Please Post
Revised July 11, 2024

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**.

Bacillus anthracis (Anthrax), human or animal	*Burkholderia mallei* (Glanders), human or animal	Middle East Respiratory Syndrome Coronavirus (MERS-CoV), human
Bacillus cereus biovar *anthracis* (Anthrax), human or animal	*Clostridum botulinum*, *C. baratii*, *C. butyricum* (Botulism)	Orthopox viruses (Smallpox, Mpox, Vaccinia)
Brucella spp. (Brucellosis), human or animal	*Coxiella burnetii* (Q fever)	Variola (Smallpox)
Burkholderia pseudomallei (Melioidosis), human or animal	*Franciscella tularensis* (Tularemia), human or animal	Viral Hemorrhagic Fever agents (e.g., Crimean-Congo, Ebola, Lassa, Marburg), human or anima
	Influenza, Novel or Un-subtypable, human or animal	*Yersinia pestis* (Plague), 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 ALL results (pos, neg, and indeterminate). Specimens only if requested.
Coronavirus, 2019 (SARS-CoV-2) serology (IgM/IgG) tests with FDA EUA only	Report only. Specimens not needed unless requested.
Coronavirus, 2019 (SARS-CoV-2) whole genome sequencing and/or NAAT sequencing-based surveillance	Report lineage, sequence data, and associated patient information. Specimens not needed unless requested.
Corynebacterium diptheriae, C. ulcerans, and C. pseudotuberculosis (Diphtheria)	Isolate
Cronobacter spp.	Isolate
Dengue virus	IgM positive or NAAT positive
Escherichia coli infection, shiga-toxin producing O157 and non-O157 serotypes	Isolate; if unable to recover isolate send primary specimen/enrichment
Hemophilus influenzae, sterile site in a person < 5 years' old	Isolate
Influenza, human or animal	Report ALL results (pos, neg, and indeterminate). Specimens only if requested.
Legionella sp. (Legionellosis)	Isolate
Listeria monocytogenes (Listeriosis)	Isolate; if unable to recover isolate send primary specimen
Mycobacterium tuberculosis complex (Tuberculosis)	Isolate; if unable to recover isolate send primary specimen
Neisseria gonorrhoeae (Gonorrhea)	Isolates resistant to cephalosporin or azithromycin
Neisseria meningitidis, sterile site or eye specimen	Isolate (primary specimen if PCR only and no isolate recovered)
Orthopox/Non-variola Orthopox/Mpox	NAAT specimen
Plasmodium sp. (Malaria)	Positive thick and thin blood films; include primary EDTA tube if available
Respiratory Syncytial Virus (RSV)	Report ALL results (pos, neg, and indeterminate). Specimens only if requested.
Rickettsia sp.	Typhus fever group IgM or molecular positive serum and plasma
Salmonella 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
Shigella sp. (Shigellosis)	Isolate; if unable to recover isolate send primary specimen/enrichment
Streptococcus pneumoniae, sterile site	Report only. Isolate not needed unless requested.
Streptococcus pyogenes (Group A *Streptococcus*): Invasive cases only, including necrotizing fasciitis and streptococcal toxic-shock syndrome	Report only. Isolate not needed unless requested.
Strongyloides	Positive serology or detected ova/parasite
Trypanosoma cruzi	Serology positive plasma and serum or PCR positive specimen.
Vibrio 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.

- Acid-fast bacillus (AFB) identification
- Acid-fast bacillus (AFB) smear with grade
- *Anaplasma* sp. (Anaplasmosis)
- Antibiotic resistance detected by molecular or phenotypic methods including susceptibility testing
  - Carbapenem-producing/resistant *Enterobacterales*
  - Carbapenemase-producing *Acinetobacter sp.*
  - Carbapenemase-producing *Pseudomonas aeruginosa*
  - *Suspect pan-resistant gram-negative organisms*
  - *Vancomycin resistant Staphylococcus aureus (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)
- *Babesia* sp.
- *Borrelia* sp. causing tick-borne or louse-borne relapsing fever
- *Bordetella parapertussis*
- *Bordetella pertussis*
- *Campylobacter* sp. (Campylobacteriosis)
- *Candida auris,* colonization or infection
- Chikungunya virus
- *Chlamydophila psittaci* (Psittacosis)
- *Chlamydia trachomatis* including LGV serotypes
- *Clostridium tetani* (Tetanus)
- *Coccidioides immitis/posadasii (Coccidioidomycosis)*
- *Cryptosporidium sp. (Cryptosporidiosis)*
- *Cyclospora cayetanensis (Cyclosporiasis)*
- *Ehrlichia* sp. (Ehrlichiosis)
- Flavivirus infection, undetermined species
- *Giardia* sp. (Giardiasis)
- *Haemophilus ducreyi* (Chancroid)
- Hantavirus
- Hepatitis A, acute
- Hepatitis B, acute or chronic
- Hepatitis C, acute or chronic (See below)
- Hepatitis D, acute or chronic
- Hepatitis E, acute
- Interferon-gamma release assay, all results
- Lead in blood (≥ 3.5 ug/dL)
- *Leptospira* sp. (Leptospirosis)
- Measles virus (Rubeola), acute infection
- Mumps virus, acute infection
- *Mycobacterium leprae* and *Mycobacterium lepromatosis* (Hansen's Disease)
- *Mycobacterium tuberculosis* complex and DST
- Poliovirus (Polio)
- Rabies virus, human or animal
- Rubella virus, acute infection
- *Taenia* sp. (Cysticercosis or Taeniasis)
- *Treponema pallidum* (Syphilis)
- *Trichinella* sp. (Trichinosis)
- *Trypanosoma cruzi* (Chagas Disease)
- Unusual occurrence/detection or suspected outbreak, any pathogen
- Varicella (Chickenpox)
- West Nile virus
- Yellow Fever virus
- *Yersinia* sp. (Yersiniosis)

💻 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

Please Post
Revised July 11, 2024

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.

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 gonorrheae, 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.

HEPATITIS C

California Code of Regulations, Title 17, Section 2612 was amended to require "the laboratory director or the laboratory director's designee" to "also report negative laboratory test results or other laboratory findings when requested by [CDPH] or a local health officer." CDPH issued a request in 2022 for laboratories to report all positive and non-positive HCV RNA results. Based on that request, all laboratories are now mandated to report electronically all positive and non-positive HCV RNA results.

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