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

(January 2014)

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:

Subsection (e)(1) List

Anthrax, animal (B. anthracis)

Anthrax, human (B. anthracis)

**Botulism** 

Brucellosis, human (all Brucella spp.)

Burkholderia pseudomallei and B. mallei

(detection or isolation from a clinical specimen)

Influenza, novel strains (human)

Plague, animal

Plague, human

Smallpox (Variola)

Tularemia, human (F. tularensis)

Viral hemorrhagic Fever agents, animal (VHF),

(e.g., Crimean-Congo, Ebola, Lassa

and Marburg viruses)

Viral Hemorrhagic Fever agents, human

(e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)

Subsection (e)(2) List

Acid-fast bacillus (AFB)

Anaplasmosis/Ehrlichiosis

Bordetella pertussis acute infection, by culture molecular identification

Borrelia burgdorferi infection

Brucellosis, animal (Brucella spp. except Brucella canis)

Campylobacteriosis (Campylobacter spp.) (detection or isolation from a clinical specimen)

Chancroid (Haemophilus ducreyi)

Chlamydia trachomatis infections, including lymphogranuloma venereum

Coccidioidomycosis

Cryptosporidiosis

Cyclosporiasis (Cyclospora cayetanensis)

Dengue (dengue virus)

Diphtheria

Encephalitis, arboviral

Escherichia coli: shiga toxin producing (STEC) including E. coli O157

Giardiasis (Giardia lamblia, intestinalis, or duodenalis)

Gonorrhea

Haemophilus influenzae (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 (Legionella spp.) (antigen or culture)

Leprosy (Hansen Disease) (Mycobacterium leprae)

Leptospirosis (Leptospira spp.)

Listeriosis (Listeria)

Malaria

Measles (Rubeola), acute infection

Mumps (mumps virus), acute infection

Mycobacterium tuberculosis

**Neisseria meningitidis** (sterile site isolate)

Plague (Yersinia pestis), human or animal

Poliovirus

Psittacosis (Chlamydophila psittaci)

Q Fever (Coxiella burnetii)

Rabies, animal or human

Relapsing Fever (*Borrelia spp.*) (identification of *Borrelia spp.* spirochetes on peripheral blood smear)

Rickettsia, any species, acute infection (detection from a clinical specimen or positive serology)

Rocky Mountain Spotted Fever (Richettsia rickettsii)

Rubella, acute infection

Salmonellosis (Salmonella spp.)

Shiga toxin (detected in feces)

Shigellosis (Shigella spp.)

**Syphilis** 

Trichinosis (Trichinella)

**Tuberculosis** 

Tularemia, animal (F. tularensis)

**Typhoid** 

Vibrio species infections

West Nile virus infection

Yellow Fever (yellow fever virus)

Yersiniosis (Yersinia spp., non-pestis) (isolation from a clinical specimen)

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). See also guidance at <a href="http://www.cdph.ca.gov/HealthInfo/Documents/LaboratoryReportableDiseasesInstructionsList-e2.pdf">http://www.cdph.ca.gov/HealthInfo/Documents/LaboratoryReportableDiseasesInstructionsList-e2.pdf</a>.

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.

For diseases and agents listed in Subsection (e)(1): "The diseases or agents specified shall be reported within one hour after the health care provider or other person authorized to receive the report has been notified. Laboratories shall make the initial reports to the local health officer by telephone and follow the initial report within one working day by a report in writing submitted by electronic facsimile transmission or electronic mail to the local health officer. Within one year of the establishment of the state electronic reporting system, all List (e)(1) diseases, in addition to being reported by telephone within one hour, shall be reported electronically to the state electronic reporting system within one working day of identification. Reporting to the state electronic reporting system substitutes reporting by electronic facsimile transmission and electronic mail. 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)."

For diseases and agents listed in Subsection (e)(2): "The diseases or agents specified shall be reported within one working day after the health care provider or other person authorized to receive the report has been notified. Laboratories shall transmit these reports to the local health officer by courier, mail, electronic facsimile or electronic mail. Within one year of the establishment of the state electronic reporting system, all List (e)(2) diseases shall be reported electronically to the state electronic reporting system within one working day of identification Reporting to the state electronic reporting system substitutes, reporting by courier, mail, electronic facsimile transmission or electronic mail. 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)."

#### 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. See also guidance at <a href="http://www.cdph.ca.gov/HealthInfo/Documents/LabReportingInstructionsList-e1SelectAgents.doc.pdf">http://www.cdph.ca.gov/HealthInfo/Documents/LabReportingInstructionsList-e1SelectAgents.doc.pdf</a>

## TUBERCULOSIS (Section 2505 Subsections (f) and (g))

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 (Section 2505 Subsection (h))

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 (Section 2612)**

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.

Additional Cultures and Specimens to be Submitted to Public Health (Section 2505 Subsection (I) List) Effective January 1, 2014, the California Code of Regulations, Title 17, Section 2505 subsection (I) lists the following cultures or specimens to be submitted as soon as available to the local or state public health laboratory:

Listeria monocytogenes isolates
Measles immunoglobulin M (IgM)-positive sera
Neisseria meningitides isolates from sterile sites
Shiga toxin-positive fecal broths
Shiga toxin-producing Escherichia coli (STEC) O157 and non-O157 isolates

See also guidance at http://www.cdph.ca.gov/HealthInfo/Documents/AB186Instructions.pdf