

Conditions Reportable by Directors of Laboratories in Virginia

Reporting of evidence of the following conditions by laboratory directors is required by state law in Virginia (Section 32.1-36 of the *Code of Virginia*, and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health *Regulations for Disease Reporting and Control* - <http://www.vdh.virginia.gov/epidemiology/regulations.htm>). Report all conditions to your local health department within three days, except those in **UPPER CASE** and **BOLD**, which must be reported immediately by the most rapid means available. Reports may be by computer-generated printout, Epi-1 form, or upon agreement with VDH, by means of secure electronic transmission. For conditions marked with **I**, laboratories must submit an isolate to the Virginia Division of Consolidated Laboratories Services (DCLS) on positive culture in addition to notifying your local health department.

Condition	Method of Detection
Amebiasis	Microscopic examination, culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection
ANTHRAX	Culture, antigen detection, or nucleic acid detection I
Arboviral infection (e.g., dengue, EEE, LAC, SLE, WNV)	Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection
BOTULISM	Culture or identification of toxin in a clinical specimen
BRUCELLOSIS	Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection I
Campylobacteriosis	Culture
Chancroid	Culture, antigen detection, or nucleic acid detection
Chickenpox (Varicella)	Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection
<i>Chlamydia trachomatis</i> infection	Culture, antigen detection, nucleic acid detection, or, for lymphogranuloma venereum, serologic results consistent with recent infection
CHOLERA	Culture or serologic results consistent with recent infection I
Creutzfeldt-Jakob disease if <55 years of age	Histopathology in patients under the age of 55 years
Cryptosporidiosis	Microscopic examination, antigen detection, or nucleic acid detection
Cyclosporiasis	Microscopic examination or nucleic acid detection
DIPHTHERIA	Culture I
Ehrlichiosis/Anaplasmosis	Culture, nucleic acid detection, or serologic results consistent with recent infection
<i>Escherichia coli</i> infection, Shiga toxin-producing	Culture of <i>E. coli</i> O157 or other Shiga toxin-producing <i>E. coli</i> , Shiga toxin detection (e.g., by EIA), or nucleic acid detection I (see footnote # below)

Condition	Method of Detection
Giardiasis	Microscopic examination or antigen detection
Gonorrhea	Microscopic examination of a urethral smear specimen (males only), culture, antigen detection, or nucleic acid detection
HAEMOPHILUS INFLUENZAE INFECTION, INVASIVE	Culture, antigen detection, or nucleic acid detection from a normally sterile site I
Hantavirus pulmonary syndrome	Antigen detection (immunohistochemistry), nucleic acid detection, or serologic results consistent with recent infection
HEPATITIS A	Detection of IgM antibodies
Hepatitis B (acute and chronic)	Detection of HBsAg or IgM antibodies
Hepatitis C (acute and chronic)	Hepatitis C virus antibody (anti-HCV) screening test positive with a signal-to-cutoff ratio predictive of a true positive as determined for the particular assay as defined by CDC, HCV antibody positive immunoblot (RIBA), or HCV RNA positive nucleic acid test. For all hepatitis C patients, also report available results of serum alanine aminotransferase (ALT), anti-HAV IgM, anti-HBc IgM, and HBsAg.
Human immunodeficiency virus (HIV) infection	Culture, antigen detection, nucleic acid detection, or detection of antibody confirmed with a supplemental test. For HIV-infected patients, report all results of CD4 and HIV viral load tests.
Influenza	Culture, antigen detection by direct fluorescent antibody (DFA), or nucleic acid detection (INFLUENZA A, NOVEL VIRUS) I
Lead, elevated blood levels	Blood lead level greater than or equal to 10 µg/dl in children ages 0-15 years, or greater than or equal to 25 µg/dl in persons older than 15 years of age
Legionellosis	Culture, antigen detection (including urinary antigen), nucleic acid detection, or serologic results consistent with recent infection

Laboratories that use a Shiga toxin EIA methodology but do not perform simultaneous culture for Shiga toxin-producing *E. coli* should forward all positive stool specimens or positive enrichment broths to DCLS for confirmation and further characterization.

