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 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)
- 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)

For additional reporting requirements, see the California Code of Regulations, Title 17, Section 2505.

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: 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 local 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 isolated cases are required 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 bacilli (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:

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<thead>
<tr>
<th>Program</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
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<tbody>
<tr>
<td>HIV Epidemiology Program</td>
<td>(213) 351-8516</td>
<td><a href="http://www.publichealth.laounty.gov/hiv/index.htm">www.publichealth.laounty.gov/hiv/index.htm</a></td>
</tr>
<tr>
<td>STD Program</td>
<td>(213) 744-3070</td>
<td><a href="http://www.publichealth.laounty.gov/std/index.htm">www.publichealth.laounty.gov/std/index.htm</a></td>
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To report a case or outbreak of any disease, contact the Communicable Disease Reporting System: Tel: (888) 397-3993 • Fax: (888) 397-3778