

Conditions Reportable by Directors of Laboratories in Virginia

Effective October 24, 2007

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 *Virginia Administrative Code*). Conditions identified by an asterisk (*) require rapid communication to the local health department within 24 hours. Laboratory findings for other conditions should be reported within three days. For conditions marked with ☐, laboratories must submit an isolate to the Virginia Division of Consolidated Laboratories (DCLS) on positive culture in addition to notifying the 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 ☐
Arboviral infection	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
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 ☐
Creutzfeldt-Jakob disease if <55 years of age	Presumptive diagnosis by 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 ☐
Ehrlichiosis	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., EIA), or nucleic acid detection ☐ (see footnote # below)
Giardiasis	Microscopic examination or antigen detection
Gonorrhea	Microscopic examination of a urethral smear specimen (males only), culture, antigen detection, or nucleic acid detection
* <i>Haemophilus influenzae</i> infection, invasive	Culture, antigen detection, or nucleic acid detection from a normally sterile site ☐
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 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 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
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
Listeriosis	Culture ☐
Malaria	Microscopic examination, antigen detection, or nucleic acid detection
*Measles (rubeola)	Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection

Condition	Method of Detection
*Meningococcal disease	Culture or antigen detection from a normally sterile site II
*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: <ol style="list-style-type: none"> 1. Acid fast bacilli by microscopic examination; 2. Mycobacterial identification - preliminary and final identification by culture or nucleic acid detection; 3. Drug susceptibility test results for <i>M. tuberculosis</i>. II (see footnote ~ below)
*Pertussis	Culture, antigen detection, or nucleic acid detection
*Plague	Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection
*Poliomyelitis	Culture II
*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
Rocky Mountain spotted fever	Culture, antigen detection (including immunohistochemical staining), nucleic acid detection, or serologic results consistent with recent infection
*Rubella	Culture, nucleic acid detection, or serologic results consistent with recent infection
Salmonellosis	Culture II
*Severe acute respiratory syndrome	Culture, nucleic acid detection, or serologic results consistent with recent infection
Shigellosis	Culture II
*Smallpox (variola)	Culture or nucleic acid detection
<i>Staphylococcus aureus</i> infection	Report any of the following: <ol style="list-style-type: none"> 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 a <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 II
<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
Trichinosis (trichinellosis)	Microscopic examination of a muscle biopsy or serologic results consistent with recent infection
*Tularemia	Culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection
*Typhoid fever	Culture
*Vaccinia, disease or adverse event	Culture or nucleic acid detection
* <i>Vibrio</i> 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 II

Stool specimens that test positive for Shiga toxin shall be submitted to DCLS for organism identification.

~ A laboratory identifying *Mycobacterium tuberculosis* complex 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 a specimen.