
<i>Corynebacterium diphtheriae</i> , <i>C. ulcerans</i> , and <i>C. pseudotuberculosis</i> (Diphtheria)	Isolate
<i>Escherichia coli</i> infection, shiga-toxin producing O157 and non-O157 serotypes	Isolate; if unable to recover isolate send primary specimen/enrichment
<i>Hemophilus influenzae</i> , sterile site in a person < 5 years' old	Isolate
<i>Legionella</i> sp. (Legionellosis)	Isolate
<i>Listeria monocytogenes</i> (Listeriosis)	Isolate; if unable to recover isolate send primary specimen
<i>Mycobacterium tuberculosis</i> complex (Tuberculosis)	Isolate; if unable to recover isolate send primary specimen
<i>Neisseria gonorrhoeae</i> (Gonorrhea)	Isolates resistant to cephalosporin or azithromycin
<i>Neisseria meningitidis</i> , sterile site or eye specimen	Isolate
<i>Plasmodium</i> sp. (Malaria)	Positive thick and thin blood films; include primary EDTA tube if available
<i>Rickettsia</i> sp.	Typhus fever group IgM or molecular positive serum and plasma
<i>Salmonella</i> sp. (Salmonellosis)	Isolate; if unable to recover isolate send primary specimen/enrichment
Shiga toxin detected in feces	Isolate; if unable to recover isolate send primary specimen/enrichment
<i>Shigella</i> sp. (Shigellosis)	Isolate; if unable to recover isolate send primary specimen/enrichment
<i>Streptococcus pneumoniae</i> , sterile site	Report only. Isolate not needed.
<i>Streptococcus pyogenes</i> (Group A <i>Streptococcus</i>): Invasive cases only, including necrotizing fasciitis and streptococcal toxic-shock syndrome	Report only. Isolate not needed.
<i>Trypanosoma cruzi</i>	Serology positive plasma and serum or PCR positive specimen.
<i>Vibrio</i> sp. (Vibriosis)	Isolate; if unable to recover isolate send primary specimen/enrichment
Zika virus	IgM positive or molecular positive serum and plasma

📧 Report electronically within 1 working day.

<ul style="list-style-type: none"> - Acid-fast bacillus (AFB) - <i>Anaplasma</i> sp. (Anaplasmosis) - Antibiotic resistance detected by molecular or phenotypic methods including susceptibility testing <ul style="list-style-type: none"> • Carbapenem-producing/resistant <i>Enterobacteriaceae</i> • Carbapenemase-producing <i>Acinetobacter</i> sp. • Carbapenemase-producing <i>Pseudomonas aeruginosa</i> • Suspect pan-resistant gram-negative organisms • Vancomycin resistant <i>Staphylococcus aureus</i> (MIC ≥ 16 ug/mL) - Arboviral encephalitis causing viruses (including and not limited to West Nile, St. Louis Encephalitis, California serogroup, Western Equine Encephalitis, La Crosse, Venezuelan Equine Encephalitis, Eastern Equine Encephalitis, Colorado Tick Fever, Japanese Encephalitis, Powassan, Zika, and Jamestown Canyon) - <i>Babesia</i> sp. - <i>Borrelia</i> sp. causing tick-borne or louse-borne relapsing fever 	<ul style="list-style-type: none"> - <i>Campylobacter</i> sp. (Campylobacteriosis) - <i>Candida auris</i>, colonization or infection - Chikungunya virus - <i>Chlamydomytila psittaci</i> (Psittacosis) - <i>Chlamydia trachomatis</i> including LGV serotypes - <i>Clostridium tetani</i> (Tetanus) - <i>Coccidioides immitis/posadasii</i> (<i>Coccidioidomycosis</i>) - <i>Cryptosporidium</i> sp. (<i>Cryptosporidiosis</i>) - <i>Cyclospora cayetanensis</i> (<i>Cyclosporiasis</i>) - Dengue virus - <i>Ehrlichia</i> sp. (Ehrlichiosis) - Flavivirus infection, undetermined species - <i>Giardia</i> sp. (Giardiasis) - <i>Haemophilus ducreyi</i> (Chancroid) - Hantavirus - Hepatitis A, acute - Hepatitis B, acute or chronic - Hepatitis C, acute or chronic - Hepatitis D, acute or chronic - Hepatitis E, acute - HIV infection, acute 	<ul style="list-style-type: none"> - Influenza, human or animal - Interferon-gamma release assay, positive - Lead, elevated levels (≥ 5 ug/dL) - <i>Leptospira</i> sp. (Leptospirosis) - Measles virus (Rubeola), acute infection - Mumps virus, acute infection - <i>Mycobacterium leprae</i> and <i>Mycobacterium lepromatosis</i> (Hansen's Disease) - Poliovirus (Polio) - Rabies virus, human or animal - Rubella virus, acute infection - <i>Taenia</i> sp. (Cysticercosis or Taeniasis) - <i>Treponema pallidum</i> (Syphilis) - <i>Trichinella</i> sp. (Trichinosis) - <i>Trypanosoma cruzi</i> (Chagas Disease) - Unusual occurrence/detection or suspected outbreak, any pathogen - Varicella (Chickenpox) - West Nile virus - Yellow Fever virus - <i>Yersinia</i> sp. (Yersiniosis)
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📧 Report electronically within 7 working days.

