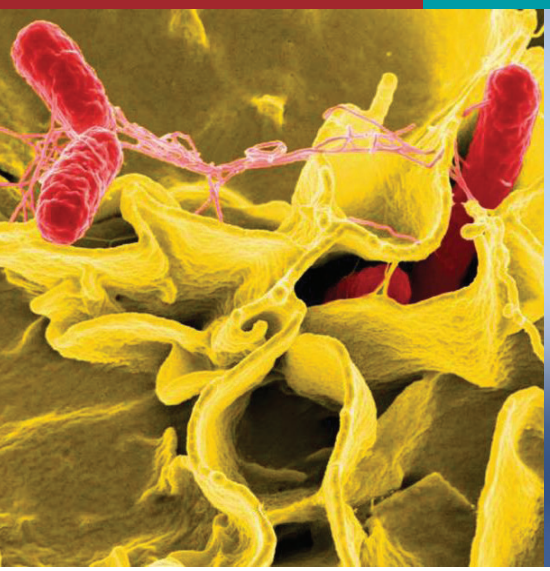
State Legal Requirements for Submission of Isolates and Other Clinical Materials by Clinical Laboratories:

A Review of State Approaches



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Notices

The information contained in this document does not constitute legal advice. It is not a definitive or comprehensive review of the obligations of clinical and other laboratories or persons required to submit reports or samples by state law. The requirements identified in this document may have changed since the research was completed in June 2015. Readers should consult with an attorney about the legal requirements in their jurisdictions.

Introduction

Project Scope and Background

This document analyzes state legal requirements governing the submission of isolates and other clinical materials to public health laboratories by clinical laboratories. It is based on the state statutes, regulations, and other documents identified in a review of state requirements. (See the appendix to this document for a compilation of the relevant requirements.) The goal was to identify different legal approaches used by states that require submission of isolates and other clinical materials by clinical laboratories.

APHL notes the importance of isolates to public health detection and response to foodborne illness outbreak:

> "The recovery of cultured isolates, whether by clinical or public health laboratories, remains an essential component to public health efforts to monitor trends and detect and respond to foodborne illness outbreaks.
> The rapidly increasing availability of CIDTs [culture independent diagnostic tests] for foodborne pathogens poses serious challenges for public health and is threatening to derail current laboratory-based surveillance systems. CIDTs do not produce isolates.
>
> Without such isolates, information on foodborne pathogen serotype, subtype, virulence factors, and antimicrobial susceptibility will be scant, if available at all. Loss of culture-based DNA fingerprinting will make outbreak detection and source trace back nearly impossible."[1]

This review focuses on eight pathogens identified by APHL for their role in foodborne illness and inclusion in rapid testing panels that are increasingly being used by clinical laboratories. The pathogens reviewed are:

- *Campylobacter* species
- *Cryptosporidium*
- *Listeria monocytogenes*
- *Shigella* species
- *Clostridium botulinum*
- *E. coli* (O157 and non-O157 STEC)/Shiga toxin producing
- *Salmonella* species (Typhi and non-Typhi)
- *Vibrio* species

Clinical laboratories are required to submit isolates and other clinical materials for many more pathogens than the eight reviewed in this project.

Research Methods

Current state communicable disease statutes and regulations in the 50 states and the District of Columbia were collected from electronic research databases and state publications to identify existing reporting and submission requirements for isolates or other clinical materials. State health agency websites were reviewed to identify additional information regarding requirements. Research was conducted from June 9 to June 26, 2015. Proposed regulations and legislation that may affect the requirements for submission of isolates or other clinical materials were not reviewed as part of this analysis. As a result, specific state requirements identified in the document may have changed since the research was completed.

1 Association of Public Health Laboratories. "APHL Position Statement: Establishing Legal Requirements for the Submission of Enteric Disease Isolates and/or Clinical Material to Public Health Laboratories" (December 2014). Available at http://www.aphl.org/policy/positions/Pages/default.aspx (accessed December 3, 2015).

Executive Summary

States use several approaches regarding the submission of isolates or other clinical materials by clinical laboratories. Almost all of the states require routine mandatory submission of isolates or other clinical materials; under this approach, clinical laboratories must submit isolates or other clinical materials for pathogens specified by the state whenever the laboratories identify one. This analysis shows that 43 states mandate submission of isolates or other clinical materials for at least three or more of the eight pathogens reviewed. (See Chapter 3 State Data Tables for state requirements by pathogen.)

Other states either require submission of isolates or other clinical materials upon request of the state or local health department, or do not require submission at all. Eight jurisdictions do not mandate routine submission. Of these eight jurisdictions, four require clinical laboratories to submit isolates or other clinical materials upon request by the state. States can also require submission in certain circumstances, such as when an outbreak or bioterrorism event is suspected or is occurring. States also retain the right to add or change clinical laboratory reporting and submission requirements.

States use several different approaches to establish requirements for the submission of isolates or other clinical materials from clinical laboratories. The majority of states mandate submission in their administrative rules and regulations. A handful of states address submission of isolates or clinical materials in their statutes. States also identify submission requirements in other sources, such as in lists of reportable conditions or guidance documents for clinical laboratories. Importantly, some states address the scenario in which non-culture based methods of testing are used. In these instances, states will specify alternate materials to be submitted, such as inoculated broths or patient specimens.

Chapter 1: Review of State Approaches

This chapter discusses several aspects of state requirements for submission of isolates or other clinical materials by clinical laboratories. Reviewed are:

- The terminology used to describe submission requirements for isolates or other clinical materials.
- The types of submission requirements for isolates or other clinical materials.
- The legal sources for submission requirements and examples of these requirements.

1.1 Terminology Used

States use several terms to identify the materials laboratories must submit. The term "isolate" or "isolates" — the most frequently used term — is used by 39 states to identify the materials to be submitted by laboratories. "Specimen(s)" is used in 24 states. "Clinical material(s)" is used in nine states. In addition to these terms, states also use other terms to describe the materials laboratories must submit. The following terms are used in addition to or instead of the three most frequently used terms (i.e., isolates, specimens or clinical materials):

- Aliquot
- Blood smear
- Clinical culture
- Clinical sample
- Culture
- Laboratory sample
- Material containing infectious agent/organism
- Microbiological culture
- Organism
- Other appropriate material
- Other laboratory material
- Reference culture
- Sample
- Subcultures

See Table 1 in Chapter 3 (State Data Tables) for a summary of terms used in each state.

1.1.1 Defining Terms

While the term "isolate" is widely used, no state defines the term in statute or regulation. However, some states specifically define other terms for the materials to be submitted. For example, Tennessee defines "cultures" or "specimens" as:

> "(h) Cultures or Specimens - Material taken from any source and cultured or otherwise examined for the purpose of determining the presence of an organism or organisms or other evidence of infection or disease."[1]

Maryland defines "clinical material" to include isolates as well as other materials. It also lists by order of preference other materials to be submitted if the preferred clinical materials are unavailable:

> "In this section, "clinical material" means:
>
> (1) An organism isolated from a clinical specimen;
>
> (2) Material derived or prepared from a clinical specimen in which evidence of a communicable disease has been identified or detected; or

1 Tenn. Rules and Regs. 1200-14-01-.01.2 (2014).

(3) If the organism or material described in subparagraph (i) or (ii) of this paragraph is not available, material from an individual that has already been obtained by the medical laboratory, in the following order of preference:

(i) A patient specimen;
(ii) Microbial genetic material; or
(iii) Other laboratory material."[2]

Types of Laboratories

Some states specify the types of laboratories that are subject to reporting and sample submission requirements. Texas defines the types of laboratories that are subject to reporting and submission requirements as:

"(d) A person in charge of a clinical or hospital laboratory, blood bank, mobile unit, or other facility in which a laboratory examination of a specimen derived from a human body yields microscopical, cultural, serological, or other evidence of a reportable disease shall report the findings, in accordance with this section and procedures adopted by the board, in the jurisdiction in which:

(1) the physician's office is located, if the laboratory examination was requested by a physician; or

(2) the laboratory is located, if the laboratory examination was not requested by a physician."[3]

A clear definition of the types of materials and laboratories required to submit can help ensure that the correct materials are sent by the correct facilities. This report uses the term "clinical laboratories" to refer to the laboratories required to report and submit samples to public health laboratories.

1.2 Types of Submission Requirements

States use several approaches regarding the submission of isolates or other clinical materials by clinical laboratories. Almost all of the states require routine mandatory submission of isolates or other clinical materials. Under the mandatory approach, clinical laboratories must submit isolates or other clinical materials for pathogens specified by the state whenever the laboratories identify one. In this analysis, 43 states mandate submission of isolates or other clinical materials for at least three or more of the eight pathogens reviewed. (See Chapter 3 State Data Tables for state requirements by pathogen.)

Other states either require submission of isolates or other clinical materials upon request of the state or local health department, or do not require submission of isolates or clinical materials at all. Eight jurisdictions did not mandate routine submission at the time of this review. Of these jurisdictions, four states require clinical laboratories to submit isolates or other clinical materials upon request by the state.

States can also require submission in certain circumstances, such as when an outbreak or bioterrorism is suspected or is occurring. This section discusses examples of the various approaches used to require submission of isolates and other clinical materials.

1.2.1 Routine Mandatory Submission Requirement

Most states with routine mandatory submission requirements instruct clinical laboratories to provide isolates or other clinical materials for the pathogens specified by law to the state or local health department/laboratory whenever one of the specified pathogens is identified. A routine mandatory submission requirement is typically worded like the requirement in Indiana's regulations:

"(f) Laboratories shall submit all isolates of the following organisms to the department's microbiology laboratory for further evaluation within five (5) business days of isolation:

2 Maryland Code, Health-General §18-205 (2013). See also Utah Admin. Code R386-702 (2015).
3 Texas Health and Safety Code §81.042 (2014).

...

(3) *Escherichia coli* isolates, collected from stool, blood, or other sterile sites as described in section 33 of this rule, and includes diarrhea producing and other enterohemorrhagic types including, but not limited to, the following:

(A) *E. coli* O157.

(B) *E. coli* O157:H7.

(C) Sorbitol-negative.

(D) Shiga-toxin producing." *[Remaining text of list omitted]*[4]

1.2.2 Submit Upon Request

A few states require clinical laboratories to submit isolates or other clinical materials only if requested by the state or local health department or public health laboratory. For example, Wisconsin requires laboratories to submit an isolate of a reportable disease upon request of the state epidemiologist.[5] Two states, Georgia[6] and New Hampshire,[7] require laboratories to retain an isolate of each notifiable disease reported to the state for a specified time period and send a sample if requested by the state. Two other states, Tennessee[8] and Washington,[9] designate some pathogens for mandatory routine submission and others for submission upon request. Colorado does not mandate routine submission of isolates, but requests it.[10]

1.2.3 No Routine Submission Requirement

Four jurisdictions (Alabama, Idaho, Ohio and DC) did not mention submission of isolates (or other similar terms) in their statutes, regulations or other documents related to reportable diseases by clinical laboratories at the time these requirements were researched in June 2015. These states do not require mandatory routine submission of isolates or other clinical materials by clinical laboratories. However, these states may have other authorities for requiring submission of isolates or other clinical materials beyond those reviewed for this project.

1.2.4 Outbreak or Bioterrorism Submission Requirements

In addition to routine submission requirements, states typically have authority to require laboratories to submit isolates or other clinical materials under certain circumstances, such as during a suspected or actual outbreak or bioterrorist event. In Utah, the requirement to submit in an outbreak is stated as:

"(c) Organisms that are mandated for clinical submission in Utah include:

...

(xxii) any organism implicated in an outbreak when instructed by authorized local or state health department personnel."[11]

4 410 Indiana Admin. Code 1-2.3-48 (2015).
5 Wisconsin Admin. Code DHS Sec. 145.04 (2015).
6 Georgia Regulations §511-2-1-.02 (2015).
7 New Hampshire Statutes 141-C:7 (2015).
8 Tennessee Department of Health Reportable Diseases and Events Matrix. (Effective January 1, 2015). Available at https://apps.health.tn.gov/ReportableDiseases/Common/ReportableDiseases_150101_Matrix.pdf (accessed October 30, 2015).
9 Washington Admin. Code (WAC) 246-101-201 (2015).
10 Colorado Board of Health. *Conditions Reportable By All Laboratories*. "Collecting Specimens or Performing Tests in Colorado". (Effective October 15, 2014) Available at https://www.colorado.gov/pacific/sites/default/files/DC_ComDis-Reportable-Conditions-Laboratories.pdf (accessed October 30, 2015).
11 Utah Admin. Code R386-702-4 (2015).

Similarly, Rhode Island's regulations contain the following provisions regarding submission of biological specimens suspected to contain agents of bioterrorism:

> "5.3 Clinical laboratories receiving biological specimens that are suspected to contain agents of bioterrorism, even if a bioterrorist event is not suspected, shall perform testing or refer such specimens to the State Health Laboratory for analysis in accordance with the most current Lab Response Network (LRN) protocols. Clinical laboratories that isolate a potential agent of bioterrorism from a clinical specimen shall perform testing in accordance with the most current LRN Sentinel Laboratory protocol and shall submit the isolate to the State Health Laboratory for confirmation or further testing in accordance with the current Rhode Island LRN protocol." [12]

1.3 Sources of Isolate Submission Requirements

States use several different approaches in creating submission requirements for clinical laboratories. The majority of states mandate submission in their administrative rules and regulations. A handful of states address submission requirements in their statutes. States also identify submission requirements in other sources, such as in lists of reportable conditions or guidance documents for clinical laboratories.

Most states use a combination of these approaches. A state can establish a general requirement that laboratories must submit isolates or other clinical materials in its statutes, but specify the particular pathogens and/or diseases for which a sample must be submitted in regulation or on a list of notifiable conditions. For example, New York[13] and South Carolina[14] address submission requirements in their statutes, but do not enumerate them in their state's communicable disease reporting regulations; these states identify the specific isolates or clinical materials to be submitted in a reportable disease list document.

The following subsections discuss and provide examples of the various approaches used by states to require clinical laboratories to submit isolates or other clinical materials.

1.3.1 Statutory Approaches

In the few states that specifically address laboratory submission of isolates and other clinical materials in their statutes, these provisions generally address the following topics: (1) authority of the state health commissioner to require submission of isolates and clinical materials; (2) the applicability to out-of-state laboratories; (3) the authority of state and local health officials; (4) the authority to change the pathogens for which isolates or other clinical materials must be submitted; and (5) penalties for laboratories failing to comply. Some of these same provisions are typically reflected in a state's regulation instead of, or in addition to, its statutes.

Authority to Require Isolate Submission

Most states rely on the general authority of the state health commissioner (or other designated official) to control communicable diseases, as well as specific statutory language authorizing the state to identify reportable diseases or conditions, as the basis for requiring submission of isolates and clinical materials. In Connecticut, for example:

> "The Commissioner of Public Health shall employ the most efficient and practical means for the prevention and suppression of disease and shall administer all laws under the jurisdiction of the Department of Public Health and the Public Health Code. The commissioner shall have responsibility for the overall operation and administration of the Department of Public Health. The commissioner shall have the power and duty to:

12 Code of Rhode Island Rules and Regs. R23-10-DIS (2015).
13 NY Public Health Law 576-C (2015) and New York State Department of Health (NYSDOH) and New York City Department of Health and Mental Hygiene (NYCDOHMH). *2010 Laboratory Reporting and Specimen Submission Requirements for Communicable Diseases.*
14 So. Carolina Code §44-29-15 (2015) and South Carolina Department of Health and Environmental Control. *South Carolina 2015 List of Reportable Conditions.*

...

(9) Annually issue a list of reportable diseases, emergency illnesses and health conditions and a list of reportable laboratory findings and amend such lists as the commissioner deems necessary and distribute such lists as well as any necessary forms to each licensed physician and clinical laboratory in this state. ..."[15]

This general authority may be coupled with express statutory language requiring clinical laboratories, among others, to submit reports of diseases or conditions specified by the state. Connecticut frames this requirement as:

"(c) A clinical laboratory shall report each finding identified by such laboratory of any disease identified on the commissioner's list of reportable laboratory findings to the Department of Public Health not later than forty-eight hours after such laboratory's finding. ..."[16]

Significantly, a few states include language that explicitly authorizes the state to require laboratory submission of isolates or other clinical materials in statute. Maryland's health code provides a clear statement of the submission requirement:

"(b) Report required. --

...

(4) A director of a medical laboratory shall submit clinical material to the Secretary as directed by the Secretary...."[17]

California,[18] New Hampshire,[19] New York[20] and South Carolina[21] also address submission of isolates or other clinical materials by clinical laboratories in their statutes.