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Listeriosis	Culture ¶
Lyme disease	Culture, antigen detection, or detection of antibody confirmed with a supplemental test
Malaria	Microscopic examination, antigen detection, or nucleic acid detection
MEASLES (RUBEOLA)	Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection
MENINGOCOCCAL DISEASE	Culture or antigen detection from a normally sterile site ¶
MONKEYPOX	Culture or nucleic acid detection
Mumps	Culture, nucleic acid detection, or serologic results consistent with recent infection
MYCOBACTERIAL DISEASES	Report any of the following: 1. Acid fast bacilli by microscopic examination 2. Mycobacterial identification - preliminary and final identification by culture ¶ (see footnote ~ below) or nucleic acid detection 3. Drug susceptibility test results for <i>M. tuberculosis</i>
PERTUSSIS	Culture, antigen detection, or nucleic acid detection ¶
PLAGUE	Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection ¶
POLIOVIRUS INFECTION	Culture ¶
PSITTACOSIS	Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection
Q FEVER	Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection ¶
RABIES, HUMAN AND ANIMAL	Culture, antigen detection by direct fluorescent antibody test, nucleic acid detection, or, for humans only, serologic results consistent with recent infection
RUBELLA	Culture, nucleic acid detection, or serologic results consistent with recent infection
Salmonellosis	Culture ¶
SEVERE ACUTE RESPIRATORY SYNDROME (SARS)	Culture, nucleic acid detection, or serologic results consistent with recent infection
Shigellosis	Culture ¶
SMALLPOX (VARIOLA)	Culture or nucleic acid detection
Spotted fever rickettsiosis	Culture, antigen detection (including immunohistochemical staining), nucleic acid detection, or serologic results consistent with recent infection

Condition	Method of Detection
<i>Staphylococcus aureus</i> infection	Report any of the following: 1. Methicillin-resistant - by antimicrobial susceptibility testing of a <i>Staphylococcus aureus</i> isolate, with a susceptibility result indicating methicillin resistance, cultured from a normally sterile site 2. Vancomycin-intermediate or vancomycin-resistant <i>Staphylococcus aureus</i> infection - by antimicrobial susceptibility testing of <i>Staphylococcus aureus</i> isolate, with a vancomycin susceptibility result of intermediate or resistant, cultured from a clinical specimen ¶
Streptococcal disease, Group A invasive	Culture from a normally sterile site ¶
<i>Streptococcus pneumoniae</i> infection, invasive, in children <5 years of age	Culture from a normally sterile site in a child under the age of five years
SYPHILIS	Microscopic examination (including dark field), antigen detection (including direct fluorescent antibody), or serology by either treponemal or nontreponemal methods
Toxic substance-related illness	Blood or urine laboratory findings above the normal range, including but not limited to heavy metals, pesticides, and industrial-type solvents and gases. When applicable and available, report speciation of metals when blood or urine levels are elevated in order to differentiate the chemical species (elemental, organic, or inorganic).
Trichinosis (Trichinellosis)	Microscopic examination of a muscle biopsy or serologic results consistent with recent infection
TUBERCULOSIS (TB)	(see MYCOBACTERIAL DISEASES)
TULAREMIA	Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection
TYPHOID/PARATYPHOID FEVER	Culture ¶
VACCINIA, DISEASE OR ADVERSE EVENT	Culture or nucleic acid detection
VIBRIO INFECTION	Culture
VIRAL HEMORRHAGIC FEVER	Culture, antigen detection (including immunohistochemical staining), nucleic acid detection, or serologic results consistent with recent infection
YELLOW FEVER	Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection
Yersiniosis	Culture, nucleic acid detection, or serologic results consistent with recent infection ¶

~ A laboratory identifying *Mycobacterium tuberculosis* complex (See 12 VAC 5-90-225) shall submit a representative and viable sample of the initial culture to DCLS or other laboratory designated by the Board of Health to receive such specimen.