Please post.

Notification Required of Laboratories (CCR § 2505)

County of Los Angeles Public Health

✉ The following test results and disease marked by ✉ shall be reported within one working day after the health care provider or other person authorized to retrieve the report has been notified.

◑ The diseases marked with ◑ 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.

■ **Laboratories receiving specimens for disease diagnosis must immediately contact California Department of Public Health or Los Angeles County Acute Communicate Disease Control (ACDC).**

for bacterial testing, call 510-412-3700
for viral testing call, 510-307-8575
for botulism testing, contact Acute Communicable Disease Control at 213-240-7941.

✚ Bacterial isolates and malarial slides must be forwarded to L.A. County Public Health Laboratory for confirmation.

- ✉ Acid fast bacillus (AFB) (3c) ✚ *
- ◑ Anthrax ✚ ■
- ◑ Avian Influenza ■
- ✉ *Bordetella pertussis* acute infection by culture or molecular identification
- ✉ *Borrelia burgdorferi* infection
- ◑ Botulism ■
- ◑ Brucellosis, *Brucella* species (1) ✚ ■
- ◑ *Burkholderia pseudomallei* and *B. mallei* ✚
- ✉ Chlamydial Infections, including lymphogranuloma venereum (LGV)*
- ✉ Cryptosporidiosis
- ✉ *Cyclospora cayetanensis*
- ✉ Diphtheria ✚
- ✉ Encephalitis, arboviral
- ✉ *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157 ✚
- ✉ Gonorrhea *
- ✉ *Haemophilus influenzae*, invasive disease (Report cases < 15 years of age, sterile site)
- ◑ Hemorrhagic Fevers, Viral (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses) ■
- ✉ Hepatitis A, Acute Infections, by IgM antibody test or positive viral antigen test
- ✉ Hepatitis B, Acute Infections, by IgM anti-HBc antibody test
- ✉ Hepatitis B, Surface Antigen Positivity (specify gender)
- ✉ Hepatitis C, confirmed (2)
- Human Immunodeficiency Virus (HIV) (within 7 days) *
- ✉ *Legionella* species (antigen or culture)
- ✉ *Listeria* ✚
- ✉ Lyme Disease
- ✉ Malaria ✚
- ✉ Measles (Rubeola), acute, by IgM antibody or positive viral antigen
- ✉ *Mycobacterium tuberculosis* (3) ✚
- ✉ *Neisseria meningitis* (sterile site)
- ◑ Plague, Animal or Human ✚ ■
- ✉ Rabies, Animal or Human
- ✉ Rubella, acute, by IgM antibody test or culture
- ✉ *Salmonella* species including Typhoid ✚
- ✉ Shiga toxin (detected in feces)
- ✉ *Shigella* species
- ◑ Smallpox ■
- *Streptococcus pneumoniae,* Invasive (sterile site) (within 7 days)
- ✉ Syphilis *
- ✉ Tuberculosis (3) ✚ *
- ◑ Tularemia (4) ✚ ■
- ✉ *Vibrio* species infections ✚
- ✉ West Nile Virus infection

1. Brucellosis, by isolation of *Brucella* species from a clinical specimen, or demonstration by immunofluorescence of *Brucella* species in a clinical specimen, or fourfold or greater rise in antibody titer to *Brucella* antigen between acute and convalescent phase serum specimens obtained two or more weeks apart and studied at the same laboratory, or elevated serum antibody to Brucella antigen at a titer of 1:160 or greater in a single serum specimen.

2. Hepatitis C - Any laboratory with a positive **hepatitis C virus (HCV) test** that meets the CDC laboratory criteria for diagnosis of HCV infection in a California resident shall report the positive test to the local health officer. The following test results are reportable.

(a) All HCV positive recombinant immunoblot assay (RIBA) tests;

(b) All HCV RNA positive tests [e.g., nucleic acid tests (NAT)];

(c) All HCV genotype reports; and

(d) HCV antibody reactive by a screening test (e.g., enzyme immunoassay [EIA] or chemiluminescence immunoassay [CIA]) with either:
(1) The exact signal-to-cut--off (s/co) ratio or index value; or
(2) A comment that indicates whether or not the screening test s/co ratio or index value is predictive of a true positive as determined for the particular assay as defined by the CDC in the case definition for "laboratory criteria for diagnosis" of Hepatitis C virus infection, past or present. The *url* for the s/co ratios that meet the CDC case definition is http://www.cdc.gov/ncidod/diseases/hepatitis/c/sc_ratios.htm . If a laboratory chooses to report a reactive anti-HCV screening test (e.g., EIA or CIA test) with a s/co or index value that is lower than required to meet the CDC case definitions AND does not report the exact s/co or index value (i.e., the laboratory report is positive without a specific s/co or index value reported), then the laboratory report MUST include a comment to indicate that the s/co or index value is low and that supplemental testing (e.g., RIBA or NAT) is recommended by the CDC.

3. *Mycobacterium tuberculosis* / AFB - any clinical laboratory that isolates ***Mycobacterium tuberculosis*** from a patient specimen shall:

(a) Submit a culture as soon as available from the primary isolate on which a diagnosis of tuberculosis was established. The subculture shall be submitted with appropriate information (as specified by CCR §2505) to the public health laboratory for the local jurisdiction where the health care provider's office is located.

(b) Drug susceptibility testing shall be performed unless already done within the previous three months, and the results shall be reported within one working day to the local health officer of the city or county where the submitting physician's office is located. If the drug susceptibility testing determines the culture to be resistant to at least isoniazid and rifampin, in addition, a subculture of the multidrug-resistant *Mycobacterium tuberculosis* shall be sent to the official public health laboratory with appropriate information (as specified by CCR §2505).

(c) 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.

4. Tularemia, by isolation of *Francisella tularensis* in a clinical specimen, or demonstration by immunofluorescence of *F. tularensis* in a clinical specimen, or fourfold or greater rise in antibody titers to *F. tularensis* antigen between acute and convalescent phase serum specimens obtained two or more weeks apart and studied at the same laboratory, or elevated antibody to *F. tularensis* antigen at a titer of 1:160 or greater in a single serum specimen.

* For questions regarding the reporting of HIV/AIDS, STDs or TB, contact the respective program:

HIV Epidemiology Program	**STD Program**	**TB Control Program**
213-351-8516	213-744-3070	213-744-6160
www.lapublichealth.org/hiv/index.htm	www.lapublichealth.org/std/index.htm	www.lapublichealth.org/tb/index.htm

To report a case or outbreak of any disease contact the Communicable Disease Reporting System

(Rev. 7/07) **Tel: 888-397-3993 • Fax: 888-397-3778**