Applicability to In-State and Out-of-State Laboratories

South Carolina's statute addresses a number of issues, including application to in-state and out-of-state laboratories, responsibility for reporting to the state, and requirements to return samples:

"(B) Laboratories, within or outside the State, which perform tests as described in subsection (A) [tests for infectious or other specified diseases] and which determine positive or reactive test results, shall, if required by the department, provide clinical specimens and isolates to the department or another laboratory designated by the department for further testing to determine incidence and other epidemiological information. These clinical specimens and isolates must be submitted within the time frame and in the form and manner designated by the department. The testing must be performed for epidemiological surveillance only; source consent is not required, and results are not required to be returned to the source patient or physician. The clinical specimens and isolates must be destroyed after tests are successfully completed, unless otherwise directed by the department.

(C) Persons and entities, which are required to report test results to the department pursuant to this section and which send clinical specimens and isolates out of state for testing, are responsible for ensuring that results are reported and clinical specimens and isolates are submitted to the department, or a laboratory designated by the department, as required under this section and related regulations.

15 Conn. General Statutes §19a-2a (2015).
16 Conn. General Statutes §19a-215 (2015).
17 Maryland Code Health-General §18-205 (2013).
18 Cal. Health & Safety Code §120130 (2015).
19 New Hampshire Statutes 141-C:7 (2015). While the New Hampshire statute explicitly authorizes the state to require laboratories to submit isolates, the state currently does not require laboratories to routinely submit them; submission is required upon request by the state.
20 NY Public Health Law 576-C (2015).
21 So. Carolina Code §44-29-15 (2015).

(D) If a laboratory forwards clinical specimens and isolates out of state for testing, the originating laboratory retains the duty to comply with this section and related regulations, either by:

(1) reporting the results, providing the name and address of the testing laboratory, and submitting the clinical specimens and isolates to the department; or

(2) ensuring that the results are reported and that the clinical specimens and isolates are submitted to the department or another laboratory designated by the department. ...[22]

By specifying the responsibilities for reporting and submitting isolates or other clinical materials when an out-of-state facility is used, the state avoids situations in which important information for the state is missed.

Action by State and Local Authorities

New York's law provides an example of authority for a state or local health officer to request submission of a specimen:

"4. Whenever the commissioner or a local health officer determines that supplemental testing is necessary to confirm evidence of a disease or health condition otherwise required to be reported to the commissioner or a local health officer pursuant to this chapter, or to further identify the characteristics of a causative agent for reasons of public health protection, the laboratory shall submit all or part of the specimen or its derivatives with patient identifiers to the department or its designee, or the local health officer or his or her designee, in a manner and as directed by the commissioner...."[23]

This approach provides public health officials with broad authority to require laboratories to submit isolates and other clinical materials.

Authority to Alter List of Pathogens

In California, the state's statute authorizes the health commissioner to change the list of pathogens for which clinical laboratories must submit an isolate or other clinical materials with appropriate consultation of stakeholders and without undertaking a rulemaking:

"(b) The department shall establish a list of communicable diseases and conditions for which clinical laboratories shall submit a culture or a specimen to the local public health laboratory. The list shall set forth the conditions under which the culture and specimen shall also be submitted to the State Public Health Laboratory. The list may be modified at any time by the department, in consultation with appropriate local public health stakeholders, including, but not limited to, local health officers and public health laboratory directors. Both establishment and modification of the list shall be exempt from the administrative regulation and rulemaking requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, and shall be implemented without being adopted as a regulation, except that the initial list and any modifications shall be filed with the Secretary of State and printed in the California Code of Regulations as required pursuant to subdivision (e)...."[24]

While some states expressly authorize or require the submission of isolates or other clinical materials by clinical laboratories in their statutes, it is important to note that these states (and others using the general authority approach) generally refrain from listing all of the specific pathogens or diseases for which reports or samples must be submitted in the language of the statute itself. This level of specificity is typically reserved for regulations or other documents like the reportable disease list. It also makes it more efficient to update the list rather than having to seek legislative approval for repeated changes to a statute.

22 So. Carolina Code §44-29-15 (2015). See also Code of Maryland Regulations 10.06.01.04 (2015).
23 NY Public Health Law 576-C (2015).
24 Cal. Health & Safety Code §120130 (2015).

Penalties for Failing to Comply

An element addressed in South Carolina's reportable disease statute is the issue of penalties for laboratories, among others, that fail to comply with reporting and submission requirements:

> "(E) A person, laboratory, or other entity violating a provision of this section or related regulations is subject to a civil monetary penalty of not more than one thousand dollars for the first offense and not more than five thousand dollars for each subsequent offense. Each instance of noncompliance constitutes a separate violation and offense."[25]

While public health departments and laboratories strive to promote voluntary compliance, having a full range of legal tools, including penalties, is important to ultimately ensure that the public's health is protected.

1.3.2 Regulatory Approaches

Nearly all of the states that require submission of isolates or other clinical materials do so in regulation. There are 42 states that identify submission requirements in regulation. (See Table 2 in Chapter 3 (State Data Tables) for a summary of state legal requirements.) Regulatory requirements can address a range of issues. Depending on a state's statutory and regulatory scheme, regulations may address the same authorities discussed above in the statutory approaches (section 1.3.1). In addition to these statutory approaches, the below discussion focuses on the following additional aspects of regulations requiring submission of isolates or other clinical materials: (1) identifying specific pathogens for which isolates or other clinical materials must be submitted; and (2) the authority of the state health commissioner to identify pathogens.

Identifying Pathogens for Submission

State regulations will typically contain a list of the pathogens and/or diseases for which clinical laboratories must submit isolates or other clinical materials. The following excerpt from Alaska's regulations governing reporting and submission of samples by laboratories shows this approach:

> "(e) A laboratory that confirms one of the pathogens in the following list shall submit isolates or aliquots of original specimens to the state public health laboratory:
>
> (1) *Bacillus anthracis;*
>
> (2) *Brucella* species;
>
> (3) *Burkholderia mallei;*
>
> (4) *Burkholderia pseudomallei;*
>
> (5) *Campylobacter* species;
>
> (6) *Clostridium botulinum,* the laboratory shall provide a sample of the organism and, if available, a serum, stool, emesis, food, or environmental sample;
>
> (7) *Clostridium tetani;*
>
> (8) *Corynebacterium diphtheria;*
>
> (9) *Escherichia coli,* shiga-like toxin producing; [*list of remaining pathogens omitted].* [26]

25 So. Carolina Code §44-29-15 (2015).
26 7 Alaska Admin. Code 27.007 (2015).

Alaska's list specifies pathogens.[27] Other states, such as Kentucky[28] and Montana[29] list diseases (e.g., typhoid) for which isolates or clinical materials must be submitted. Still other states, like Florida[30] and Maryland,[31] list both the pathogen and the corresponding disease.

Authority to Identify Pathogens

Instead of listing specific pathogens and/or diseases in regulation, states can specify the rules governing the issuance of reportable disease lists by the state health commissioner. These requirements include: (1) the frequency of issuing the list; (2) the offices and stakeholders that must be consulted; and (3) the persons or facilities the list must be distributed to under this approach. The specific pathogens and/or diseases are contained in a reportable disease list. (See Section 1.2.3 "Reportable Disease Lists.") Connecticut's regulations demonstrate this approach:

> "The commissioner shall issue a list of reportable diseases and laboratory findings within sixty days of the effective date of these regulations, on the next January 1, and annually thereafter. The list shall show it is the current list and shall specify its effective date. This list shall also include but not be limited to the reporting category of each disease, procedures for the reporting, and minimum investigation and control measures for each disease. Listed diseases are declared reportable diseases as of the effective date of approval by the commissioner.
>
> (a) The commissioner in consultation with the state epidemiologist will annually review the existing list and develop recommendations for deletions or additions to the list.
>
> (b) The state epidemiologist or other commissioner designee shall convene and chair an advisory committee to review the recommendations for any changes to the list prior to preparing the final list for that year. This committee shall make recommendations to the commissioner regarding the contents of the list.
>
> (c) The commissioner shall review the advisory committee's recommendations and make final deletions or additions to the list to take effect January 1 of the next year. He will furnish copies of the list before January 1 to the following:
>
> (1) physicians licensed by the department;
>
> (2) directors of clinical laboratories licensed, registered or approved by the department;
>
> (3) local directors of health in Connecticut;
>
> (4) health care facilities licensed under Chapter 368v of the Connecticut General Statutes."[32]

States will also include a broad statement reserving the right to add or modify the list of reportable diseases and isolates/clinical materials that must be submitted. In Arkansas' regulations, the right to modify the list of notifiable diseases is stated as:

> "Other diseases not named in these lists may at any time be declared notifiable as the necessity and public health demand, and these regulations shall apply when so ordered by the Director."[33]

This type of language gives the state health commissioner or other designated official the flexibility to quickly respond to outbreaks or other changing circumstances.

27 See also, for example, California (17 Cal. Code of Regulations §2505); Delaware (Del. Administrative Code Title 16, 4202 Control of Communicable and Other Disease Conditions, Appendix II Organisms and Samples to be sent to the Division of Public Health Laboratory).
28 902 Kentucky Admin. Regs. 2:020 (2015).
29 Admin. Rules of Montana 37.114.313 (2015).
30 Fla. Admin. Code r. 64D-3.029 (2015).
31 Code of Maryland Regulations 10.06.01.03 (2014).
32 Regulations of Conn. State Agencies §19a-36-A2 (2015).
33 Arkansas Rules and Regulations Pertaining to Communicable Disease Control, Section VI Other Diseases (2015).

1.3.3 Reportable Disease List Approach

States also typically create a separate reportable disease list as a quick reference for clinical laboratories and others with reporting responsibilities. In formatting reportable disease lists, many states combine reporting requirements for health practitioners, laboratories and others with reporting duties in the same list. Particular requirements applicable to a specific pathogen/disease—such as isolate submission requirements by clinical laboratories—are typically indicated by a footnote or other symbol.[34] Alternatively, other states, such as Tennessee[35] and Maryland,[36] use a table format to identify the pathogen/disease to be reported, the person or entity required to report, and if an isolate or other clinical material must be submitted by a laboratory. The ultimate goals of these reportable disease lists are to foster compliance and clearly communicate legal requirements.

A number of states have separate reportable disease lists for health care practitioners and for clinical laboratories. This approach can make it easier for laboratories to clearly understand their reporting and submission requirements. In New York, for example, a separate table of reportable diseases for laboratories contains the pathogen name, the corresponding disease name, what must be reported, and an indication of "yes" or "no" if an isolate or specimen must be submitted. An excerpt from this table shows the clear direction it provides for laboratories:[37]

Agent	Disease	What to report to the Local Health Department	Are specimens/ isolates required to be submitted?	
			NY State Wadsworth Center	NY City PH Lab
Escherichia coli, Shiga toxin-producing	Shiga toxin-producing *E. coli* (STEC) disease (including hemolytic-uremic syndrome, HUS)	Positive culture or positive shiga toxin in stool	Yes – Submit EIA broth and stool or isolate	Yes – Submit stool in broth or isolate
Escherichia coli 0157	*E. coli* 0157 disease	Positive *E. coli* 0157 culture	Yes	Yes
Salmonella species	Salmonellosis	Positive culture	Yes	Yes
Salmonella Typhi (Report immediately in NYS only)	Typhoid fever	Positive culture	Yes	Yes

In a small number of states, the specific pathogens and/or diseases for which isolates or other clinical materials must be submitted are not identified in regulation, but are contained in the list of reportable conditions published periodically by the state health department. States using this approach have specific authority stated in statute or regulation to require submission of isolates or other clinical materials,[38] rely on the general authority of the health commissioner to control communicable diseases,[39] or request that laboratories submit isolates or other clinical materials.[40]

34 See for example Arkansas Department of Health, "Mandatory Reportable Diseases List and Instructions" (September 1, 2015). Available at http://www.healthy.arkansas.gov/programsServices/epidemiology/Documents/ReportableDisease.pdf (accessed October 30, 2015).
35 Tennessee Department of Health Reportable Diseases and Events. See also Tennessee Rules and Regulations 1200-14-01-.02 (2015).
36 Code of Maryland Regs. 10.06.01.03 (2015).
37 New York State Department of Health (NYSDOH) and New York City Department of Health and Mental Hygiene (NYCDOHMH) *2010 Laboratory Reporting and Specimen Submission Requirements for Communicable Diseases.*
38 See Cal. Health & Safety Code §120130; NY Public Health Law 576-C; and So. Carolina Code 44-29-15.
39 See for example Wyoming Statutes 35-4-107 and Wyoming Regulations Department of Health, Preventive Health and Safety Division, Chapter 1, §5.
40 See Colorado Board of Health. Conditions Reportable By All Laboratories. "Collecting Specimens or Performing Tests in Colorado". (Effective October 15, 2014) Available at https://www.colorado.gov/pacific/sites/default/files/DC_ComDis-Reportable-Conditions-Laboratories.pdf (accessed October 30, 2015).

Non-Culture Testing Submission Requirements

Importantly, some states address the scenario in which non-culture based methods of testing are used, but isolates are needed. For example, Colorado's guidance to clinical laboratories regarding their submission of isolates includes directions if non-culture based methods (i.e., rapid testing) are used:

> "If non-culture based methods (i.e., PCR, EIA, other rapid tests, etc.) are used to detect Shiga toxin, suspected *E. coli* O157, *Salmonella*, *Shigella*, or *Vibrio*, please forward inoculated broth or stool specimen to the CDPHE lab."[41]

Other states, including Connecticut[42] and Kentucky,[43] also provide direction regarding submission requirements when non-culture based testing is used.

This chapter discussed the various approaches used by states to provide a legal framework for requiring the submission of isolates and clinical materials by clinical laboratories. The next chapter distills key features of these approaches to provide a tool for states to review their existing requirements.

41 Id.
42 Regulations of Conn. State Agencies §19a-36-A7 and Connecticut Epidemiologist (Vol. 35, No. 1) (January 2015).
43 902 Kentucky Admin. Regs. 2:020 (2015).

Chapter 2: Checklist for Submission Requirements

This checklist is provided as an aid to assist states in reviewing, and if they decide, revising their requirements for submission of isolates or other clinical materials by clinical and other laboratories. The items in the list are features drawn from existing state requirements that support a strong legal framework for laboratory submission of isolates and other clinical materials to public health authorities.

The checklist below lists the features supporting submission of isolates and other clinical materials and citations to state sources showing examples of the features. Additional examples of state statutory and regulatory requirements for submission of isolates and other clinical materials may be found in the appendix to this report.

