RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH
CALIFORNIA CODE OF REGULATIONS (CCR), TITLE 17, SECTION 2505
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:

Reports should be submitted through the CalREDIE Electronic Disease Reporting System once a laboratory has been enrolled by California Department of Public Health (CDPH).**

List (e)(1)

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 (VHF), (e.g., Crimean-Congo, Ebola, Lassaand Marburg viruses)

List (e)(2)

Acid-fast bacillus (AFB)
Anaplasmosis
Babesiosis
***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*)
Chikungunya
***Chlamydia trachomatis* infections, including lymphogranuloma venereum**
Coccidioidomycosis
Cryptosporidiosis
Cyclosporiasis (Cyclospora cayetanensis)
Dengue (dengue virus)
Diphtheria
Encephalitis, arboviral
Ehrlichiosis
***Entamoeba histolytica* (not *E. dispar*)**
***Escherichia coli:* shiga toxin producing (STEC) including E. *coli* O157**
Giardiasis (*Giardia lamblia, intestinalis, or duodenalis)*
Gonorrhea

List (e)(2) cont.

Haemophilus influenzae (detection of or isolation from a sterile site in a person less than 5 years of age)
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)
Human Immunodeficiency Virus (HIV), acute infection
Legionellosis *(Legionella spp.) (antigen or culture)*
Leprosy (Hansen's 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)
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 (*Rickettsia 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 (Y*ersinia spp*., non-pestis) (isolation from a clinical specimen)
Zika virus

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.

NEW HIV REPORTING REQUIRMENTS FOR 2016

For acute HIV infection reporting, laboratories shall report all cases within one 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 presence of HIV p24 antigen, laboratories shall not wait until HIV-1 RNA is detected before reporting to the local health officer.

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 report submitted via electronic submission (CalREDIE) (California Health and Safety Code (HSC) Section 120130 paragraph (g)) 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 via electronic submission (CalREDIE) within **one (1) working day** to the local health officer in the jurisdiction where the health care provider who submitted the specimen is located. If electronic submission is unavailable the notification may be reported by courier, mail or electronic facsimile transmission. Whenever the specimen or an isolate 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.

NEW HIV REPORTING REQUIRMENTS FOR 2016

Acute HIV infection shall be reported to the local health 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. In addition, a laboratory shall also submit the Clinical Laboratory Improvements Amendments (CLIA) number.

***Business hours: Call (951) 358-5107. After hours: Call (951) 782-2974 and ask for the Public Health Duty Officer.**

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 County of Riverside Disease Control and the Public Health Laboratory (PHL), for Influenza, novel strains, Smallpox or Viral Hemorrhagic Fevers the PHL will provide instructions for specimen submissions.

ADDITIONAL INFORMATION ON SPECIMEN SUBMISSION

TUBERCULOSIS

Per Title 17 Section 2505(m)(2), 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
Per Title 17 Section 2505(m)(1), 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.

HIV
Per Title 17 Section 2505(m)(1), a laboratory which receives a specimen that is reactive for HIV-1/2 antigen or antibody shall communicate with the Department's Viral and Rickettsial Disease Laboratory (VRDL) for instructions on the specimen submission process.

TITLE 17 2505 REQUIREMENTS EFFECTIVE IMMEDIATELY:

An isolate or a specimen as listed in this subsection shall be submitted as soon as available to the public health laboratory designated in Section 1075 for local health jurisdiction where the health care provider is located. The following information shall be submitted with the isolate or specimen: the name, address, and the date of birth of the person from whom the isolate or culture was obtained; the patient identification number, the isolate or specimen accession number or other unique identifier; the date the isolate or specimen was obtained from the patient; the name, address, and telephone number of the health care provider for whom such examination or test was performed; and the name, address, telephone number and the laboratory director's name of the laboratory submitting the isolate or specimen.

The **specimens** pursuant to this requirement are:

- HIV-1/2 antigen or antibody reactive sera or plasma submitted as part of a diagnostic HIV test algorithm
- Malaria positive blood film slides
- Measles immunoglobulin M (IgM)-positive sera
- Shiga toxin-positive fecal broths

The **isolates** pursuant to this requirement are:

- Drug resistant *Neisseria gonorrhoeae* (cephalosporin or azithromycin only)
- *Listeria monocytogenes*
- *Mycobacterium tuberculosis* (see above for additional reporting requirements)
- *Neisseria meningitides* from sterile sites
- *Salmonella* (see above for additional reporting requirements)
- Shiga toxin-producing *Escherichia coli* (STEC), including O157 and non-O157 strains
- *Shigella*

If there is a laboratory test result indicating infection with any of the above **isolates**, including identification of Shiga toxin in a clinical specimen, then the laboratory must attempt to obtain a bacterial culture isolate for submission to the public health laboratory. The 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.

For information regarding submission of specimens to the Public Health Laboratory, please contact Megan Crumpler, Laboratory Director at mcrumple@rivcocha.org or (951) 358-5070.