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:

All patient information is maintained in confidentiality.

Note: This list is specific to Los Angeles County and differs from state and federal reporting requirements.

IMMEDIATE REPORTING
- Anthrax, animal or human (B. anthracis)
- Botulism
- Brucellosis, human (all Brucella spp.)
- Buruli ulcer (Mycobacterium ulcerans)
- Chagas disease (Trypanosoma cruzi)
- Dengue (dengue virus)
- Diphtheria
- Ehrlichiosis
- Encephalitis, arboviral
- Escherichia coli: Shiga toxin-producing (STEC) including E. coli O157
- Flavivirus
- Giardia lamblia
- 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)
- Influenza (All positive tests except antibody)
- Legionellosis (antigen or culture)
- Leprosy (Hansen Disease) (Mycobacterium leprae)
- Leptospirosis (Leptospira spp.)
- Listeriosis (Listeria monocytogenes)
- Malaria
- Measles (rubella), acute infection
- Mumps (mumps virus), acute infection
- Mycobacterium tuberculosis
- Neisseria meningitidis (sterile site isolate)
- Poliovirus
- Psittacosis (Chlamydophila 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.)
- Streptococcal infection (Group A, sterile site)
- Syphilis
- Trichinosis (Trichinella)
- Tuberculosis
- Tularemia, animal (F. tularensis)
- Viral Hemorrhagic Fever, animal or human (VHF), (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)

Reports Due in 1 Day:
- Acid-fast bacilli (AFB)
- Anaplasmosis
- Babesiosis
- Bordetella pertussis (acute infection, by culture or molecular identification)
- Borrelia burgdorferi (Lyme disease)
- Brucellosis, animal (Brucella spp. except B. canis)
- Campylobacteriosis (Campylobacter spp.) (detection or isolation of clinical specimen)
- Chancroid (Haemophilus ducreyi)
- Chikungunya
- Chlamydia trachomatis infections, including lymphogranuloma venereum
- Coccidioidomycosis
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- Diphtheria
- Ehrlichiosis
- Encephalitis, arboviral
- Escherichia coli: Shiga toxin-producing (STEC) including E. coli O157
- Flavivirus
- Giardia lamblia
- 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)
- Influenza (All positive tests except antibody)
- Legionellosis (antigen or culture)
- Leprosy (Hansen Disease) (Mycobacterium leprae)
- Leptospirosis (Leptospira spp.)
- Listeriosis (Listeria monocytogenes)
- Malaria
- Measles (rubella), acute infection
- Mumps (mumps virus), acute infection
- Mycobacterium tuberculosis
- Neisseria meningitidis (sterile site isolate)
- Poliovirus
- Psittacosis (Chlamydophila 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.)
- Streptococcal infection (Group A, sterile site)
- Syphilis
- Trichinosis (Trichinella)
- Tuberculosis
- Tularemia, animal (F. tularensis)
- Viral Hemorrhagic Fever, animal or human (VHF), (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)

ADDITIONAL REPORTING REQUIREMENTS

Malaria slides and bacterial isolates of:
- Mycobacterium tuberculosis Complex
- Salmonella (including S. Typhi)
- Category A agents (anthrax, brucellosis, B. pseudomallei and B. mallei, novel strains of influenza, plague, smallpox, and tularemia)
- Shiga-toxin producing E. coli (O157 and non-O157 strains)
- Shiga-toxin fecal broth cultures
- Neisseria meningitidis (from sterile site)
- Listeria monocytogenes
- Measles (rubella), acute infection
- Mumps (mumps virus), acute infection
- Mycobacterium tuberculosis
- Neisseria meningitidis (sterile site isolate)
- Poliovirus
- Psittacosis (Chlamydophila psittaci)

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.
- 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).

MALARIA

Any 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 16212 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 TB reporting questions: contact the TB Control Program (213) 745-0800 or visit www.publichealth.lacounty.gov/tb/healthpro.htm
For HIV/STD reporting questions: contact the Division of HIV and STD Programs. HIV (213) 351-8516, STDs (213) 368-7441

www.publichealth.lacounty.gov/dshp/ReportCase.htm

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