Checklist for Submission Requirements for Isolates & Other Clinical Materials	
Features	**Citations for Examples**
Definition of Terms – Statutory or Regulatory	
A clear definition of the materials to be submitted (e.g.,"isolate," "specimen" or "clinical material").	Tenn. Rules and Regs. 1200-14-01-.01.2
A list of alternative materials to submit if the preferred isolate is not available.	Maryland Code, Health-General §18-205 Utah Admin. Code R386-702
Clear language addressing what should be submitted if the laboratory has used a non-culture/rapid testing method.	Colorado Department of Public Health and Environment. "Guidance for Clinical Microbiology Laboratories on Isolate Submission
A clear definition of the type of laboratories required to submit isolates.	Texas Health and Safety Code §81.042
Submission Requirements – Statutory or Regulatory	
Clear language establishing routine mandatory submission of isolates or other clinical materials.	410 Indiana Admin. Code 1-2.3-48
Clear language authorizing state or local health officials to request isolates or other clinical materials for other pathogens/diseases that are not currently listed in the state's reportable disease regulations or lists.	Arkansas Rules and Regulations Pertaining to Communicable Disease Control, Section VI Other Diseases
Clear language requiring laboratories to submit isolates or other clinical materials during actual or suspected disease outbreaks.	Utah Admin. Code R386-702-4
Clear language requiring laboratories to submit isolates or other clinical materials during actual or suspected bioterrorism events.	Code of RI Rules and Regs. R23-10-DIS
Statutory Provisions	
Statutory language that specifically authorizes state and/or local health officials to require laboratories to submit isolates or other clinical materials.	New Hampshire Statutes 141-C:7 NY Public Health Law 576-C
Statutory language that specifically requires laboratories to submit isolates or other clinical materials.	Maryland Code Health-General §18-205

Checklist for Submission Requirements for Isolates & Other Clinical Materials	
Features	**Citations for Examples**
Statutory language that makes the state's submission requirements applicable to in-state and out-of-state laboratories that test samples from the state.	So. Carolina Code §44-29-15
Statutory language that authorizes state health officials to specify laboratory reportable diseases and submission requirements for isolates and other clinical materials.	Cal. Health & Safety Code §120130
Statutory language that specifically authorizes state health officials to modify the state's list of laboratory reportable diseases and submission requirements as needed.	Cal. Health & Safety Code §120130
Statutory language that specifies penalties for laboratories failing to report communicable diseases and submit required isolates and other clinical materials.	So. Carolina Code §44-29-15
Regulatory Provisions	
Language that specifically authorizes state and/or local health officials to require laboratories to submit isolates and other clinical materials.	7 Alaska Admin. Code 27.007
Language that authorizes state health officials to specify laboratory reportable diseases and submission requirements for isolates and other clinical materials.	Regulations of Conn. State Agencies §19a-36-A2
A listing of pathogens and associated diseases with clear indications of the pathogens for which laboratories must submit isolates or other clinical materials and in what timeframe.	7 Alaska Admin. Code 27.007
Language that makes the state's submission requirements applicable to in-state and out-of-state laboratories that test samples from persons in the state.	Code of Maryland Regulations 10.06.01.04
Language that specifically authorizes state health officials to modify the state's list of laboratory reportable diseases and submission requirements for isolates and other clinical materials as needed.	Arkansas Rules and Regulations Pertaining to Communicable Disease Control, Section VI Other Diseases
Reportable Disease List Provisions	
Separate reportable disease and isolate/clinical materials submission list for laboratories from the reportable disease list for others (e.g., physicians).	New York State Department of Health and New York City Department of Health and Mental Hygiene *2010 Laboratory Reporting and Specimen Submission Requirements for Communicable Diseases*
The format of the state's laboratory reportable disease list is a table that makes it easy to rapidly determine if an isolate or other clinical material is required to be submitted.	Tennessee Department of Health Reportable Diseases and Events Tennessee Rules and Regulations 1200-14-01-.02
Clear language addressing what should be submitted if the laboratory has used a non-culture/rapid testing method.	Colorado Department of Public Health and Environment "Guidance for Clinical Microbiology Laboratories on Isolate Submission"

Chapter 3: State Data Tables

This chapter contains the following tables that summarize state data:

- **Table 1**: Terminology Used In State Requirements for Submission of Isolates and Other Clinical Materials
- **Table 2**: State Requirements for Submission of Isolates and Other Clinical Materials
- **Table 3**: *Campylobacter* Submission Requirements
- **Table 4**: *Clostridium botulinum* Submission Requirements
- **Table 5**: *Cryptosporidium* Submission Requirements
- **Table 6**: *E. coli* Submission Requirements
- **Table 7**: *Listeria* Submission Requirements
- **Table 8**: *Salmonella* Submission Requirement
- **Table 9**: *Shigella* Submission Requirements
- **Table 10**: *Vibrio* Submission Requirements

Table 1: Terminology Used in State Requirements for Submission of Isolates & Other Clinical Materials

Table 1 summarizes the terms used to describe isolates or other clinical materials that must be submitted by clinical laboratories.

Table 1: Terminology Used in State Submission Requirements				
	Terminology Used			
State	Isolates	Clinical Materials	Specimens	Other Terms Used
AL				
AK	x	x		Aliquots of original specimens
AZ	x		x	
AR	x			
CA			x	Cultures
CO	x	x		
CT	x		x	Cultures
DE	x	x	x	
DC				
FL	x		x	
GA	x			
HI	x			Blood smear; aliquot of positive serum
ID				
IL		x	x	
IN	x			
IA	x			
KS	x			
KY	x		x	
LA				Reference culture
ME	x		x	Clinical cultures
MD		x		
MA	x		x	
MI	x		x	First isolate or subculture
MN	x	x		
MS	x			
MO	x		x	
MT	x		x	
NE	x		x	
NV	x	x	x	Microbiological cultures, subcultures
NH	x			
NJ	x			Microbiologic culture isolates

Table 1: Terminology Used in State Submission Requirements				
	Terminology Used			
State	Isolates	Clinical Materials	Specimens	Other Terms Used
NM				Laboratory or clinical samples
NY	x		x	
NC			x	Cultures
ND	x			Sample
OH				
OK	x		x	
OR	x			Aliquots or subcultures
PA	x			
RI	x		x	
SC	x		x	Positive serologies
SD	x			Material containing infectious agent
TN	x		x	Cultures
TX	x		x	Cultures
UT	x	x		Material containing infectious organisms
VT	x		x	
VA	x			
WA			x	
WV	x			
WI			x	
WY	x			Other appropriate material
Totals	39	9	24	

Table 2: State Requirements for Submission of Isolates & Other Clinical Materials

Table 2 summarizes the following elements of state isolate submission requirements for laboratories:

- *Mandatory Submission* – Whether a state requires submission of isolates or other clinical materials for all, some, or none of the eight pathogens identified for this project.
- *Location of Requirements* – Where the legal authority for the submission requirement is located — in regulation, statute or in another source, such as a list of reportable conditions.
- A "#" in the table notes that the submission requirement is upon request by the state.

Table 2: State Submission Requirements for Clinical Laboratories

	Mandatory Submission			Location of Requirement		
State	All	Partial	None	Regulation	Statute	Other
AL			x	Not mentioned in regulation	Not mentioned in statute	
AK		x		7 Alaska. Admin Code 27.007	Not mentioned in statute	
AZ		x		Arizona R9-6-204	Not mentioned in statute	
AR		x		Ark. Rules and Regulations Pertaining to Communicable Disease Control	Not mentioned in statute	Reportable Disease List
CA		x		17 Cal. Code of Regs §2505, §2612	Cal. Health & Safety Code §120130	
CO		#		Not specifically required in 6 Colo. Code of Regs 1009-1	Not mentioned in statute	Reportable Disease List: CDPHE requests that labs submit; not mandatory.
CT		x		Regs of Conn. State Agencies §19a-36-A3	Not mentioned in statute	Specific diseases listed in annual lab reportable list
DE		x		Del. Admin Code, Title 16, 4202 Section 4.0 & Appx 2	Not mentioned in statute	
DC			x	Not mentioned in regulation	Not mentioned in statute	
FL		x		Fla. Admin Code r. 64D-3.029	Not mentioned in statute	
GA	#			Ga. Reg §511-2-1-.02 *Retain 1 week; submit if requested	Not mentioned in statute	
HI		x		Hawaii Regs §11-156-4	Not mentioned in statute	Hawaii Regs §11-156 Exhibit B
ID			x	Not mentioned in regulation	Not mentioned in statute	
IL		x		Illinois Admin Code §690.100	Not mentioned in statute	
IN		x		410 Indiana Admin Code 1-2.3-48	Not mentioned in statute	
IA		x		Iowa Admin Code §641, Appx A	Not mentioned in statute	
KS		x		Kansas Admin Regs §28-1-18	Not mentioned in statute	

Table 2: State Submission Requirements for Clinical Laboratories						
	Mandatory Submission			Location of Requirement		
State	All	Partial	None	Regulation	Statute	Other
KY		x		902 Ky. Admin Regs 2:020 Sec. 3	Not mentioned in statute	
LA		x		La. Admin Code §113	Not mentioned in statute	
ME		x		10-144 Code of Me. Rules Chpt 258, Sec. 2	Not mentioned in statute	
MD		x		Code of Md. Admin Regs 10.06.01.03, .04	MD Code Health-Gen §18-205	
MA		x		105 Code of Mass. Regs 300.170, 300.172	Not mentioned in statute	
MI		x		Mich. Admin Code R 325.179a	Not mentioned in statute	
MN		x		Minn. Admin Rules 4605.7030, 4605.7040	Not mentioned in statute	
MS		x		15 Miss. Admin Code Part 2, Rule 1.3.1 & Appx B	Not mentioned in statute	
MO		x		19 Code of St. Regs 20-20.080	Not mentioned in statute	
MT		x		Admin Rules of Mont. 37.114.313	Not mentioned in statute	Reportable Disease List
NE		x		173 Neb. Admin Code Ch. 01, §1-004	Not mentioned in statute	
NV		x		Nev. Admin Code 441A.235	Not mentioned in statute	
NH	#			Not mentioned in regulation	New Hampshire Statutes 141-C:7	
NJ		x		NJ Admin Code 8:57-1.7	Not mentioned in statute	
NM		x		NM Admin Code 7.4.3.13	Not mentioned in statute	
NY		x		Not mentioned in regulation	NY PBH 576-C	2010 Laboratory Reporting and Specimen Submission Requirements for Communicable Diseases
NC		x		10A NC Admin Code 41A .0209	Not mentioned in statute	
ND		x		ND Admin Code 33-06-01-01	Not mentioned in statute	
OH			x	Not mentioned in regulation	Not mentioned in statute	
OK		x		Okla Admin Code 310:515-1-8	Not mentioned in statute	
OR		x		Ore. Admin Rules 333-018-0018	Not mentioned in statute	
PA		x		28 Pa. Code §27.22	Not mentioned in statute	

Table 2: State Submission Requirements for Clinical Laboratories						
	Mandatory Submission			Location of Requirement		
State	All	Partial	None	Regulation	Statute	Other
RI		x		Code of RI Rules and Regs. R23-10-DIS, Secs 3 & 5	Not mentioned in statute	
SC		x		Not mentioned in regulation	SC Code 44-29-15	South Carolina 2015 Laboratory Reporting List
SD		x		Admin Rules of SD 44:20:01:06	Not mentioned in statute	
TN		x		Tenn. Rules & Regs 1200-14-01-.02	Not mentioned in statute	TN DOH Reportable Diseases & Events Matrix
TX		x		25 Tex. Admin. Code 97.3	Not mentioned in statute	
UT		x		Utah Admin Code R386-702-4	Not mentioned in statute	
VT		x		Code Vt. Rules 13 140 007, Sec. 5	Not mentioned in statute	
VA		x		12 Va. Admin Code 5-90-90	Not mentioned in statute	
WA		x		Wa. Admin Code 246-101-201	Not mentioned in statute	
WV		x		WV Code of Regs §64-7-3	Not mentioned in statute	WV Reportable Infectious Diseases List
WI	#			Wisc. Admin Code DHS 145.04; Submit specimens if requested	Not mentioned in statute	
WY		x		Not mentioned in regulation	Not mentioned in statute	Wyoming Department of Health Reportable Diseases and Conditions
Total Required	0	43	4			
Total on Request	3	1	-			

State Submission Requirements by Pathogen

Tables 3-10 identify which states require submission of isolates or other clinical materials for the eight pathogens featured in this review. The pathogens are:

- *Campylobacter* species
- *Cryptosporidium*
- *Listeria monocytogenes*
- *Shigella* species
- *Clostridium botulinum*
- *E. coli* (O157 and non-O157 STEC)/Shiga toxin producing
- *Salmonella* species (Typhi and non-Typhi)
- *Vibrio* species

- States may refer to specific pathogens (e.g., *Vibrio cholerae*) or may refer to a broader grouping (e.g., *Vibrio* sp.). The table tracks where states use the specific and the general terminology.
- Each table lists both the pathogen and the resultant disease or condition caused by the pathogen. States list either the pathogen or disease, or both to identify the isolates or other clinical materials to be submitted.
- Of the eight pathogens reviewed in this report, five of them are required by approximately two-thirds or more of states. These are: *E.coli* (O157 and non-O157 STEC) or Shiga toxin producing, *Listeria monocytogenes*, *Salmonella* (Typhi and non-Typhi), *Shigella*, and *Vibrio* (*cholerae* and non-*cholerae*).
- Just under a majority of states require submission of *Campylobacter* and *Clostridium botulinum* isolates or other clinical materials. Two states mandate submission of *Cryptosporidium*.
- These tables were created using information from state regulations and reportable disease lists.

Table 3: *Campylobacter* Submission Requirements

Table 3 summarizes the state submission requirements for *Campylobacter* isolates or other clinical materials.

- 22 states address *Campylobacter* species and/or campylobacteriosis. Of these, 16 states mandate submission of isolates or other clinical materials; six states require submission upon request by the state.

Table 3: *Campylobacter* Submission Requirements			
State	***Campylobacter sp.***	**Campylobacteriosis**	**Notes[1,2]**
AL			
AK	x		
AZ			
AR	x	x	Isolates to be submitted upon request; results of any PFGE tests of bacterial isolates must be submitted.
CA			
CO	#		*Campylobacter* needs to be reported on monthly line lists (submitted to EIP epidemiologist) but isolates do not need to be submitted, unless an agreement is already in place to send them.
CT			
DE			
DC			
FL			
GA		#	
HI	x		
ID			
IL			
IN			
IA			
KS			
KY		x	
LA	x		
ME			
MD	x	x	
MA			
MI			
MN	x	x	
MS			
MO			

1 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.
2 Notes may not reflect all the requirements for a state; see official state sources.

Table 3: *Campylobacter* Submission Requirements			
State	***Campylobacter sp.***	**Campylobacteriosis**	**Notes[1,2]**
MT	x	x	If a local health officer receives information about a case of the listed diseases, the officers must ensure that a specimen is submitted to the state department of health. A laboratory professional or any other person in possession of a specimen from a case of campylobacteriosis must submit the specimen to the state department of health upon request.
NE	x	x	
NV	x		
NH	#		
NJ			
NM		x	*Campylobacter* infections.
NY			
NC			
ND		x	*Campylobacter* enteritis.
OH			
OK			
OR			
PA			
RI	x		
SC			
SD			
TN	#	#	Submission of isolate or specimen requested, but not required for *Campylobacteriosis.*
TX			
UT	x	x	
VT	x		
VA			
WA	#	#	*Campylobacter* species specimen to be submitted on request.
WV			
WI		#	
WY	x	x	
Total Required	13	10	
Total on Request	4	4	

1 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.
2 Notes may not reflect all the requirements for a state; see official state sources.

Table 4: *Clostridium botulinum* Submission Requirements

Table 4 summarizes the state submission requirements for *Clostridium botulinum* isolates or other clinical materials.

- 24 states identify *Clostridium botulinum and/*or botulism. Of these, 21 mandate submission; three states require submission upon request.

Table 4: *Clostridium botulinum* Submission Requirements

State	*Clostridium botulinum*	Botulism	Notes[3, 4]
AL			
AK	x		The laboratory shall provide a sample of the organism and, if available, a serum, stool, emesis, food, or environmental sample.
AZ			
AR			
CA			
CO			
CT			
DE	x		
DC			
FL	x		*Clostridium botulinum* and botulinum toxin from food, wound or unspecified source and from infants <12 months old.
GA		#	
HI	x		
ID			
IL			
IN			
IA			
KS			
KY		x	
LA			
ME	x	x	
MD	x	x	*Clostridium botulinum* or botulinum toxin or other botulism producing *Clostridia.*
MA	x		Isolates and suspect isolates must be submitted for *C. botulinum*.
MI	x	x	Submit specimens suspected to contain and suspect isolates for *C. botulinum*.
MN			
MS	x	x	
MO			

3 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.
4 Notes may not reflect all the requirements for a state; see official state sources.

Table 4: *Clostridium botulinum* Submission Requirements			
State	***Clostridium botulinum***	**Botulism**	**Notes**[3, 4]
MT		x	If a local health officer receives information about a case of the listed diseases, the officers must ensure that a specimen is submitted to the state department of health. A laboratory professional or any other person in possession of a specimen from a case of botulism must submit the specimen to the state department of health upon request.
NE	x	x	
NV	x		
NH	#		
NJ			
NM		x	
NY	x	x	
NC			
ND		x	
OH			
OK			
OR			
PA			
RI	x		
SC			
SD			
TN	x	x	Required for foodborne, infant and wound events.
TX	x	x	
UT	x	x	
VT			
VA			
WA	x	x	Serum and/or stool; any other specimens available (i.e., foods submitted for suspected foodborne case; debrided tissue submitted for suspected wound botulism).
WV			
WI		#	
WY			
Total Required	17	14	
Total on Request	1	2	

3 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.
4 Notes may not reflect all the requirements for a state; see official state sources.

Table 5: *Cryptosporidium* Submission Requirements

Table 5 summarizes the state submission requirements for *Cryptosporidium* isolates or other clinical materials.

- Eight states mention *Cryptosporidium* and/or cryptosporidiosis. Of these, two states mandate submission of isolates or other clinical materials; 6 states require submission upon request.

