

# **REPORTABLE DISEASES**

**IN VIRGINIA,**

**1988**

Excerpt from the Regulations for Disease Reporting and Control

### 3.00 Reporting of Disease

**3.00 Reportable Disease List** — The Board declares the following named diseases, toxic effects, and conditions to be reportable by the persons enumerated in Section 3.01:

#### 3.00.01 List of Reportable Diseases —

Acquired Immune Deficiency Syndrome	Measles (Rubeola)
Amebiasis	Meningococcal infections
Anthrax	Mumps
Arboviral infections	Nosocomial outbreaks
Aseptic meningitis	Occupational illnesses
Bacterial meningitis	Ophthalmia Neonatorum
Botulism	Pertussis
Brucellosis	Phenylketonuria (PKU)
Campylobacter infections	Plague
Chancroid	Poliomyelitis
Chickenpox	Psittacosis
Congenital Rubella Syndrome	Q fever
Diphtheria	Rabies in man
Encephalitis	Post-exposure rabies treatment
primary	Rabies in animals
post-infectious	Reye Syndrome
Foodborne outbreaks	Rocky Mountain spotted fever
Giardiasis	Rubella
Gonorrhea	Salmonellosis
Granuloma Inguinale	Shigellosis
Hepatitis	Smallpox
A (infectious)	Syphilis
B (serum)	Tetanus
Non A, Non B	Toxic Shock Syndrome
Unspecified	Toxic substance related illnesses
Histoplasmosis	Trichinosis
Influenza	Tularemia
Kawasaki's Disease	Tuberculosis
Legionellosis	Typhoid Fever
Leprosy	Typhus, flea-borne
Leptospirosis	Vibrio infections including cholera
Lymphogranuloma venereum	Waterborne outbreaks
Malaria	Yellow Fever

**3.00.02 Reportable Diseases Requiring Rapid Communication** — Certain of the diseases in the List of Reportable Diseases, because of their extremely contagious nature and/or their potential for harm, require immediate identification and control. Reporting of these diseases, listed below, shall be made by the most rapid means available, preferably that of telecommunication (e.g., telephone, telegraph, teletype, etc.) to the local health director or other professional employee of the Department:

Anthrax	Poliomyelitis
Botulism	Psittacosis
Cholera	Rabies in man
Diphtheria	Smallpox
Foodborne outbreaks	Syphilis, primary and secondary
Measles (Rubeola)	Tuberculosis
Meningococcal infections	Yellow Fever
Plague	

**3.00.03 Diseases to be Reported by Number of Cases** — The following disease in the List of Reportable Diseases shall be reported as number-of-cases only: Influenza

**3.00.04 Toxic Substances Related Diseases or Illnesses** — Diseases or illnesses resulting from exposure to a toxic substance, shall include, but not be limited to the following:

Occupational Lung Disease  
silicosis  
asbestosis  
byssinosis

Occupationally-Related Cancers  
mesothelioma

Furthermore, all toxic substances-related diseases or illnesses, including pesticide poisonings, illness or disease resulting from exposure to a radioactive substance, or any illness or disease that is indicative of an occupational health, public health, or environmental problem shall be reported.

The timeliness of reporting a toxic substances-related disease or illness shall reflect the severity of the occupational health, public, or environmental problem. If such disease or illness is verified, or suspected, and presents an emergency, or a serious threat to public health or safety, the report of such disease or illness shall be by rapid communication as in Section 3.00.02.

**3.00.05 Unusual or ill-defined diseases, illnesses, or outbreaks** — The occurrence of outbreaks or clusters of any illness which may represent an unusual or group expression of an illness which may be of public health concern shall be reported to the local health department by the most rapid means available.

### **3.01 Those Required to Report —**

**3.01.01 Physicians** — Each physician who treats or examines any person who is suffering from or who is suspected of having a reportable disease, or who is suspected of being a carrier of a reportable disease shall report that person's name, address, age, sex, race, name of disease diagnosed or suspected, and the date of onset of illness except that influenza should be reported by number of cases only. Reports are to be made to the local health department serving the jurisdiction where the facility is located .

