

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

(08/01/2011)

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:

<p>List (e)(1) Anthrax, animal (<i>B. anthracis</i>) Anthrax, human (<i>B. anthracis</i>) Botulism Brucellosis, human (<i>all Brucella spp.</i>) <i>Burkholderia pseudomallei</i> and <i>B. mallei</i> (detection or isolation from a clinical specimen) Influenza, novel strains (human) Plague, animal Plague, human Smallpox (<i>Variola</i>) Tularemia, human (<i>F. tularensis</i>) Viral hemorrhagic Fever agents, animal (VHF), (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses) Viral Hemorrhagic Fever agents, human (VHF), (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)</p>	<p>List (e)(2) Acid-fast bacillus (AFB) Anaplasmosis/Ehrlichiosis <i>Bordetella pertussis</i> acute infection, by culture molecular identification <i>Borrelia burgdorferi</i> infection Brucellosis, animal (<i>Brucella spp. except Brucella canis</i>) Campylobacteriosis (<i>Campylobacter spp.</i>) (detection or isolation from a clinical specimen) Chancroid (<i>Haemophilus ducreyi</i>) <i>Chlamydia trachomatis</i> infections, including lymphogranuloma venereum Coccidioidomycosis Cryptosporidiosis <i>Cyclosporiasis</i> (<i>Cyclospora cayetanensis</i>) Dengue (dengue virus) Diphtheria Encephalitis, arboviral <i>Escherichia coli</i>: shiga toxin producing (STEC) including E. coli O157 Giardiasis (<i>Giardia lamblia, intestinalis, or duodenalis</i>) Gonorrhea <i>Haemophilus influenzae</i> (report an incident of less than 15 years of age, from sterile site) Hantavirus Infections Hepatitis A, acute infection 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 from a clinical specimen or positive serology) Legionellosis (<i>Legionella spp.</i>) (<i>antigen or culture</i>) Leprosy (Hansen Disease) (<i>Mycobacterium leprae</i>) Leptospirosis (<i>Leptospira spp.</i>) Listeriosis (<i>Listeria</i>) Malaria Measles (Rubeola), acute infection Mumps (mumps virus), acute infection <i>Mycobacterium tuberculosis</i> <i>Neisseria meningitidis</i> (sterile site isolate) Poliovirus Psittacosis (<i>Chlamydophila psittaci</i>) Q Fever (<i>Coxiella burnetii</i>) Rabies, animal or human Relapsing Fever (<i>Borrelia spp.</i>) (identification of <i>Borrelia spp.</i> spirochetes on peripheral blood smear) <i>Rickettsia</i>, any species, acute infection (detection from a clinical specimen or positive serology) Rocky Mountain Spotted Fever (<i>Rickettsia rickettsii</i>) Rubella, acute infection <i>Salmonellosis</i> (<i>Salmonella spp.</i>) Shiga toxin (detected in feces) Shigellosis (<i>Shigella spp.</i>) Syphilis Trichinosis (<i>Trichinella</i>) Tuberculosis Tularemia, animal (<i>F. tularensis</i>) Typhoid <i>Vibrio</i> species infections West Nile virus infection Yellow Fever (yellow fever virus) Yersiniosis (<i>Yersinia spp., non-pestis</i>) (isolation from a clinical specimen)</p>
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Laboratory findings for these diseases are those that satisfy the most recent communicable disease surveillance case definitions established by the Centers for Disease Control and Prevention (unless otherwise specified in this Section). **All laboratory notifications are acquired in confidence. The confidentiality of patient information is always protected.**

WHEN TO REPORT

These laboratory findings are reportable to the local health officer of the health jurisdiction where the health care provider who first submitted the specimen is located within one (1) hour (List (e)(1) diseases) or within one (1) working day (List (e)(2) diseases) from the time that the laboratory notifies that health care provider or other person authorized to receive the report. If the laboratory that makes the positive finding received the specimen from another laboratory, the laboratory making the positive finding shall notify the local health officer of the jurisdiction in which the health care provider is located within the time specified above from the time the laboratory notifies the referring laboratory that submitted the specimen. If the laboratory is an out-of-state laboratory, the California laboratory that receives a report of such findings shall notify the local health officer in the same way as if the finding had been made by the California 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), and age or date of birth of the patient,
- the name, address, and telephone number of the health care provider who ordered the test.

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. 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. Whenever the specimen or an isolate therefrom, 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.

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 Microbial Diseases Laboratory (or, for Influenza, novel strains, Smallpox or Viral Hemorrhagic Fevers, with the Viral and Rickettsial Disease Laboratory) of the Department of Public Health for instruction.

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

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's Microbial Diseases Laboratory for definitive identification.