Table 5: *Cryptosporidium* Submission Requirements			
State	***Cryptosporidium***	**Cryptosporidiosis**	**Notes**[5, 6]
AL			
AK			
AZ			
AR			
CA			
CO	#		*Cryptosporidium parvum* needs to be reported on monthly line lists (submitted to EIP epidemiologist) but isolates do not need to be submitted, unless an agreement is already in place to send them.
CT			
DE			
DC			
FL			
GA		#	
HI			
ID			
IL			
IN			
IA			
KS			
KY			
LA			
ME	#	#	Not required, but recommended.
MD			
MA			
MI			
MN	x	x	
MS			
MO			
MT			

5 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.
6 Notes may not reflect all the requirements for a state; see official state sources.

Table 5: *Cryptosporidium* Submission Requirements			
State	***Cryptosporidium***	**Cryptosporidiosis**	**Notes**[5, 6]
NE			
NV			
NH	#		
NJ			
NM			
NY	x	x	*Cryptosporidium* isolates required for NY state, not in NY City.
NC			
ND			
OH			
OK			
OR			
PA			
RI			
SC			
SD			
TN			
TX			
UT			
VT			
VA			
WA	#	#	*Cryptosporidium* species specimen to be submitted on request.
WV			
WI		#	
WY			
Total Required	2	2	
Total on Request	4	4	

5 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.
6 Notes may not reflect all the requirements for a state; see official state sources.

Table 6: *E. coli* Submission Requirements

Table 6 summarizes the state submission requirements for *E. coli* for isolates or other clinical materials.

- *Escherichia coli*/Shiga toxin producing (STEC) – 47 states mention *E. coli* or Shiga toxin producing pathogens and/or the infections caused by these pathogens. Of these, 44 mandate submission; three states require submission upon request.
- *E. coli*/STEC – 41 states refer generally to *E. coli* or Shiga toxin producing pathogens broadly.
- *E. coli* O157 – 38 states specifically mention *E. coli* O157 and/or infection caused by it. Of these, 3 states require submission upon request; the rest mandate submission.
- *E. coli* non-O157/STEC – 10 states list non- *E. coli* O157/STEC and/or infections caused by them. Of these, three states require submission upon request; the rest mandate submission.
- Enterotoxigenic *E. coli* – four states list enterotoxigenic *E. coli*. Of these, one state requires submission upon request; the rest mandate submission.

Table 6: *E. coli* Submission Requirements

State	*E. coli* / Shiga toxin producing	*E. coli* O157 STEC	*E. coli* O157 Infection	*E. coli* non-O157 STEC	Non-O157 STEC infection	Enterotoxigenic *E. coli* (ETEC)	Notes[7, 8]
AL							
AK	x						
AZ	x						Submit an isolate of the organism for each positive culture to the Arizona State Laboratory at least once each week, as applicable.
AR	x					x	Isolates to be submitted upon request; results of any PFGE tests of bacterial isolates must be submitted.
CA		x		x			Requires submission of Shiga toxin-positive fecal broths and Shiga toxin-producing *E. coli* (STEC) O157 and non-O157 isolates.
CO	x	x					If non-culture based methods are used to detect Shiga toxin, suspected *E. coli* O157, forward inoculated broth or stool specimen to the CDPHE lab.
CT			x		x		Shiga toxin-related disease. For STEC tested by non-culture methods, send positive broth or stool in transport media when isolate is not available.
DE		x		x			
DC							
FL	x						
GA			#		#		

7 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.
8 Notes may not reflect all the requirements for a state; see official state sources.

Table 6: *E. coli* Submission Requirements

State	*E. coli* / Shiga toxin producing	*E. coli* O157 STEC	*E. coli* O157 Infection	*E. coli* non-O157 STEC	Non-O157 STEC infection	Enterotoxigenic *E. coli* (ETEC)	Notes[7, 8]
HI	x	x					*E.coli* Shiga toxin-producing, including O157.
ID							
IL	x				x	x	(*E. coli* O157:H7 and other Shiga toxin-producing *E. coli*, enterotoxigenic *E. coli*, enteropathogenic *E. coli* and enteroinvasive *E. coli*).
IN	x	x					*E. coli* isolates, collected from stool, blood, or other sterile sites, and includes diarrhea producing and other enterohemorrhagic types including, but not limited to, the following: (A) *E. coli* O157. (B) *E. coli* O157:H7. (C) Sorbitol-negative. (D) Shiga-toxin producing.
IA	x						*E. coli* Shiga toxin-producing and related diseases (includes HUS and TTP).
KS	x	x					*E. coli* O157:H7 and other enterohemorrhagic, enteropathogenic, and enteroinvasive *E. coli.*
KY	x		x				Shiga toxin-producing *E. coli* (STEC).
LA	x	x					*E. coli* O157H7 or *E.coli* Shiga toxin producing.
ME	x	x	x	x	x		*E. coli* O157 disease including hemolytic-uremic syndrome (HUS).
MD	x	x	x				Shiga-like toxin producing enteric bacterial infections.
MA	x	x					Shiga toxin-producing organism isolates including *E. coli* O157, and any broths which test positive for Shiga toxin-producing organisms where the organism has not been isolated.
MI	x	x					*E. coli* O157:H7 and all other shiga toxin positive serotypes.
MN	x	x	x			x	Enteric *E. coli* infection (*E. coli* O157:H7, other enterohemorrhagic (Shiga toxin-producing) *E. coli*, enteropathogenic *E. coli*, enteroinvasive *E. coli,* and enterotoxigenic *E. coli*).
MS	x	x					*E. coli* O157:H7 and any Shiga toxin-producing *E. coli* (STEC).
MO	x	x					Other Shiga toxin-positive organisms.

7 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.
8 Notes may not reflect all the requirements for a state; see official state sources.

Table 6: *E. coli* Submission Requirements

State	*E. coli* / Shiga toxin producing	*E. coli* O157 STEC	*E. coli* O157 Infection	*E. coli* non-O157 STEC	Non-O157 STEC infection	Enterotoxigenic *E. coli* (ETEC)	Notes[7, 8]
MT	x						If a local health officer receives information about a case of the listed diseases, the officers must ensure that a specimen is submitted to the state department of health. A laboratory professional or any other person in possession of a specimen from a case of botulism must submit the specimen to the state department of health upon request.
NE	x	x	x				*E. coli* gastroenteritis (*E. coli* O157:H7 and other Shiga toxin-positive *E. coli* from gastrointestinal infection). Shiga toxin-positive gastroenteritis (enterohemorrhagic *E coli* and other Shiga toxin-producing bacteria).
NV	x	x					Isolates of, or broth positive results for, Shiga toxin-producing *E. coli.*
NH		#		#			
NJ	x	x					*E. coli* O157:H7 and enrichment broths containing Shiga toxin-producing *E. coli.*
NM	x		x				*E. coli* O157:H7 and *E. coli*, Shiga toxin-producing (STEC) infections.
NY	x	x	x				Shiga toxin-producing *E. coli* (STEC) disease (including hemolytic-uremic syndrome, HUS).
NC	x						When a stool culture is requested on a specimen from a person with bloody diarrhea, culture the stool for Shiga toxin-producing *E. coli* or send the specimen to the State Laboratory of Public Health.
ND	x						
OH							
OK	x	x					*E. coli* O157,O157:H7, or a Shiga toxin-producing *E. coli* (STEC).
OR	x	x					Shiga-toxigenic *E. coli* (STEC), including *E. coli* O157.
PA	x						A clinical laboratory shall send isolates of enterohemorrhagic *E. coli* (O157 infections, or infections caused by other sub-types producing Shiga-like toxin) to the Department's Bureau of Laboratories for appropriate further testing within 5 work days of isolation.

7 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.

8 Notes may not reflect all the requirements for a state; see official state sources.

Table 6: *E. coli* Submission Requirements

State	*E. coli* / Shiga toxin producing	*E. coli* O157 STEC	*E. coli* O157 Infection	*E. coli* non-O157 STEC	Non-O157 STEC infection	Enterotoxigenic *E. coli* (ETEC)	Notes[7, 8]
RI	x	x					
SC	x						*E. coli Shiga* toxin–producing (STEC).
SD	x	x		x			Includes *E. coli* O157:H7, O26, O111, O103 and others.
TN	x	x		x			For any Shiga-toxin producing *E. coli* (STEC), including *E. coli* O157s and *E. coli* non-O157s, EIA positive broths for Shiga-like toxin will also be accepted.
TX	x	x					Isolates or specimens from cases where Shiga-toxin activity is demonstrated.
UT	x						Shiga toxin-producing *E. coli* (STEC) (including enrichment and/or Mac-Conkey broths that tested positive by enzyme immunoassay for Shiga toxin).
VT	x	x					Shiga toxin-producing *E. coli* (STEC) (including O157:H7).
VA	x						*E. coli* infection, Shiga toxin-producing. 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 broth cultures to DCLS for confirmation and further characterization.
WA	x	x		x			Shiga toxin-producing *E. coli* (entero-hemorrhagic *E. coli* including, but not limited to, *E. coli* O157:H7).
WV	x						Shiga toxin-producing *E. coli* (STEC).
WI			#		#	#	*E. coli* O157:H7, other Shiga toxin-producing *E. coli* (STEC), enteropathogenic *E. coli*, enteroinvasive *E. coli*, and enterotoxigenic *E. coli*.
WY	x	x		x			*E. coli*, Shiga toxin-producing (O157:H7, non-O157:H7, or untyped).
Total Required	41	27	8	7	3	3	
Total on Request	0	1	2	1	2	1	

7 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.

8 Notes may not reflect all the requirements for a state; see official state sources.

Table 7: *Listeria* Submission Requirements

Table 7 summarizes the state submission requirements for *Listeria* isolates or other clinical materials.

- 44 states address submission of *Listeria* species, *Listeria monocytogenes*, and/or listeriosis. 41 states mandate submission; three states require submission upon request.
- Only four states refer to *Listeria* species. All of the other states specifically refer to *Listeria monocytogenes*.

Table 7: *Listeria* Submission Requirements

State	*Listeria* sp.	*Listeria* monocytogenes	Listeriosis	Notes[9, 10]
AL				
AK		x		
AZ	x			Isolated from a normally sterile site. Submit an isolate of the organism for each positive culture to the Arizona State Laboratory at least once each week, as applicable.
AR	x		x	Isolates to be submitted upon request; results of any PFGE tests of bacterial isolates must be submitted.
CA		x		*Listeria monocytogenes* isolates.
CO		x		*Listeria monocytogenes* isolates or clinical materials from each positive specimen.
CT			x	
DE		x		
DC				
FL		x		
GA			#	
HI		x		
ID				
IL			x	
IN		x		
IA			x	*Listeria monocytogenes* invasive disease.
KS				
KY			x	
LA	x			
ME		x	x	
MD		x	x	
MA		x		
MI		x	x	
MN		x	x	

9 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.
10 Notes may not reflect all the requirements for a state; see official state sources.

Table 7: *Listeria* Submission Requirements				
State	*Listeria* sp.	*Listeria* monocytogenes	Listeriosis	Notes[9, 10]
MS		x	x	
MO			x	
MT			x	If a local health officer receives information about a case of the listed diseases, the officers must ensure that a specimen is submitted to the state department of health.
NE		x	x	
NV		x		
NH		#		
NJ		x		
NM			x	
NY		x	x	
NC				
ND			x	
OH				
OK		x		*Listeria monocytogenes* (sterile site).
OR		x		
PA				
RI		x		
SC	x			
SD		x	x	
TN		x	x	
TX		x		
UT		x	x	
VT		x		
VA			x	
WA		x	x	
WV		x		
WI			#	
WY		x	x	
Total Required	4	28	22	
Total on Request	0	1	2	

9 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.

10 Notes may not reflect all the requirements for a state; see official state sources.

Table 8: *Salmonella* Submission Requirements

Table 8 summarizes the state submission requirements for *Salmonella* isolates or other clinical materials.

- 45 states address submission of *Salmonella* species or diseases caused by them. 42 mandate submission; three states require submission upon request.
  - *Salmonella* species – 24 states refer to *Salmonella* species broadly.
  - *Salmonella* non-Typhi – 28 states refer to *Salmonella* non-Typhi and/or salmonellosis. Of these, three states require submission upon request; the rest mandate submission.
  - *Salmonella* Typhi – 27 states list *Salmonella* Typhi and/or typhoid fever. Of these, three states require submission upon request; the rest mandate submission.

Table 8: *Salmonella* Submission Requirements

State	*Salmonella* sp.	*Salmonella* sp. (non-Typhi)	Salmonellosis	*Salmonella* Typhi	Typhoid Fever	Notes[11, 12]
AL						
AK	x					
AZ	x					Submit an isolate of the organism for each positive culture to the Arizona State Laboratory at least once each week, as applicable.
AR	x		x		x	Isolates to be submitted upon request; results of any PFGE tests of bacterial isolates must be submitted.
CA		x				Culture of the organisms on which a diagnosis of salmonellosis is established must be submitted to the local public health laboratory and then to the State's Microbial Diseases Laboratory for definitive identification.
CO		x		x		If non-culture based methods are used to detect *Salmonella*, forward inoculated broth or stool specimen to the CDPHE lab.
CT			x			For *Salmonella* tested by non-culture methods, send positive broth or stool in transport media when isolate is not available.
DE	x					
DC						
FL				x		
GA			#		#	

11 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.
12 Notes may not reflect all the requirements for a state; see official state sources.

Table 8: *Salmonella* Submission Requirements

State	*Salmonella* sp.	*Salmonella* sp. (non-Typhi)	Salmonellosis	*Salmonella* Typhi	Typhoid Fever	Notes[11, 12]
HI	x			x		*Salmonella* species, including Typhi.
ID						
IL			x		x	
IN	x					*Salmonella*, including antimicrobial susceptibilities if available collected from stool, urine, blood, or other sterile sites.
IA		x	x			
KS	x				x	
KY			x		x	
LA	x					
ME	x		x	x	x	
MD		x	x	x	x	Typhoid fever (case, carrier, or both, of *Salmonella* Typhi).
MA	x					
MI		x	x	x	x	
MN	x		x	x	x	
MS				x	x	
MO	x					
MT			x		x	If a local health officer receives information about a case of the listed diseases, the officers must ensure that a specimen is submitted to the state department of health. A laboratory professional or any other person in possession of a specimen from a case of botulism must submit the specimen to the state department of health upon request.
NE		x	x	x	x	
NV	x					
NH		#		#		
NJ	x					
NM			x		x	
NY	x		x	x	x	
NC						

11 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.
12 Notes may not reflect all the requirements for a state; see official state sources.

Table 8: *Salmonella* Submission Requirements						
State	*Salmonella* sp.	*Salmonella* sp. (non-Typhi)	Salmonellosis	*Salmonella* Typhi	Typhoid Fever	Notes[11, 12]
ND			x		x	
OH						
OK	x					
OR	x					
PA	x					
RI	x			x		
SC		x		x		
SD	x		x	x	x	
TN		x	x	x	x	
TX						
UT	x		x			
VT	x					
VA			x		x	Typhoid/Paratyphoid fever.
WA	x		x			
WV		x		x		*Salmonella* Typhi from any site.
WI			#		#	
WY	x		x	x	x	
Total Required	24	10	20	17	17	
Total on Request	0	1	2	1	2	

11 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.
12 Notes may not reflect all the requirements for a state; see official state sources.

Table 9: *Shigella* Submission Requirements

Table 9 summarizes the state submission requirements for *Shigella* isolates or other clinical materials.

- 40 states address submission of *Shigella* species and/or shigellosis. 37 states mandate submission; three states require submission upon request.

Table 9: *Shigella* Submission Requirements			
State	***Shigella* sp.**	**Shigellosis**	**Notes[13, 14]**
AL			
AK	x		
AZ	x		Submit an isolate of the organism for each positive culture to the Arizona State Laboratory at least once each week, as applicable.
AR	x	x	Isolates to be submitted upon request; results of any PFGE tests of bacterial isolates must be submitted.
CA			
CO	x		If non-culture based methods are used to detect *Shigella*, forward inoculated broth or stool specimen to the CDPHE lab.
CT		x	For *Shigella* tested by non-culture methods, send positive broth or stool in transport media when isolate is not available.
DE	x		
DC			
FL			
GA		#	
HI	x		
ID			
IL		x	
IN			
IA	x	x	
KS		x	
KY		x	
LA	x		
ME	x	x	
MD	x	x	*Shigella* species, including species or serogroup, if known.
MA	x		
MI	x	x	
MN	x	x	
MS			
MO	x		

13 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.
14 Notes may not reflect all the requirements for a state; see official state sources.