Such reports shall be made on a form to be provided by the Department (CD-24) and shall be made within seven days unless the disease in question requires rapid reporting under Section 3.00.02 or 3.00.05. Venereal diseases are reported on Form VD-35C in the manner described above

**3.01.02 Directors of Laboratories** — Any person who is in charge of a laboratory conducting business in the Commonwealth shall report any laboratory examination of any specimen derived from the human body which yields evidence, by the laboratory method(s) indicated, of a disease listed below:

Anthrax - by culture  
Campylobacter infections - by culture  
Cholera - by culture  
Diphtheria - by culture  
Gonococcal infections - by culture or microscopic examination  
Influenza - by culture or serology  
Legionellosis - by culture or serology  
Malaria - by microscopic examination  
Meningococcal infections - by culture  
Mycobacterial diseases - by culture  
Plague - by culture  
Poliomyelitis - by culture or serology  
Rabies in animals - by microscopic or immunologic examination  
Salmonella infections - by culture  
Shigella infections - by culture  
Syphilis - by serology or dark field examination  
Trichinosis - by microscopic examination or a muscle biopsy

Each report shall give the name and address of the person from whom the specimen was obtained and, when available, the person's age, race and sex. The name and address of the physician for whom the examination was made shall also be provided. Reports shall be made within seven days to the local health department serving the jurisdiction in which the laboratory is located and shall be made on Form CD-24.3 or on the laboratory's own form if it includes the required information.

**Exceptions:** With the exception of reporting laboratory evidence of gonococcal infections and syphilis, laboratories operating within a medical care facility shall be considered to be in compliance with the regulations when the director of that medical care facility assumes the reporting responsibility.

Laboratory examination results indicating gonococcal infections or syphilis shall be reported either on Form VD 36 or Form CD 24.3.

A laboratory may fulfill its responsibility to report mycobacterial diseases by sending a positive culture for identification and/or confirmation to the Virginia Division of Consolidated Laboratory Services. The culture must be identified with the patient and physician information required above.

Note: Refer to Section 207.9 of the "Rules and Regulations for the Licensure of Hospitals in Virginia" (as contained in Appendix B) for additional laboratory reporting requirements.

**3.01.03 Persons in Charge of a Medical Care Facility** — Any person in charge of a medical care facility shall make a report to the local health department serving the jurisdiction where the facility is located of the occurrence in or admission to the facility of a patient with a reportable disease listed in Section 3.00.01 unless he has evidence that the occurrence has been reported by a physician. The requirement to report shall include all inpatient, outpatient and emergency care departments within the medical care facility. Such reports shall contain the patient's name, age, address, sex, race, name of disease being reported, the date of admission, hospital chart number, date expired (when applicable) and attending physician. Reports shall be made within seven days unless the disease in question requires rapid reporting under Section 3.00.02 or 3.00.05 and shall be made on Form CD-24.1. Nosocomial outbreaks shall be reported on form CD-24.2.

(Note: See Section 3.01.02, "Exceptions")

**3.01.04 Persons in Charge of a School** — Any person in charge of a school shall report immediately to the local health department the presence or suspected presence in his school of children who have common symptoms suggesting an epidemic or outbreak situation.

**3.01.05 Local Health Directors** — The local health director shall forward within seven days to the Division of Epidemiology of the State Health Department any report of a disease or report of evidence of a disease which has been made on a resident of his jurisdiction. This report shall be by telecommunication if the disease is one requiring rapid communication, as required in Sections 3.00.02 and 3.00.05. All such rapid reports shall be confirmed in writing and submitted to the Division of Epidemiology within seven days. Furthermore, the local health director shall immediately forward to the appropriate local health director any disease reports on individuals residing in the latter's jurisdiction. The local health director shall review reports of diseases received from his jurisdiction and follow-up such reports, when indicated, with an appropriate investigation in order to evaluate the severity of the problem. He shall determine, in consultation with the regional medical director, and the Director of the Division of Epidemiology, if further investigation is required and if complete or modified quarantine will be necessary.

Modified quarantine shall apply to situations where the local health director on the scene would be best able to judge the potential threat of disease transmission. Such situations shall include but are not limited to, the temporary exclusion of a child with a communicable disease from school and the temporary prohibition or restriction of any individual(s), exposed to or suffering from a communicable disease, from engaging in an occupation such as foodhandling that may pose a threat to the public. Modified quarantine shall also include the exclusion, under Section 32.1-47 of the Code of Virginia (1950) as amended, of any unimmunized child from a school in which an outbreak, potential epidemic, or epidemic of a vaccine preventable disease has been identified.

Where modified quarantine is deemed to be insufficient and complete quarantine is necessary to protect the public health, the local health director, in consultation with the regional medical director and the staff of the Division of Epidemiology, shall recommend to the Commissioner that a formal quarantine order be issued.