- HIV infection including CD4 counts, viral load, and genotyping

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

Tel: (888) 397-3993 or (213) 240-7821 • Fax: (888) 397-3778 or (213) 482-5508

Health Professionals Reporting Webpage: www.publichealth.lacounty.gov/clinicians/report

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California Code of Regulations, Title 17, Section 2505 requires laboratories to report certain laboratory testing results suggestive of diseases of public health importance to the local health department. California Code of Regulations Section 2643.10 defines HIV reporting requirements. California Health and Safety Code Section 124130 requires laboratories performing blood lead analysis to report results and additional patient information. Local health departments may have additional requirements for reporting based on Health Officer order or other request.

Reportable laboratory results include both **waived and non-waived methods** of testing. Laboratories are to report testing results, including molecular and pathologic results, suggestive of diseases of public health importance to the local health department. Laboratories must report any initial findings as well as any subsequent findings. In addition, laboratories must report negative test results or findings when requested by the State health department or the local health officer.

The laboratory making the positive finding shall notify the local health officer of the jurisdiction in which the patient resides within the requested timeframe. If the performing laboratory is an out-of-state laboratory, the California laboratory that receives the report of the findings shall also notify the local health officer in the same way as if the finding had been made by the California laboratory.

For all diseases except acute HIV, laboratories must report results via electronic laboratory reporting (ELR) to the California Reportable Disease Information Exchange (CalREDIE). For additional information including instructions for report format, see the CalREDIE ELR webpage available at www.cdph.ca.gov/Programs/CID/DCDC/Pages/CalREDIE-ELR.aspx.

Laboratories unable to submit reports electronically may temporarily report on paper to the local health department. Reporting on paper must be approved by the local health department. All patient information is maintained in confidentiality.

Reports to the local health officer must include the date the specimen was obtained, the patient identification number, specimen accession number or other unique specimen identifier, specimen source, ICD diagnosis code, laboratory findings for the test performed, and date laboratory findings were identified. All reports and test requisitions must include the patient name, gender, address, telephone number, pregnancy status, and date of birth. All reports and test requisitions must also include the name, address, and phone number of the health care provider that ordered the test.

For acute HIV, laboratories shall follow routine reporting requirements in CCR Title 17 Section 2643.10 and report all cases within 1 business day to the local health officer of the jurisdiction in which the patient resides by telephone. If the patient residence is unknown, the laboratory shall notify the health officer of the jurisdiction in which the health care provider is located. If evidence of acute HIV infection is based on the presence of HIV p24 antigen, laboratories shall not wait until HIV RNA is detected before reporting to the local health officer.

ADDITIONAL REPORTING INFORMATION

TUBERCULOSIS

Any laboratory that isolates *Mycobacterium tuberculosis* complex or identifies *Mycobacterium tuberculosis* complex by molecular testing from a patient specimen must submit a culture to the local public health laboratory for the local health jurisdiction in which the patient resides as soon as available from the primary isolate on which a diagnosis of tuberculosis was established. If *Mycobacterium tuberculosis* complex is identified by molecular testing but no culture isolate is available, a specimen available to the laboratory must be submitted instead.