Table 9: *Shigella* Submission Requirements			
State	***Shigella* sp.**	**Shigellosis**	**Notes[13, 14]**
MT		x	If a local health officer receives information about a case of the listed diseases, the officers must ensure that a specimen is submitted to the state department of health. A laboratory professional or any other person in possession of a specimen from a case of botulism must submit the specimen to the state department of health upon request.
NE	x	x	
NV	x		
NH	#		
NJ	x		
NM		x	
NY	x	x	*Shigella* species isolates required for NY City, not for NY state.
NC			
ND		x	
OH			
OK			
OR	x		
PA	x		
RI	x		
SC	x		
SD	x		
TN	x	x	
TX			
UT	x	x	
VT	x		
VA		x	
WA	x	x	
WV	x		
WI		#	
WY	x	x	
Total Required	29	20	
Total on Request	1	2	

13 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.
14 Notes may not reflect all the requirements for a state; see official state sources.

Table 10: *Vibrio* Submission Requirements

Table 10 summarizes the state submission requirements for *Vibrio* isolates or other clinical materials.

- 38 states require submission of *Vibrio* species or diseases caused by them. 35 states mandate submission; three states require submission upon request.
  - *Vibrio* species – 13 states refer to *Vibrio* species broadly.
  - *Vibrio* non-*cholerae* – 27 states refer to non-*cholerae* species of *Vibrio and/*or vibriosis. Of these, three states require submission upon request; the rest mandate submission.
  - *Vibrio cholerae* – 29 states refer to *Vibrio cholerae* and/or cholera. Of these, three states require submission upon request; the rest mandate submission.

Table 10: *Vibrio* Submission Requirements

State	*Vibrio* sp.	*Vibrio* (non-cholerae)	Vibriosis	*Vibrio* cholerae	Cholera	Notes[15, 16]
AL						
AK	x					
AZ	x					Submit an isolate of the organism for each positive culture to the Arizona State Laboratory at least once each week, as applicable.
AR						
CA						
CO		x		x		If non-culture based methods are used to detect *Vibrio*, forward inoculated broth or stool specimen to the CDPHE lab.
CT			x			For *Vibrio* tested by non-culture methods, send positive broth or stool in transport media when isolate is not available.
DE		x		x		
DC						
FL		x		x		*Vibrio cholerae* type O1 and *Vibrio* species excluding *Vibrio cholerae* type O1.
GA			#		#	
HI		x		x		
ID						
IL					x	
IN						
IA						
KS						
KY			x		x	Cholera and diseases caused by other *Vibrio* species.
LA	x					

15 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.
16 Notes may not reflect all the requirements for a state; see official state sources.

Table 10: *Vibrio* Submission Requirements

State	*Vibrio* sp.	*Vibrio* (non-cholerae)	Vibriosis	*Vibrio* cholerae	Cholera	Notes[15, 16]
ME	x		x	x	x	
MD		x	x	x	x	Vibriosis, non-cholera, identified in any specimen taken from teeth, gingival tissues, or oral mucosa is not reportable.
MA	x					
MI	x	x	x	x	x	*Vibrio* sp. listed as *Vibrio paphemolyticus* and *Vibrio vulnificus*.
MN	x	x	x	x	x	
MS	x	x	x	x	x	*Vibrio* species; non-cholera *Vibrio* disease; *Vibrio cholerae* 01.
MO				x	x	
MT			x		x	If a local health officer receives information about a case of the listed diseases, the officers must ensure that a specimen is submitted to the state department of health. A laboratory professional or any other person in possession of a specimen from a case of cholera must submit the specimen to the state department of health upon request.
NE				x	x	
NV	x					
NH		#		#		
NJ						
NM			x		x	*Vibrio* infections.
NY		x	x	x	x	*Vibrio cholerae* 01 or 0139 and *Vibrio* non 01 species.
NC						
ND			x		x	
OH						
OK	x					*Vibrionaceae* family (*Vibrio* spp., *Grimontia* spp., *Photobacterium* spp. and other genera in the family).
OR		x		x		
PA						
RI		x		x		Listed as *Vibrio parahemolyticus* and *Vibrio vulnificus.*
SC		x		x		*Vibrio* -all, including *V. cholerae* 01 and 0139.
SD						

15 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.
16 Notes may not reflect all the requirements for a state; see official state sources.

Table 10: *Vibrio* Submission Requirements						
State	*Vibrio* sp.	*Vibrio* (non-cholerae)	Vibriosis	*Vibrio* cholerae	Cholera	Notes[15, 16]
TN		x	x	x	x	Toxigenic *Vibrio cholerae* 01 or 0139 and *Vibrio* species (other than toxigenic *V. cholerae* 01 or 0139).
TX		x	x	x	x	
UT	x		x			
VT	x					
VA					x	
WA	x		x	x	x	*Vibrio cholerae* 01 or 0139 (Cholera) and *Vibrio* species (Vibriosis).
WV		x		x		
WI			#		#	
WY		x		x	x	
Total Required	13	16	15	20	18	
Total on Request	0	1	2	1	2	

15 A "#" in the table signifies that a state may request that isolates or other clinical materials be submitted for a pathogen, but it is not routinely mandated.
16 Notes may not reflect all the requirements for a state; see official state sources.

Appendix

State Legal Requirements for Submission of Isolates and Other Clinical Materials by Clinical Laboratories: A Review of State Approaches

CONTENTS

INTRODUCTION AND NOTICES

Introduction

The state statutes and regulations in this appendix were compiled for the Association of Public Health Laboratories to determine how states require mandatory submission of isolates or other clinical materials from laboratories. The anlysis of this data is contained in the report, *State Legal Requirements for Submission of Isolates by Clinical Laboratories: A Review of State Approache*s.

Research Methods

Current state communicable disease statutes and regulations in the 50 states and the District of Columbia were collected from electronic research databases and state publications to identify existing reporting and isolate submission requirements. State health agency websites were reviewed to identify additional information regarding requirements. Research was conducted June 9 to June 26, 2015. Proposed regulations and legislation that may affect isolate submission requirements were not reviewed as part of this analysis. As a result, specific state requirements identified in the document may have changed since research was completed.

This appendix contains exceprts from state communicable disease statutes and regulations relevant to reporting and isolate submission requirements for clincial and other laboratories. Where a state does not list specific pathogens/diseases for which laboratories must submit reports and isolates in its regulations, the text of that state's reportable disease list is included.

Notices

The information contained in this document does not constitute legal advice. It is not a definitive or comprehensive review of the obligations of clinical and other laboratories or persons required to submit reports or samples by state law. The requirements identified in this document may have changed since the research was completed in June 2015. Readers should consult with an attorney about the legal requirements in their jurisdiction.

Alabama

ALABAMA	
Citation	**Requirements**
Statutes	
Code of Alabama §22-11A-1 **State Board of Health to designate notifiable diseases and health conditions**	The State Board of Health shall designate the diseases and health conditions which are notifiable. The diseases and health conditions so designated by the Board of Health are declared to be diseases and health conditions of epidemic potential, a threat to the health and welfare of the public, or otherwise of public health importance. The occurrence of cases of notifiable diseases and health conditions shall be reported as provided by the rules adopted by the State Board of Health.
Code of Alabama §22-11A-2 **Persons responsible to report diseases; contents of report; confidential information; person making report immune from liability**	Each physician, dentist, nurse, medical examiner, hospital administrator, nursing home administrator, laboratory director, school principal, and day care center director shall be responsible to report cases or suspected cases of notifiable diseases and health conditions. The report shall contain such information, and be delivered in such a manner, as may be provided for from time to time by the rules of the State Board of Health. All medical and statistical information and reports required by this article shall be confidential and shall not be subject to the inspection, subpoena, or admission into evidence in any court, except proceedings brought under this article to compel the examination, testing, commitment or quarantine of any person or upon the written consent of the patient, or if the patient is a minor, his parent or legal guardian. Any physician or other person making any report required by this article or participating in any judicial proceeding resulting therefrom shall, in so doing, be immune from any civil or criminal liability, that might otherwise be incurred or imposed. No provision of this section shall be interpreted to prevent the publication of statistical reports or other summaries provided that said reports or summaries do not identify individual persons.

ALABAMA	
Citation	**Requirements**
Regulations	
Alabama Administrative Code **Chapter 420-4-1 (Notifiable Diseases)** **420-4-1-.04** **Reporting**	(1) Responsibility for Reporting. Each physician, dentist, nurse, medical examiner, hospital administrator, nursing home administrator, laboratory director, school principal, and child care center/Head Start director shall be responsible to report cases or suspected cases of notifiable diseases and health conditions. Reports by laboratories as outlined in 420-4-1-.04(3) shall not substitute for reports by persons responsible for reporting cases or suspected cases of notifiable diseases and health conditions. Said report shall contain such data as may be required by the rules of the State Board of Health. Said report shall be in the manner designated in Rule 420-4-1-.04(3)-(7). (2) Reports by Pharmacists. Pharmacists shall report to the State Health Officer or designee in the manner designated in Rule 420-4-1-.04(4)-(7) the dispensing of: (a) Any anti-tuberculosis medication; (b) Any antiretroviral (ARV) medication to an infant <18 months of age. (3) Reports by Laboratories. Any laboratory testing for diseases that are notifiable to the Department shall report by electronic means as specified by the Department to the State Health Officer within the designated time required by disease categories under 420-4-1-.03. In addition to the minimum data elements outlined in 420-4-1-.04(7), laboratory test method and reference range shall be reported. All HIV viral loads and CD4 counts shall be reported regardless of the result. (4) Report of Immediate, Extremely Urgent Diseases. Diseases designated as immediate, extremely urgent shall be reported to the State Health Officer or the County Health Officer within four hours of presumptive diagnosis by telephone. If reported to the County Health Officer, County Health Officer shall report to the State Health Officer or designee at the state public health office within the same four hours. (5) Report of Immediate, Urgent Diseases. Diseases designated as immediate, urgent shall be reported to the State Health Officer or the County Health Officer within 24 hours of presumptive diagnosis by electronic means as specified by the Department or by telephone. If reported to the County Health Officer, County Health Officer shall report to the State Health Officer or designee at the state public health office within the same 24 hours. (6) Report of Standard Notification Diseases. Diseases and health conditions designated as standard notification diseases shall require notification by electronic means as specified by the Department, in writing, or by telephone to either the County Health Officer or the State Health Officer within five days of diagnosis. If reported to the County Health Officer, County Health Officer shall report to the State Health Officer or designee at the state public health office within the same time frame. (7) Minimum information to be reported. Said reports shall include, at a minimum: the name of the disease or health condition; the name, date of birth, gender, race, ethnicity, address, phone number, and payor source of the person having said disease or health condition; the date of onset, date of laboratory result, and/or date of diagnosis of said disease or health condition; and name, phone number, and facility affiliated with the reporter.

ALABAMA	
Citation	**Requirements**
	(8) Supplemental Case Report Information. The State Health Officer may require additional information concerning any of the notifiable diseases or health conditions in order to properly investigate and control said disease or health condition. For this purpose, the State Health Officer may designate supplemental forms for various notifiable diseases for collecting the required information. Physicians, hospitals, nurses, and others as required by law shall, in addition to the basic information required on the initial report, provide such information as required on the supplemental report for those diseases so designated. Such case report information is confidential and shall not be subject to public inspection or admission into evidence in any court except via proceedings brought under this chapter to compel the examination, testing, commitment or quarantine of any person or upon the written consent of the patient, provided that other persons are not so identified. (9) Epidemiologic Study Information. The State Health Officer, or his or her designee, may require additional investigation of confirmed or suspected (a) outbreaks of any kind, (b) cases of notifiable diseases and conditions, (c) exposures to notifiable diseases or conditions, (d) cases of diseases of potential public health importance, or (e) exposures to environmental hazards, by collecting information from the individuals suspected of being part of the outbreak, from individuals with the suspected or confirmed notifiable disease or condition, from close contacts, from others who may have the disease or condition based on symptoms, exposure or other factors, from controls, and from others with information relevant to the investigation. For this purpose, the State Health Officer, or his or her designees, may design questionnaire instruments that permit the recordings of information such as, but not limited to, personal identifiers, medical facts such as symptoms and laboratory test results, and exposure histories. Such questionnaires may be voluntarily completed by persons identified by Department staff conducting the investigation. In addition to such questionnaires, all working documents, including, but not limited to, written notes and computer records, and documents and records relating to the investigation and received from outside parties, including, but not limited to, medical records and laboratory records, are confidential and shall not be subject to the inspection, subpoena, or admission into evidence in any court, except via proceedings brought under this chapter by the Department to compel the examination, testing, commitment or quarantine of any person. A record generated by the Department dealing with the symptoms, condition, or other information concerning only one individual or entity is releasable upon the written consent of the individual or entity, or if the individual is a minor, his or her parent or legal guardian. Any individual providing information to the Department as part of the investigation shall be immune from any civil or criminal liability. Nothing in this paragraph is meant to supersede other rules in this chapter.

ALABAMA

Citation	Requirements
Alabama Admin. Code Chpt. 420-4-1 (Notifiable Diseases) **420-4-1-.04 Reporting** **APPENDIX I Alabama Notifiable Diseases/Conditions**	*Immediate, Extremely Urgent Disease/Condition – Report to the County or State Health Department by telephone within 4 hours of presumptive diagnosis:* • Anthrax, human • Botulism • Plague • Poliomyelitis, paralytic • Severe Acute Respiratory Syndrome- associated Coronavirus (SARS-CoV) disease • Smallpox • Tularemia • Viral hemorrhagic fever • Cases related to nuclear, biological, or chemical terroristic agents *Immediate, Urgent Disease/Condition – Report to the County or State Health Department by electronic means as specified by the Department or by telephone within 24 hours of presumptive diagnosis:* • Brucellosis • Cholera • Diphtheria • *E. coli*, shiga toxin producing (STEC) • *Haemophilus influenzae*, invasive disease[1] • Hemolytic uremic syndrome (HUS), post-diarrheal • Hepatitis A, including ALT • Legionellosis • Measles (rubeola) • Meningococcal Disease - (*Neisseria meningitidis*)[1] • Novel influenza A virus infection (i.e., potential new strain) • Pertussis • Poliovirus infection, nonparalytic • Rabies, human and animal • Rubella • Tuberculosis • Typhoid fever • Yellow fever • Outbreaks of any kind • Cases of potential public health importance[2] *Standard Notification Disease/Condition – Report by electronic means as specified by the Department, in writing, or by telephone to the County or State Health Department within 5 days of diagnosis, unless otherwise noted:* • Anaplasmosis • Asthma[3] • Arboviral disease (all resulted tests) • Babesiosis • Campylobacteriosis • Chancroid* • *Chlamydia trachomatis** • Cryptosporidiosis • Dengue • Ehrlichiosis • Giardiasis • Gonorrhea* • Hansen's disease (Leprosy) • Hepatitis, B, C, and other viral (acute only), including ALT • Human Immunodeficiency Virus infection* (including asymptomatic infection, AIDS, CD4 counts, and viral loads) • Influenza-associated pediatric mortality • Lead, screening test result • Leptospirosis • Listeriosis • Lyme disease • Malaria • Mumps • Prenatal HIV Exposure (under 18 months of age) • Psittacosis • Q Fever • Salmonellosis • Shigellosis • Spotted Fever Rickettsiosi • *Staphylococcus aureus,* Vancomycin-intermediate (VISA) and Vancomycin-resistant (VRSA) • *Streptococcus pneumoniae,* invasive disease[1] • Syphilis* • Tetanus • Trichinellosis (Trichinosis) • Varicella • Vibriosis

ALABAMA	
Citation	**Requirements**
	Notes: *Designated Sexually Transmitted Diseases by the State Board of Health 1 Detection of organism from a normally sterile body site (e.g., blood, cerebrospinal fluid, or, less commonly, joint, pleural or pericardial fluid) 2 As determined by the reporting healthcare provider 3 Asthma discharge data reporting is limited to hospitals and is to be reported quarterly to the Asthma Program within the Division of Chronic Disease Prevention. In addition to the elements specified in 420-4-1.04- (7) to be reported for all patients with a Primary, Secondary, or Tertiary ICD-9 Diagnosis Code of 493.XX or ICD-10 of J45-J46 (Asthma), reporters must also report Admit Date; Discharge Date (or Length of Stay); and Primary, Secondary, and Tertiary Diagnosis Codes.
Alabama Admin. Code Chpt. 420-4-1 (Notifiable Diseases) **420-4-1-.03 Enumeration**	(1) The State Committee of Public Health, acting for the State Board of Health, shall designate in accordance with the Alabama Administrative Procedure Act, Code of Ala. 1975, §41-22-1, et seq., by majority vote, the diseases and health conditions which are notifiable and may change or amend such lists as deemed necessary. The diseases and health conditions so designated are declared diseases and health conditions of epidemic potential, a threat to the health and welfare of the public, or otherwise of public health importance. (2) Disease categories. The State Committee of Public Health designates that notifiable diseases shall be divided into three categories: (a) Immediate, extremely urgent -diseases/conditions notifiable within four hours of presumptive diagnosis; (b) Immediate, urgent – diseases/conditions notifiable within 24 hours of presumptive diagnosis; and (c) Standard – diseases/conditions notifiable within five days of diagnosis, unless otherwise noted. Said notifiable diseases are enumerated in Appendix I. (3) Sexually Transmitted Diseases. The State Committee of Public Health, acting for the State Board of Health, shall designate in accordance with the Alabama Administrative Procedure Act, by majority vote, those notifiable diseases which shall be designated as sexually transmitted. Such sexually transmitted notifiable diseases shall be included within those designated in Rule 420-4-1-.03(1) and shall be reported as provided in Rule 420-4-1-.03(2). (4) Duration of Reportability. Diseases declared to be notifiable by the State Committee of Public Health shall remain on the list of notifiable diseases until removed by majority vote of the State Committee of Public Health in accordance with the Alabama Administrative Procedure Act unless said Committee designates a specific period of time for a given disease to be notifiable as herein provided. (5) Temporary Designation. The State Committee of Public Health, acting for the State Board of Health, may designate in accordance with the Alabama Administrative Procedure Act, by majority vote, a disease to be notifiable for a specified period of time. Said diseases and health conditions must be of epidemic potential, a threat to the health and welfare of the public, or otherwise of public health significance. When a disease or condition is so designated for a specified period of time, said disease shall be added to the list of notifiable diseases effective immediately upon said designation and shall be removed from the list of notifiable diseases after the period of time designated has expired. (6) Emergency Designation. The State Health Officer, acting for the State Committee of Public Health and for the State Board of Health may, when in his or her discretion he or she deems emergency action necessary, designate a disease or health condition to be notifiable. Diseases so designated by the State Health Officer shall remain notifiable until the next meeting of the State Committee of Public Health unless such designation is confirmed by the action of the State Committee of Public Health; in which case, the disease shall be made either permanently notifiable or temporarily notifiable by said Committee as herein provided.

