

Conditions Reportable by Directors of Laboratories

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/surveillance-and-investigation/division-of-surveillance-and-investigation/commonwealth-of-virginiastate-board-of-health/>). Report to your local health department.

RED indicates conditions which must be reported immediately by the most rapid means available, preferably by telephone. All other conditions must be reported within 3 days.

■ indicates laboratories must submit initial isolate or other initial specimen to the Division of Consolidated Laboratories Services within 7 days of identification. All specimens must include patient and physician identities and the local health department must also be notified.

Conditions/Organisms with Supplemental Instructions for Laboratorians

Amebiasis (<i>Entamoeba histolytica</i>)
Anthrax (<i>Bacillus anthracis</i>)
Arboviral infection, for example, CHIK, dengue, EEE, LAC, SLE, WNV, or Zika
Babesiosis (<i>Babesia spp.</i>)
Botulism (<i>Clostridium botulinum</i>)
Brucellosis (<i>Brucella spp.</i>)
Campylobacteriosis (<i>Campylobacter spp.</i>)
<i>Candida auris</i> - Include available antimicrobial susceptibility findings in report. In addition, submit initial isolate or other testing to the Division of Consolidated Laboratory Services if <i>Candida haemulonii</i> is identified
Carbapenemase-producing organism - Include available antimicrobial susceptibility findings in report.
Carbapenem-resistant Enterobacteriaceae
Carbapenem-resistant <i>Pseudomonas aeruginosa</i>
Chancroid (<i>Haemophilus ducreyi</i>)
Chickenpox (Varicella virus)
<i>Chlamydia trachomatis</i> infection
Cholera (<i>Vibrio cholerae</i> O1 or O139)
Coronavirus infection, severe (e.g., SARS-CoV, MERS-CoV)
Cryptosporidiosis (<i>Cryptosporidium spp.</i>)
Cyclosporiasis (<i>Cyclospora spp.</i>)
Diphtheria (<i>Corynebacterium diphtheriae</i>)
Ehrlichiosis/Anaplasmosis (<i>Ehrlichia spp.</i> , <i>Anaplasma phagocytophilum</i>)
Giardiasis (<i>Giardia spp.</i>)
Gonorrhea (<i>Neisseria gonorrhoeae</i>) - Include available antimicrobial susceptibility findings in report.
<i>Haemophilus influenzae</i> infection, invasive
Hantavirus pulmonary syndrome
Hepatitis A
Hepatitis B (acute and chronic) - For all hepatitis B patients, also report available results of serum alanine aminotransferase (ALT) and all available results from the hepatitis panel.
Hepatitis C (acute and chronic) - For all patients with any positive HCV test, also report all results of HCV viral load tests, including undetectable viral loads and report available results of serum alanine aminotransferase (ALT) and all available results from the hepatitis panel.
Hepatitis, other acute viral - Any finding indicative of acute infection with hepatitis D, E, or other cause of viral hepatitis. For any reportable hepatitis finding, submit all available results from the hepatitis panel.
Human immunodeficiency virus (HIV) infection - For HIV-infected patients, report all results of CD4 and HIV viral load tests, including undetectable viral loads. For HIV-infected patients, report all HIV genetic nucleotide sequence data associated with HIV drug resistance tests by electronic submission. For children younger than three years of age, report all tests regardless of the test findings (e.g., negative or positive).
Influenza, confirmed - By culture, antigen detection by direct fluorescent antibody (DFA), or nucleic acid detection.
Influenza, unsubtypeable
Lead, blood levels - All lead results from tests of venous or capillary blood performed by a laboratory certified by the Centers for Medicare and Medicaid Services in accordance with 42 USC § 263a, the Clinical Laboratory Improvement Amendment of 1988 (CLIA-certified).

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Legionellosis (<i>Legionella</i> spp.)
Leptospirosis (<i>Leptospira interrogans</i>)
Listeriosis (<i>Listeria monocytogenes</i>), invasive or if associated with miscarriage or stillbirth from placental or fetal tissue
Lyme disease (<i>Borrelia</i> spp.)
Malaria (<i>Plasmodium</i> spp.)
Measles (Rubeola)
Meningococcal disease (<i>Neisseria meningitidis</i>), invasive - Include identification of gram-negative diplococci.
Mumps
Mycobacterial diseases - (See 12VAC5-90-225 B) Report any of the following: <ul style="list-style-type: none"> 1. Acid fast bacilli; 2. <i>M. tuberculosis</i> complex or any other mycobacteria; 3. Antimicrobial susceptibility results for <i>M. tuberculosis</i> complex.
Pertussis (<i>Bordetella pertussis</i>)
Plague (<i>Yersinia pestis</i>)
Poliovirus infection
Psittacosis (<i>Chlamydophila psittaci</i>)
Q fever (<i>Coxiella burnetii</i>)
Rabies, human and animal
Rubella
Salmonellosis (<i>Salmonella</i> spp.)
Shiga toxin-producing <i>Escherichia coli</i> infection - Laboratories that identify a Shiga toxin but do not perform simultaneous culture for Shiga toxin-producing <i>E. coli</i> should forward all positive stool specimens or positive enrichment broths to the Division of Consolidated Laboratory Services for confirmation and further characterization.
Shigellosis (<i>Shigella</i> spp.)
Smallpox (<i>Variola virus</i>)
Spotted fever rickettsiosis (<i>Rickettsia</i> spp.)
Streptococcal disease, Group A, invasive or toxic shock
<i>Streptococcus pneumoniae</i> infection, invasive if younger than five years of age
Syphilis (<i>Treponema pallidum</i>)
Toxic substance-related illness - By blood or urine laboratory findings above the normal range, including 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) (<i>Trichinella spiralis</i>)
Tuberculosis active disease - A laboratory identifying <i>Mycobacterium tuberculosis</i> complex (see 12VAC5-90-225) shall submit a representative and viable sample of the initial culture to the Division of Consolidated Laboratory Services or other laboratory designated by the board to receive such specimen.
Tuberculosis infection
Tularemia (<i>Francisella tularensis</i>)
Typhoid/Paratyphoid infection (<i>Salmonella</i> Typhi, <i>Salmonella</i> Paratyphi A, <i>Salmonella</i> Paratyphi B, <i>Salmonella</i> Paratyphi C)
Vaccinia, disease or adverse event
Vancomycin-intermediate or vancomycin-resistant <i>Staphylococcus aureus</i> infection - Include available antimicrobial susceptibility findings in report.
Vibriosis (<i>Vibrio</i> spp., <i>Photobacterium damsela</i>, <i>Grimontia hollisae</i>), other than toxigenic <i>Vibrio cholera</i> O1 or O139, which are reportable as cholera
Viral hemorrhagic fever
Yellow fever
Yersiniosis (<i>Yersinia</i> spp.)