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* complex was isolated,
- Report the results of drug susceptibility testing, including molecular assays for drug resistance if performed, to the local health officer of the city or county where the patient resides 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, submit one culture or subculture from each patient from whom multidrug-resistant *Mycobacterium tuberculosis* complex was isolated to the local public health laboratory (as described above) as soon as available.

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. **NOTE: Faxed reports are required for: positive AFB smear reports; positive AFB culture reports; *Mycobacterium tuberculosis* complex drug susceptibility reports; and final culture results for any specimen that was previously reported to have an AFB positive smear or to have growth of an AFB organism regardless if the final result is negative or identified as atypical *Mycobacterium* spp. (see attached letter).**

For questions about TB testing and reporting, contact the TB Control Program at 213-745-0800

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 patient resides. When requested, all blood films will be returned to the submitter.

SALMONELLA

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 and then to the State Microbial Diseases Laboratory for definitive identification.

CULTURE INDEPENDENT DIAGNOSTIC TEST

Laboratories performing antigen or molecular syndromic panel testing for bacterial pathogens (ex. *Salmonella*, *Shigella*, Shiga-toxin *E. coli*, *Listeria monocytogenes*, drug resistant *Neisseria gonorrhoeae*, *Legionella*, *Neisseria meningitidis*, *M. tuberculosis*, etc.) must attempt to obtain a bacterial culture isolate for submission to the Public Health Laboratory. The testing laboratory shall take steps necessary to obtain an isolate, including requesting that additional specimens be collected and sending specimens to a laboratory able to carry out bacterial culture as soon as possible.

HIV 1/2

Upon written request and submission instructions by the Department, a laboratory that receives a specimen reactive for HIV-1/2 antigen or antibody shall submit the specimen to either the local public health laboratory for the jurisdiction in which the patient resides, the State Public Health Laboratory, or their designee. The specimen submission shall include the submitting laboratory's Clinical Laboratory Improvement Amendments (CLIA) number.

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BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
Health Officer

JEFFREY D. GUNZENHAUSER, M.D., M.P.H.
Director, Disease Control Bureau

JULIE M. HIGASHI, M.D., Ph.D.
Director, Tuberculosis Control Program

ALICIA H. CHANG, M.D., M.S.
Medical Director, Tuberculosis Control Program
2615 South Grand Avenue, Room 507
Los Angeles, California 90007
TEL (213) 745-0800 • FAX (213) 749-0926

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November 1, 2019

Dear Laboratory Colleagues,

On September 13, 2019, the California Department of Public Health notified all CA laboratories of changes and updates to Title 17, section 2505, of the CA Code of Regulations, which went into effect on October 1, 2019. This letter is to inform you of specific local requirements for the report of Acid-Fast Bacillus (AFB) and Tuberculosis in Los Angeles County and which are effective immediately.

In addition to sending reports electronically via the CA State electronic reporting system, faxed submissions are still required for:

- Positive AFB smear reports
- Positive AFB culture reports
- *Mycobacterium tuberculosis* complex drug susceptibility reports
- Final culture results for any specimen that was previously reported to have an AFB positive smear or to have growth of an AFB organism, regardless of whether the final culture result is negative, or the final organism is identified as atypical *Mycobacterium* spp.

The above reports should be faxed to the Tuberculosis Control Program at: (213) 749-0926.

Only positive IGRA reports should be reported via the electronic laboratory reporting mechanism without the need for a faxed copy.

Los Angeles County is developing capacity to receive and manage electronic laboratory reports for Acid-Fast Bacillus (AFB) and Tuberculosis and will notify laboratories when faxed reports are no longer required. If you have any questions, please call our program, (213) 745-0800. Thank you for your assistance with the complete reporting of Tuberculosis laboratory data. We value your partnership in the timely detection of Tuberculosis cases in Los Angeles County.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alicia H. Chang', with a long horizontal flourish extending to the right.

Alicia H. Chang, MD MS

Medical Director, Tuberculosis Control Program