Alaska

ALASKA	
Citation	**Requirements**
Statutes	
Alaska Statutes §18.15.370 **Reportable disease list**	The department shall maintain a list of reportable diseases or other conditions of public health importance that must be reported to the department. The list may include birth defects, cancers, injuries, and diseases or other conditions caused by exposure to microorganisms; pathogens; or environmental, toxic, or other hazardous substances. The department shall regularly maintain and may revise the list. The department may also establish registries for diseases and conditions that must be reported to the department.
Regulations	
7 Alaska Administrative Code 27.007 **Reporting by laboratories**	(a) An infectious agent listed in this subsection constitutes a public health emergency requiring immediate reporting. A public, private, military, hospital, or other laboratory performing serologic, immunologic, microscopic, biochemical, or cultural examinations or tests in this state or on samples obtained within this state shall immediately report evidence of human infection caused by the following agents by telephone directly to a public health agent in the department when the infectious agent is identified or suspected by the laboratory. The following infectious agents shall be reported under this section: (1) *Bacillus anthracis;* (2) *Burkholderia mallei;* (3) *Burkholderia pseudomailei;* (4) *Clostridium botulinum* or botulinum toxin; (5) *Corynebacterium diphtheriae;* (6) *Francisella tularensis;* (7) hemorrhagic fever viruses, including dengue; (8) influenza virus, suspected novel strains; (9) *Neisseria meningitidis;* (10) poliovirus; (11) rabies virus; (12) rubella virus. (13) rubeola (measles) virus; (14) severe acute respiratory syndrome (SARS) coronavirus; (15) variola (smallpox) virus; (16) yellow fever virus; (17) *Yersinia pestis;* (10) poliovirus;

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Citation	**Requirements**
	(b) In addition to the immediate reporting requirements of (a) of this section, a public, private, military, hospital, or other laboratory performing serologic, immunologic, microscopic, biochemical, or cultural examinations or tests in this state or on samples obtained within this state shall report evidence of human infection caused by the following agents to the department not later than five working days after the examination or test is performed: (1) antibiotic-resistant organisms of national significance, including vancomycin-resistant *Staphylococcus aureus* and carbapenemase-producing Enterobacteriaceae; (2) arboviruses, including West Nile virus; (3) *Bordetella pertussis;* (4) *Borrelia burgdorferi;* (5) *Brucella* species; (6) *Campylobacter* species; (7) *Chlamydophila psittaci;* (8) *Chlamydia trachomatis;* (9) *Coxiella burnetii;* (10) *Cryptosporidium* species; (11) Cyclospora; (12) *Diphyllobothrium* species; (13) Shiga-toxin producing *Escherichia coli (STEC);* (14) *Echinococcus* species; (15) *Giardia* species; (16) *Haemophilus ducreyi;* (17) *Haemophilus influenzae* from normally sterile body fluid or site; (18) Hantavirus; (19) hepatitis A, B, or C virus; (20) human immunodeficiency virus (HIV); tests that shall be reported include: (A) tests confirming human immunodeficiency virus infection; (B) tests used to establish the presence of human immunodeficiency virus, including serologic, virologic, nucleic acid (DNA or RNA), or other viral load detection test results, both detectable and undetectable; and (C) CD4+ (T4) lymphocyte counts and CD4+ (T4) percent of total lymphocytes results of any value; (21) influenza virus; (22) *Legionella* species; (23) *Leptospira* species; (24) *Listeria monocytogenes;* (25) mumps virus; (26) *Mycobacterium leprae;* (27) *Mycobacterium tuberculosis;* (28) *Neisseria gonorrhoeae;* (29) *Plasmodium* species; (30) prions; (31) *Salmonella* species; (32) *Shigella* species; (33) *Streptococcus agalactiae* from normally sterile body fluid or site; (34) *Streptococcus pneumoniae* from normally sterile body fluid or site; (35) *Streptococcus pyogenes* from normally sterile body fluid or site; (36) *Taenia* species; (37) *Treponema pallidum;* (38) *Trichinella* species; (39) varicella virus; (40) *Vibrio* species; (41) *Yersinia enterocolitica* or *Yersinia pseudotuberculosis.*

ALASKA	
Citation	**Requirements**
	(c) Each report must give (1) the date and result of the examination or test performed; (2) the name or identification code sufficient to identify the patient to the health care provider; and (3) the date of birth, sex, race, and ethnicity of the patient from whom the specimen was obtained and the name and address of the health care provider for whom the examination or test was performed. (d) When acting on the basis of information received from a report made under this section, the public health agent shall first attempt to contact the health care provider for whom the examination or test was performed before contacting the patient directly. (e) A laboratory that confirms one of the pathogens in the following list shall submit isolates or aliquots of original specimens to the state public health laboratory: (1) *Bacillus anthracis*; (2) *Brucella* species; (3) *Burkholderia mallei*; (4) *Burkholderia pseudomallei*; (5) *Campylobacter* species; (6) *Clostridium botulinum*, the laboratory shall provide a sample of the organism and, if available, a serum, stool, emesis, food, or environmental sample; (7) *Clostridium tetani*; (8) *Corynebacterium diphtheria*; (9) *Escherichia coli*, shiga-like toxin producing; (10) *Francisella tularensis*; (11) Haemophillis ducreyi; (12) *Haemophilus influenzae* from normally sterile body fluid or site; (13) *Listeria monocytogenes*; (14) Mycobacterium leprae; (15) *Mycobacterium tuberculosis*; (16) Neisseria gonorrhoeae; (17) *Neisseria meningitidis*; from normally sterile body fluid or site; (18) *Salmonella* species; (19) *Shigella* species; (20) Streptococcus agalactiae from normally sterile body fluid or site; (21) *Streptococcus pneumoniae* from normally sterile body fluid or site; (22) Streptococcus pyogenes from normally sterile body fluid or site; (23) *Vibrio* species; (24) Yersinia species. (f) Upon the request of the division of the department that oversees public health, a laboratory shall submit clinical material related to an outbreak or other unusual disease not identified in this section.

Arizona

ARIZONA	
Citation	**Requirements**
Statutes	
Arizona Revised Statatutes 36-621 **Report of contagious diseases**	A person who learns that a contagious, epidemic or infectious disease exists shall immediately make a written report of the particulars to the appropriate board of health or health department. The report shall include names and residences of persons afflicted with the disease. If the person reporting is the attending physician he shall report on the condition of the person afflicted and the status of the disease at least twice each week.
Regulations	
Arizona R9-6-204 **Clinical Laboratory Director Reporting Requirements**	A. Except as specified in subsection (D), a director of a clinical laboratory that obtains a test result described in Table 3 or that receives a specimen for detection of an infectious agent or toxin listed in Table 3 shall, either personally or through a representative, submit a report and, if applicable, an isolate or a specimen to the Department within the time limitation and as specified in Table 3 and subsection (B) or (C). B. Except as provided in Table 3 and as specified in subsection (D), for each test result for a subject for which a report is required by subsection (A) and Table 3, a clinical laboratory director shall ensure the report includes: 1. The name and address of the laboratory; 2. The name and telephone number of the director of the clinical laboratory; 3. The name and, if available, the address and telephone number of the subject; 4. The date of birth of the subject; 5. The gender of the subject; 6. The laboratory identification number; 7. The specimen type; 8. The date of collection of the specimen; 9. The date of the result of the test; 10. The type of test completed on the specimen; 11. The test result, including quantitative values if available; and 12. The ordering health care provider's name, address, and telephone number. C. For each specimen for which an immediate report is required by subsection (A) and Table 3, a clinical laboratory director shall submit a report that includes: 1. The name and, if available, the address and telephone number of the subject; 2. The date of birth of the subject; 3. The gender of the subject; 4. The laboratory identification number; 5. The specimen type; 6. The date of collection of the specimen; 7. The type of test ordered on the specimen; and 8. The ordering health care provider's name, address, and telephone number.

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Citation	**Requirements**
	D. When the Arizona State Laboratory obtains a test result from anonymous HIV testing sent to the Arizona State Laboratory as described in R9-6-1005, the director of the Arizona State Laboratory shall, either personally or through a representative: 1. Submit a report to the Department within five working days after obtaining a positive test result; and 2. Include in the report the following information: a. The laboratory identification number of the subject; b. The date of birth, gender, race, and ethnicity of the subject; c. The date the specimen was collected; d. The type of tests completed on the specimen; e. The test results, including quantitative values if available; and f. The name, address, and telephone number of the person who submitted the specimen to the Arizona State Laboratory. E. The Department shall supply the director of each clinical laboratory with forms that may be used by the clinical laboratory when making a report required under subsection (A) or (D) and Table 3. F. A clinical laboratory director shall submit a report by telephone; in a document sent by fax, delivery service, or mail; or through an electronic reporting system authorized by the Department. Except as provided in Table 3, each report shall contain the information required under subsection (B), (C), or (D).

ARIZONA

Citation	Requirements
Arizona R9-6-204, Table 3	*Clinical Laboratory Director Reporting Requirements* • Arboviruses[C] • *Bacillus anthracis*[A, B, E] • *Bordetella pertussis*[B, E] • *Brucella* spp.[C, E] • *Burkholderia mallei* and *B. pseudomallei* [C, E] • *Campylobacter* spp.[D] • CD4-T-lymphocyte count of fewer than 200 per microliter of whole blood or CD4-T-lymphocyte percentage of total lymphocytes of less than 14%[D] • *Chlamydia trachomatis*[D] • *Clostridium botulinum* toxin (botulism)[A, B] • *Coccidioides* spp., by culture or serologies[D] • *Coxiella burnetti*[C] • *Cryptosporidium* spp.[D] • *Cyclospora* spp.[C] • Dengue virus[D] • Emerging or exotic disease agent[A, B] • *Entamoeba histolytica*[D] • *Escherichia coli* O157:H7[C] • *Escherichia coli*, Shiga-toxin producing[C, E] • *Francisella tularensis*[A, B, E] • *Haemophilus influenzae*, type b, isolated from a normally sterile site[B, E] • *Haemophilus influenzae*, other, isolated from a normally sterile site[D, E] • Hantavirus[D] • Hepatitis A virus (anti-HAV-IgM serologies)[D, 1] • Hepatitis B virus (anti-Hepatitis B core-IgM serologies, Hepatitis B surface or envelope antigen serologies, or detection of viral nucleic acid)[D, 1] • Hepatitis C virus[D, 1] • Hepatitis D virus[D, 1] • Hepatitis E virus (anti-HEV-IgM serologies)[D, F, 1] • HIV (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)[D] • HIV--any test result for an infant (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)[D] • Influenza virus[D] • *Legionella* spp. (culture or DFA)[D, E] • *Listeria* spp., isolated from a normally sterile site[C, E] • Measles virus and anti-measles-IgM serologies[B, F] • Methicillin-resistant *Staphylococcus aureus,* isolated from a normally sterile site[D, 2] • Mumps virus and anti-mumps-IgM serologies[C, F] • *Mycobacterium tuberculosis* complex and its drug sensitivity pattern[D, E, 3] • *Neisseria gonorrhoeae*[D] • *Neisseria meningitidis*, isolated from a normally sterile site[B, E] • Norovirus[D] • *Plasmodium* spp.[D] • Respiratory syncytial virus[D] • Rubella virus and anti-rubella-IgM serologies[B, F] • *Salmonella* spp.[C, E] • SARS-associated corona virus[B] • *Shigella* spp.[C, E] • Streptococcus Group A, isolated from a normally sterile site[D] • Streptococcus Group B, isolated from a normally sterile site in an infant younger than 90 days of age[D] • *Streptococcus pneumoniae* and its drug sensitivity pattern, isolated from a normally sterile site[D, E] • *Treponema pallidum* (syphilis)[D] • *Trypanosoma cruzi* (Chagas disease)[D] • Vancomycin-resistant or Vancomycin-intermediate *Staphylococcus aureus*[C, E] • Vancomycin resistant *Staphylococcus epidermidis*[C, E] • Variola virus (smallpox)[A, B] • *Vibrio* spp.[C, E] • Viral hemorrhagic fever agent[A, B] • West Nile virus[D] • *Yersinia* spp. (other than *Y. pestis*)[C, E] • *Yersinia pestis* (plague)[A, B, E]

ARIZONA	
Citation	**Requirements**
	Key: A Submit a report immediately after receiving one specimen for detection of the agent. Report receipt of subsequent specimens within five working days after receipt. B Submit a report within 24 hours after obtaining a positive test result. C Submit a report within one working day after obtaining a positive test result. D Submit a report within five working days after obtaining a positive test result or a test result specified in Table 3. E Submit an isolate of the organism for each positive culture to the Arizona State Laboratory at least once each week, as applicable. F For each positive test result, submit a specimen to the Arizona State Laboratory within 24 hours after obtaining the positive test result. 1 When reporting a positive result for any of the specified tests, report the results of all other tests performed for the subject as part of the disease panel. 2 Submit a report only when an initial positive result is obtained for an individual. 3 Submit an isolate of the organism only when an initial positive result is obtained for an individual, when a change in resistance pattern is detected, or when a positive result is obtained > 12 months after the initial positive result is obtained for an individual.

Arkansas

ARKANSAS	
Citation	**Requirements**
Statutes	
Arkansas Code §20-7-110 **Study and prevention of diseases**	(a) (1) The State Board of Health has general supervision and control of all matters pertaining to the health of the citizens of this state. (2) The board shall make a study of the causes and prevention of infectious, contagious, and communicable diseases, and, except as otherwise provided in this act, the board shall have direction and control of all matters of quarantine regulations and enforcement. The board shall have full power and authority to prevent the entrance of such diseases from points outside the state. (3) The board shall also have direction and control over all sanitary and quarantine measures for dealing with all infectious, contagious, and communicable diseases within the state and direction and control to suppress them and prevent their spread. (b) Whenever the health of the citizens of this state is threatened by the prevalence of any epidemic or contagious disease in this or any adjoining state and, in the judgment of the Governor, the public safety demands action on the part of the board, then the Governor shall call the attention of the board to the facts and order it to take such action as the public safety of the citizens demands to prevent the spread of the epidemic or contagious disease.
Regulations	
Arkansas Rules and Regulations Pertaining to Communicable Disease Control **SECTION III** **Responsibility for Reporting**	A. It shall be the duty of every physician, practitioner, nurse; every superintendent or manager of a dispensary, hospital, clinic, nursing or extended care home; any person in attendance on a case of any of the diseases or conditions declared notifiable; or the local health department to report the disease or condition to the Department utilizing the Toll Free Communicable Disease Reporting System (1-800-482-8888) within twenty-four (24) hours. B. Any person who determines by laboratory examination that a specimen derived from the human body yields evidence suggestive of a communicable disease shall report, within twenty-four (24) hours, to the Department on the Toll Free Communicable Disease Reporting System microscopical, cultural or other evidence of the presence of any of the diseases declared notifiable. C. It shall be the duty of every superintendent of a public school district or such person(s) he designates, to report immediately to the Department on the Toll Free Communicable Disease Reporting System any outbreak of three (3) or more cases of any of the conditions declared notifiable.

ARKANSAS	
Citation	**Requirements**
Arkansas Rules and Regulations Pertaining to Communicable Disease Control **SECTION IV** **Notifiable Diseases and Conditions**	A. Notifiable diseases and conditions are to be reported to the Department utilizing the Toll Free Communicable Disease Reporting System (1-800-482-8888) within 24 hours of diagnosis. Reports should include: 1. The reporter's name, location and phone number 2. The name of the disease reported and the onset date 3. The patient's name, address, phone number, age, sex and race (PLEASE spell the patient's name.) 4. The attending physician's name, location and phone number 5. Any treatment information, if known 6. Any pertinent laboratory or other information used in the diagnosis B. Additional disease-specific information may be requested. Any person desiring to further discuss reportable diseases may phone the Division of Epidemiology at (501) 661-2893 during normal business hours or 1-800-554-5738 after hours, holidays and weekends.

ARKANSAS

Citation	Requirements
Arkansas Rules and Regulations Pertaining to Communicable Disease Control **SECTION V** **Diseases and Conditions**	A. NOTIFIABLE DISEASES AND CONDITIONS AIDS* • Anthrax** • Blastomycosis • Botulism** (including Infant Botulism) • Brucellosis • CD4+ T-Lymphocyte Count • Campylobacteriosis • Chancroid • Chlamydial Infections • Cholera • Congenital Rubella syndrome • Congenital Syphilis • Creutzfeld-Jakob Disease • Cryptosporidiosis • Cyclosporiasis • Diphtheria Ehrlichiosis • Encephalitis, all types • Enterotoxigenic *E. coli* • Food Poisoning, all types • Giardiasis • Gonorrhea • *Haemophilus influenzae* Invasive Disease • Hantavirus Pulmonary Syndrome • Hemolytic-Uremic Syndrome • Hepatitis (Type A**, B, C, non-A-non B, or unspecified) • Histoplasmosis • H.I.V. (Human Immunodeficiency Virus)* • Influenza (Indicate viral type if known) (Including, but not limited to, all pediatric cases resulting in mortality in children less than 18 years of age) • Kawasaki Disease • Legionellosis • Leprosy • Listeriosis • Lyme Disease • Malaria • Measles (Rubeola) • Meningitis, all types • Meningococcal Infections** • Mumps • Pertussis** (Whooping Cough) • Plague** • Poliomyelitis • Psittacosis • Q Fever** • Rabies - Animal, Human • Rheumatic Fever • Rocky Mountain Spotted Fever • Rubella • SARS** • Salmonellosis (Including Typhoid) • Shigellosis • Streptococcal Disease, Invasive Group A • Strep. Pneumoniae, Invasive, drug-resistant • Strep. Pneumoniae, Invasive, not resistant • Syphilis* • Tetanus • Toxic Shock Syndrome • Toxoplasmosis • Tuberculosis • Tularemia** • Typhus** • Vancomycin-resistant enterococci • Varicella (Chickenpox) • Variola** (Smallpox) • Viral Hemorrhagic Fevers** • West Nile Virus • Yellow Fever *Notes:* * Any woman infected with AIDS, HIV or Syphilis, who is pregnant, must be so reported indicating the trimester of pregnancy. This applies each time the woman becomes pregnant. ** These diseases (suspected or confirmed) must be reported immediately to the Arkansas Department of Health. These diseases are of special importance or may indicate a bioterrorism event. If it is a local call or you are in Pulaski County, report to (501) 661-2893 between the hours of 8:00 AM – 4:30 PM. All other suspected or confirmed cases must be reported to (800) 554-5738. This line is available twenty-four hours a day.

ARKANSAS	
Citation	**Requirements**
	B. REPORTABLE OCCUPATIONAL DISEASES AND OTHER CONDITIONS • Asbestosis • Blood Lead Levels* • Byssinosis • Chemical poisoning, All Types ** • Pesticide Poisoning • Pneumoconiosis (Coal Workers) • Mesothelioma • Silicosis *Notes:* * Blood lead levels over 10 ug/dl for patients 14 years old or younger and levels over 25 ug/dl for patients 15 years old and up. ** Includes chemical agents of terrorism. C. REPORT ANY UNUSUAL DISEASES OR OUTBREAKS THAT MAY REQUIRE PUBLIC HEALTH ASSISTANCE. Any unusual disease or outbreak must be reported immediately to the Department. If it is a local call or you are in Pulaski County, report to (501) 661-2893 between the hours of 8:00 AM – 4:30 PM. All other suspected or confirmed cases must be reported to (800) 554-5738. This line is available twenty-four hours a day. D. The following bacterial isolates must be submitted upon request to the Department laboratory for identification/fingerprinting. In addition, the results of any Pulsed Field Gel Electrophoresis tests involving the following bacterial isolates must be submitted. • *Campylobacter* sp. • Enterotoxigenic *E. coli* • *Haemophilus influenzae* (invasive) • *Listeria* sp. • *Mycobacterium tuberculosis* complex • *Neisseria meningitidis* • *Salmonella* sp • *Shigella* sp. • *Staph. aureus*, vancomycin resistant or intermediate susceptible
Arkansas Rules and Regulations Pertaining to Communicable Disease Control **SECTION VI** **Other Diseases**	Other diseases not named in these lists may at any time be declared notifiable as the necessity and public health demand, and these regulations shall apply when so ordered by the Director.

California

CALIFORNIA	
Citation	**Requirements**
Statutes	
Cal. Health & Safety Code §120130 **List of Reportable Diseases and Conditions**	(a) The department shall establish a list of reportable diseases and conditions. For each reportable disease and condition, the department shall specify the timeliness requirements related to the reporting of each disease and condition, and the mechanisms required for, and the content to be included in, reports made pursuant to this section. The list of reportable diseases and conditions may include both communicable and noncommunicable diseases. The list may include those diseases that are either known to be, or suspected of being, transmitted by milk or milk-based products. The list may be modified at any time by the department, after consultation with the California Conference of Local Health Officers. Modification of the list shall be exempt from the administrative regulation and rulemaking requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, and shall be implemented without being adopted as a regulation, except that the revised list shall be filed with the Secretary of State and printed in the California Code of Regulations as required pursuant to subdivision (e). Those diseases listed as reportable shall be properly reported as required to the department by the health officer. (b) The department shall establish a list of communicable diseases and conditions for which clinical laboratories shall submit a culture or a specimen to the local public health laboratory. The list shall set forth the conditions under which the culture and specimen shall also be submitted to the State Public Health Laboratory. The list may be modified at any time by the department, in consultation with appropriate local public health stakeholders, including, but not limited to, local health officers and public health laboratory directors. Both establishment and modification of the list shall be exempt from the administrative regulation and rulemaking requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, and shall be implemented without being adopted as a regulation, except that the initial list and any modifications shall be filed with the Secretary of State and printed in the California Code of Regulations as required pursuant to subdivision (e). (c) The department may from time to time adopt and enforce regulations requiring strict or modified isolation, or quarantine, for any of the contagious, infectious, or communicable diseases, if in the opinion of the department the action is necessary for the protection of the public health. (d) The health officer may require strict or modified isolation, or quarantine, for any case of contagious, infectious, or communicable disease, when this action is necessary for the protection of the public health. (e) The lists established pursuant to subdivisions (a) and (b) and any subsequent modifications shall be published in Title 17 of the California Code of Regulations. (f) Notwithstanding any other provision of law, no civil or criminal penalty, fine, sanction, or finding, or denial, suspension, or revocation of licensure for any person or facility may be imposed based upon a failure to provide the notification of a reportable disease or condition or to provide the submission of a culture or specimen that is required under this section, unless the name of the disease or condition that is required to be reported, or for which a culture or specimen is required to be submitted, was printed in the California Code of Regulations and the department notified the person or facility of the disease or condition at least six months prior to the date of the claimed failure to report or submit.

CALIFORNIA	
Citation	**Requirements**
Statutes	
	(g) Commencing July 1, 2009, or within one year of the establishment of a state electronic laboratory reporting system, whichever is later, a report generated pursuant to this section, or Section 121022, by a laboratory shall be submitted electronically in a manner specified by the department. The department shall allow laboratories that receive incomplete patient information to report the name of the provider who submitted the request to the local health officer. (h) The department may, through its Internet Web site and via electronic mail, advise out-of-state laboratories that are known to the department to test specimens from California residents of the new reporting requirements.

CALIFORNIA	
Citation	**Requirements**
Regulations	
17 Cal. Code of Regulations §2505 **Notification by Laboratories**	(a) To assist the local health officer, the laboratory director, or the laboratory director's designee, of a clinical laboratory, an approved public health laboratory or a veterinary laboratory in which a laboratory examination of any specimen derived from the human body (or from an animal, in the case of rabies or plague testing) yields microscopical, cultural, immunological, serological, or other evidence suggestive of those diseases listed in subsections (e)(1) and (e)(2) below, shall report such findings to the health officer of the local health jurisdiction where the health care provider who first submitted the specimen is located. (1) For those diseases listed in subsection (e)(1), the report of such findings shall be made within one hour after the laboratory notifies the health care provider or other person authorized to receive the report. If the laboratory that makes the positive finding received the specimen from another laboratory, the laboratory making the positive finding shall notify the health officer of the jurisdiction in which the health care provider is located within one hour from the time the laboratory notifies the referring laboratory that submitted the specimen. (2) For those diseases listed in subsection (e)(2), the report of such findings shall be made within one working day from the time that the laboratory notifies the health care provider or other person authorized to receive the report. If the laboratory that makes the positive finding received the specimen from another laboratory, the laboratory making the positive finding shall notify the health officer of the jurisdiction in which the health care provider is located within one working day from the time the laboratory notifies the referring laboratory that submitted the specimen. (b) To permit local health officer follow-up of laboratory findings, all specimens submitted for laboratory tests or examinations related to a disease or condition listed in subsections 2505(e)(1) or 2502(e)(2) shall be accompanied by a test requisition which includes the name, gender, and age or date-of-birth of the person from whom the specimen was obtained and the name, address and telephone number of the health care provider or other authorized person who submitted the specimen. Whenever the specimen, or an isolate therefrom, is transferred between laboratories, a test requisition with the above patient and submitter information shall accompany the specimen. The laboratory that first receives a specimen shall be responsible for obtaining the patient and submitter information at the time the specimen is received by that laboratory. (c) Each notification to the local health officer shall include the date the specimen was obtained, the patient identification number, the specimen accession number or other unique specimen identifier, the laboratory findings for the test performed, the date that any positive laboratory findings were identified, the name, gender, address, telephone number (if known) and age or date of birth of the person from whom the specimen was obtained, and the name, address, and telephone number of the health care provider for whom such examination or test was performed. (d) The notification shall be submitted as specified in subsections (e)(1) and (e)(2) of this Section to the local health officer in the jurisdiction where the health care provider who submitted the specimen is located. When the specimen is from an out-of-state submitter, the state epidemiologist of the submitter shall be provided the same positive findings per subsections (e)(1) and (e)(2) of this Section. If the laboratory that finds evidence for any of those diseases listed in subsections (e)(1) and (e)(2) is an out-of-state laboratory, the California clinical laboratory that receives a report of such findings from the out-of-state laboratory shall notify the local health officer in the same way as if the finding had been made by the California laboratory.

CALIFORNIA	
Citation	**Requirements**
	(e) Laboratory reports to the local health officer shall include the information as specified in (c) of this Section and laboratories shall submit the reports within the following timeframes: (1) The diseases or agents specified 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. Within one year of the establishment of the state electronic reporting system, all List (e)(1) diseases, in addition to being reported by telephone within one hour, shall be reported electronically to the state electronic reporting system within one working day of identification. Reporting to the state electronic reporting system substitutes reporting by electronic facsimile transmission and electronic mail. Laboratory findings for these diseases are those that satisfy the most recent communicable disease surveillance case definitions established by CDC (unless otherwise specified in this Section). The diseases or agents reported pursuant to this requirement are: • Anthrax, human (*B. anthracis*) (see section 2551 for additional reporting instructions) • Anthrax, animal (*B. anthracis*) • Botulism (see section 2552 for additional reporting instructions) • Brucellosis, human (all *Brucella spp*.) (see section 2553 for special reporting instructions) • *Burkholderia pseudomallei* and *B. mallei* (detection or isolation from a clinical specimen) • Influenza, novel strains (human) (see (i) for additional reporting requirements) • Plague, human (see section 2596 for additional reporting instructions) • Plague, animal • Smallpox (Variola) (see section 2614 for additional reporting instructions) • Tularemia, human (*F. tularensis*) (see section 2626 for additional reporting instructions) • Viral Hemorrhagic Fever agents, human (VHF), e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses (see section 2638 for additional reporting instructions) • Viral Hemorrhagic Fever agents, animal (VHF), e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses

CALIFORNIA	
Citation	**Requirements**
	(2) The diseases or agents specified shall be reported within one working day after the health care provider or other person authorized to receive the report has been notified. Laboratories shall transmit these reports to the local health officer by courier, mail, electronic facsimile or electronic mail. Within one year of the establishment of the state electronic reporting system, all List (e)(2) diseases shall be reported electronically to the state electronic reporting system within one working day of identification. Reporting to the state electronic reporting system substitutes reporting by courier, mail, electronic facsimile transmission or electronic mail. Laboratory findings for these diseases are those that satisfy the most recent communicable disease surveillance case definitions established by CDC (unless otherwise specified in this Section). The diseases or agents reported pursuant to this requirement are: • Acid fast bacillus (AFB) (see (g) for additional reporting requirements) • Anaplasmosis/Ehrlichiosis • *Bordetella pertussis* acute infection, by culture or molecular identification • *Borrelia burgdorferi* infection • Brucellosis, animal (*Brucella* spp. except *Brucella canis*) • Campylobacteriosis (*Campylobacter spp.*) (detection or isolation a clinical specimen) • Chancroid (*Haemophilus ducreyi*) • *Chlamydia trachomatis* infections, including lymphogranuloma venereum (LGV) • Coccidioidomycosis • Cryptosporidiosis • Cyclosporiasis (*Cyclospora cayetanensis*) • Dengue (dengue virus) • Diphtheria • Encephalitis, arboviral • *Escherichia coli:* shiga toxin producing (STEC) including *E. coli* O157(see (*l*) for additional reporting requirements) • Giardiasis (*Giardia lamblia, intestinalis*, or *duodenalis*) • Gonorrhea • *Haemophilus influenzae* (report an incident of less than 15 years of age, sterile site) • Hantavirus Infections • Hepatitis A, acute infection • Hepatitis B, acute or chronic infection (specify gender) • Hepatitis C, acute or chronic infection • Hepatitis D (Delta), acute or chronic infection • Hepatitis E, acute infection (detection of hepatitis E virus RNA from a clinical specimen or positive serology) • Legionellosis (*Legionella spp.*) (antigen or culture) • Leprosy (Hansen Disease) (*Mycobacterium leprae*) • Leptospirosis (*Leptospira spp.*) • Listeriosis (*Listeria*) (see (*l*) for additional reporting requirements) • Malaria (see (h) for additional reporting requirements) • Measles (Rubeola), acute infection (see (*l*) for additional reporting requirements) • Mumps (mumps virus), acute infection • *Mycobacterium tuberculosis* (see (f) for additional reporting requirements) • *Neisseria meningitidis* (sterile site isolate) (see (l) for additional reporting requirements) • Poliovirus • Psittacosis (*Chlamydophila psittaci*) • Q Fever (*Coxiella burnetii*) • Rabies, animal or human • Relapsing Fever (*Borrelia spp.*) (identification of *Borrelia* spp. spirochetes on peripheral blood smear) • *Rickettsia*, any species, acute infection (detection from a clinical specimen or positive serology)

CALIFORNIA	
Citation	**Requirements**
	• Rocky Mountain Spotted Fever (*Rickettsia rickettsii*) • Rubella, acute infection • Salmonellosis (*Salmonella* spp.) (see Section 2612 (a) for additional reporting requirements) • Shiga toxin (detected in feces) (see (*l*) for additional reporting requirements) • Shigellosis (*Shigella* spp.) • Syphilis • Trichinosis (*Trichinella*) • Tuberculosis • Tularemia, animal (*F. tularensis*) • Typhoid • *Vibrio* species infections • West Nile virus infection • Yellow Fever (yellow fever virus) • Yersiniosis (*Yersinia spp.*, non-pestis) (isolation from a clinical specimen) ... (j) All laboratory notifications herein required are acquired in confidence and shall not be disclosed by the local health officer except (1) as authorized by these regulations; (2) as required by state or federal law; or (3) with the written consent of the individual to whom the information pertains or the legal representative of that individual. (k) The local health officer shall disclose any information, including personal information, contained in a laboratory notification to state, federal or local public health officials in order to determine the existence of the disease, its likely cause and the measures necessary to stop its spread. (*l*) A culture or a specimen as listed in this subsection shall be submitted as soon as available to the public health laboratory designated in Section 1075 for the local health jurisdiction where the health care provider is located. The following information shall be submitted with the culture or specimen: the name, address, and the date of birth of the person from whom the specimen or culture was obtained, the patient identification number, the specimen or culture accession number or other unique identifier, the date the specimen or culture was obtained from the patient, the name, address, and telephone number of the health care provider for whom such examination or test was performed, and the name, address, telephone number and the laboratory director's name of the laboratory that isolated the culture or specimen. The cultures or specimens pursuant to this requirement are: • *Listeria monocytogenes* isolates • Measles immunoglobulin M (IgM)-positive sera • *Neisseria meningitidis* isolates from sterile sites • Shiga toxin-positive fecal broths • Shiga toxin-producing *Escherichia coli* (STEC) O157 and non-O157 isolates

CALIFORNIA	
Citation	**Requirements**
17 Cal. Code of Regulations §2612 ***Salmonella* Infections (Other than Typhoid Fever)**	(a) Any illness in which organisms of the genus *Salmonella* (except the typhoid bacillus) have been isolated from feces, blood, urine or pathological material shall be reported as a *Salmonella* infection. A culture of the organisms on which the diagnosis is established shall be submitted first to a local public health laboratory and then to the State Microbial Diseases Laboratory for definitive identification. The period of isolation in accordance with Section 2518 shall be until clinical recovery. The patient shall be subject to supervision by the local health officer who may require, at his discretion, release specimens of feces for testing in a laboratory approved by the State Department of Health Services. However, no patient shall be released from supervision to engage in any occupation involving the preparation, serving or handling of food, including milk, to be consumed by individuals other than his immediate family, nor to engage in any occupation involving the direct care of children or of the elderly or of patients in hospitals or other institutional settings until two successive authentic specimens of feces taken at intervals of not less than 24 hours, beginning at least 48 hours after cessation of specific therapy, if any was administered, have been determined, by a public health laboratory approved by the State Department of Health Services to be negative for *Salmonella* organisms. (See Section 2534.) (b) Carriers. Any person who harbors *Salmonella* organisms three months after onset is defined as a convalescent carrier and may be restricted at the discretion of the local health officer. Any person continuing to harbor *Salmonella* organisms one year after onset is a chronic carrier. Any person who gives no history of having had Salmonellosis or who had the illness more than one year previously who is found to harbor *Salmonella* organisms on two successive specimens taken not less than 48 hours apart is also considered to be a chronic carrier. Chronic carriers of *Salmonella*, other than S. typhosa, shall be restricted at the discretion of the local health officer. (c) Contacts. Restrictions on contacts shall be at the discretion of the local health officer.
17 Cal. Code of Regulations §2552 **Botulism. Cases and Suspect Cases to be Reported by Telephone**	The health officer shall make an immediate investigation of every case or suspected case of botulism in an effort to establish the diagnosis and determine the source. In the event that a commercial food product is suspected as the source, special instructions will be given by the State Department of Health Services. The local health officer shall take all necessary steps to prevent distribution and consumption of the suspected food. There are no restrictions on case or contacts. Whenever a laboratory receives a specimen for the laboratory diagnosis of suspected human botulism, such laboratory shall communicate immediately by telephone with the Microbial Diseases Laboratory of the Department of Health Services for instruction.

Colorado

COLORADO	
Citation	**Requirements**
Statutes	
Colorado Revised Statutes §25-1.5-102 **Epidemic and Communicable Diseases – Powers and Duties of Department**	(1) The department has, in addition to all other powers and duties imposed upon it by law, the powers and duties provided in this section as follows: (a) (I) To investigate and control the causes of epidemic and communicable diseases affecting the public health. (II) For the purposes of this paragraph (a), the board shall determine, by rule and regulation, those epidemic and communicable diseases and conditions that are dangerous to the public health. The board is authorized to require reports relating to such designated diseases in accordance with the provisions of section 25-1-122 and to have access to medical records relating to such designated diseases in accordance with the provisions of section 25-1-122. (III) For the purposes of this paragraph (a), "epidemic diseases" means cases of an illness or condition, communicable or noncommunicable, in excess of normal expectancy, compared to the usual frequency of the illness or condition in the same area, among the specified population, at the same season of the year. A single case of a disease long absent from a population may require immediate investigation. (IV) For the purposes of this paragraph (a), "communicable diseases" means an illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal, or reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment. (b) (I) To investigate and monitor the spread of disease that is considered part of an emergency epidemic as defined in section 24-33.5-703 (4), C.R.S., to determine the extent of environmental contamination resulting from the emergency epidemic, and to rapidly provide epidemiological and environmental information to the governor's expert emergency epidemic response committee, created in section 24-33.5-704 (8), C.R.S. (II) Except as otherwise directed by executive order of the governor, the department shall exercise its powers and duties to control epidemic and communicable diseases and protect the public health as set out in this section. (III) The department may accept and expend federal funds, gifts, grants, and donations for the purposes of an emergency epidemic or preparation for an emergency epidemic. (IV) When a public safety worker, emergency medical service provider, peace officer, or staff member of a detention facility has been exposed to blood or other bodily fluid which there is a reason to believe may be infectious with hepatitis C, the state department and county, district, and municipal public health agencies within their respective jurisdictions shall assist in evaluation and treatment of any involved persons by:

COLORADO	
Citation	**Requirements**
Statutes	
	(A) Accessing information on the incident and any persons involved to determine whether a potential exposure to hepatitis C occurred; (B) Examining and testing such involved persons to determine hepatitis C infection when the fact of an exposure has been established by the state department or county, district, or municipal public health agency; (C) Communicating relevant information and laboratory test results on the involved persons to such persons' attending physicians or directly to the involved persons if the confidentiality of such information and test results is acknowledged by the recipients and adequately protected, as determined by the state department or county, district, or municipal public health agency; and (D) Providing counseling to the involved persons on the potential health risks resulting from exposure and the available methods of treatment. (V) The employer of an exposed person shall ensure that relevant information and laboratory test results on the involved person are kept confidential. Such information and laboratory results are considered medical information and protected from unauthorized disclosure. (VI) For purposes of this paragraph (b), "public safety worker" includes, but is not limited to, law enforcement officers, peace officers, and firefighters. (c) To establish, maintain, and enforce isolation and quarantine, and, in pursuance thereof and for this purpose only, to exercise such physical control over property and the persons of the people within this state as the department may find necessary for the protection of the public health; (d) To abate nuisances when necessary for the purpose of eliminating sources of epidemic and communicable diseases affecting the public health. (2) Notwithstanding any other provision of law to the contrary, the department shall administer the provisions of this section regardless of an individual's race, religion, gender, ethnicity, national origin, or immigration status.

COLORADO	
Citation	**Requirements**
Regulations	
6 Colorado Code of Regulations 1009-1 **Regulation 1** **Reportable Diseases**	For the purpose of these regulations, the diseases named in lists A and B below are declared to be dangerous to the public health and shall be reportable in accordance with the provisions of these regulations. The Colorado Board of Health also requires the reporting of any unusual illness, or outbreak, or epidemic of illnesses, which may be of public concern whether or not known to be, or suspected of being, communicable. Such illnesses, outbreaks, or epidemics include, but are not limited to: 1) those which may be a risk to the public and which may affect large numbers of persons such as illnesses transmitted through food, water, or from person to person; 2) cases of a newly recognized entity, including novel influenza; 3) those related to a health care setting or contaminated medical devices or products; and 4) those related to environmental contamination by any infectious agent or toxic product of such an agent. The occurrence of a single case of any unusual disease or manifestation of illness which the health care provider determines or suspects may be caused by or related to a bioterrorist agent or incident must be reported immediately by telephone to the state or local health department by the health care provider and the hospital, emergency department, clinic, health care center, and laboratory in which the person is examined, tested, and/or treated. The same immediate reporting is required for any unusual cluster of illnesses that may be caused by or related to a bioterrorist agent or incident. Bioterrorist agents include, but are not limited to, anthrax, plague, smallpox, tularemia, botulism, viral hemorrhagic fever and brucellosis. *List A - Require Report Within 24 Hours (Confirmed or Suspected):* • Animal bites by dogs, cats, bats, skunks, foxes, raccoons, coyotes, or other wild carnivores • Anthrax • Botulism • Cholera • Diphtheria • Group outbreaks including food poisoning • Hepatitis A • Measles (rubeola) • Meningitis or other invasive disease caused by *Haemophilus influenzae* • Meningitis or other invasive disease caused by *Neisseria meningitidis* • Pertussis • Poliomyelitis • Plague • Rabies in man (suspected) • Rubella • Severe Acute Respiratory Syndrome (SARS) • Smallpox • Syphilis (1°, 2°, or early latent) • Active Tuberculosis disease • Typhoid Fever

COLORADO	
Citation	**Requirements**
	List B - Require Report Within 7 Days: • Bites by mammals not included in List A • Brucellosis* • Campylobacteriosis • Chancroid • *Chlamydia Trachomatis* • Cryptosporidiosis • Cyclospora • Encephalitis* • *Escherichia coli* O157:H7** and shiga toxin-producing *Escherichia coli* • Giardiasis* • Gonorrhea, any site • Hantavirus • Healthcare-associated infections*** • Hepatitis B* • Hepatitis C* • Hepatitis, other viral • Hemolytic Uremic Syndrome if ≤ 18 yrs • Influenza-associated hospitalization • Influenza-associated death if <18 yrs • Legionellosis* • Leprosy • Listeriosis • Lyme Disease • Lymphogranuloma venereum • Malaria* • Mumps* • Psittacosis • Q Fever* • Relapsing Fever* • Rocky Mountain Spotted Fever • Rubella, congenital* • Salmonellosis • Shigellosis • Tetanus* • Toxic Shock Syndrome • Transmissible spongiform encephalopathy* • Trichinosis* • Tularemia* • Varicella* *NOTES:* * Reports shall be based on the physician's diagnosis, whether or not supporting laboratory data are available. ** This includes any shiga-toxin test or O157 antigen test that is positive, even if no culture is performed. If the laboratory does not have the capacity to perform H (flagellar) antigen tests, then *Escherichia coli* 0157 should be reported. *** Condition reportable only by facilities that are voluntarily participating in applied public health projects. Appendix A includes a definition of healthcare-associated infections, a list of included infections, and a list of included health facility types. *Manner of Reporting* All cases are to be reported with patient's name, date of birth, sex, race, ethnicity, and address (including city and county) and name and address of responsible physician or other health care provider; and such other information as is needed to locate the patient for follow up. For animal bites by dogs, cats, bats, skunks, foxes, raccoons, coyotes, and other wild carnivores, the name and locating information of the owner of the biting animal shall be reported, if known, by the health care provider. For healthcare-associated infections, except as provided in § 25-3-601, C.R.S., facilities choosing to voluntarily participate in applied public health projects on a project by project basis shall make medical records available for review by the Department upon request within a reasonable time frame.

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Citation	**Requirements**
	All cases of diseases in list A, and all cases of diseases marked with a single asterisk (*) in list B shall be reported based on the attending physician or other health care provider's diagnosis, whether or not supporting laboratory data are available. All other diseases in list B shall be reported only when the physician or other health care provider's diagnosis is supported by laboratory confirmation. Reports on hospitalized patients may be made part of a report by the hospital as a whole. The Department shall develop systems and forms for reporting for physicians, other health care providers and hospitals. When hospitals and laboratories transmit disease reports electronically using systems and protocols developed by the department that ensure protection of confidentiality, such reporting is acceptable and is considered good faith reporting.
6 Colorado Code of Regulations 1009-1 **Regulation 3 Laboratory Reporting**	Cases of diseases listed in Regulation 1 shall also be reported with the information required in Regulation 1 by laboratories whether or not associated with a hospital, and by out of state laboratories that maintain an office or collection facility in Colorado or arrange for collection of specimens in Colorado. For test results required to be reported by laboratories in Regulation 3 that are not listed in Regulation 1, unless the information or timeframe for reporting is otherwise specified, the laboratory shall report within 7 days the patient's name, date of birth, sex, race, ethnicity, and address (including city and county); the name and address of responsible physician or other health care provider; and such other information as is needed to locate the patient for follow-up. Results must be reported by the laboratory, which performs the test, but an in-state laboratory which sends specimens to an out-of-state laboratory referral laboratory is also responsible for reporting results. A case shall be reported by a laboratory when a result diagnostic of or highly correlated with clinical illness is found for any of the following organisms or diseases. Test results indicating acute infection or chronic infectiousness for any of the following should be reported. Laboratory assays which demonstrate only immunity should not be reported (for example, a single elevated rubella antibody titer obtained during routine prenatal screening should not be reported). • *Bacillus anthracis* • *Bordetella pertussis* • *Borrelia burgdorferi* • *Brucella* species • *Campylobacter* species • *Chlamydia psittaci* • *Chlamydia trachomatis* • *Clostridium botulinum* • *Corynebacterium diphtheriae* • *Cryptosporidium* species • *Cyclospora* • *Escherichia coli* 0157:H7** and shiga toxin-producing *Escherichia coli* • *Francisella tularensis* • *Giardia lamblia* • *Haemophilus ducreyi* • Hantavirus • *Legionella* species • *Listeria monocytogenes* • Measles (acute infection) • Mumps • *Mycobacterium tuberculosis*, including antimicrobial sensitivity test results and positive AFB sputum smears. • *Neisseria gonorrhoeae* • *Plasmodium* species • Poliomyelitis • Q Fever • Rabies • Relapsing Fever (*Borrelia* species) • *Rickettsia* species • Rubella (acute infection) • Severe Acute Respiratory Syndrome (SARS) • *Salmonella* species, including Typhi • *Shigella* species • Smallpox • *Treponema pallidum*

COLORADO	
Citation	**Requirements**
	• Vancomycin resistant *Staphylococcus aureus*, any site • Varicella • *Vibrio cholerae* • *Vibrio* species, non-cholera • West Nile virus (acute infection) and other Arboviral diseases++ • *Yersinia pestis* • *Yersinia*, non-pestis + In addition to the above list, a laboratory shall report a case when any of the following specific laboratory results are found: • Group A streptococci - positive culture from a normally sterile site* • Group B streptococci - positive culture from a normally sterile site* • Methicillin resistant *Staphylococcus aureus* (MRSA) - positive culture from a normally sterile site (30 day timeframe for reporting)* • Clostridium difficile - any positive test (30 day timeframe for reporting)* • *Haemophilus influenzae* - positive culture from a normally sterile site • Hepatitis A - positive IgM anti-HAV • Hepatitis B - positive HBsAg, IgM anti-HBc, HBeAg, or HBV DNA • Hepatitis C - positive serum antibody titer, including signal to cut-off ratio or more specific positive tests • *Neisseria meningitidis* - positive culture from a normally sterile site • *Streptococcus pneumoniae* - positive culture from a normally sterile site • *Escherichia coli*, Klebsiella species, and Enterobacter species that are intermediate or resistant to at least one carbapenem (including imipenem, meropenem, doripenem, or ertapenem) AND resistant to all third-generation cephalosporins tested (ceftriaxone, cefotaxime, and ceftazidime); OR *Escherichia coli*, Klebsiella species, and Enterobacter species that test positive for carbapenemase production (by any method, including the Modified Hodge Test, disk diffusion, or PCR) • Acinetobacter baumannii (including Acinetobacter baumannii complex and Acinetobacter baumannii-calcoaceticus complex) that are intermediate or resistant to at least one carbapenem (including imipenem, meropenem, doripenem, or ertapenem) isolated from a normally sterile site or urine (30 day timeframe for reporting)* * Condition reportable only in the Denver Metropolitan Area (Adams, Arapahoe, Denver, Douglas, and Jefferson Counties.) + Condition reportable only in the 7 county Denver Metropolitan Area (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson Counties.) ** This includes any shiga-toxin test or O157 antigen test that is positive, even if no culture is performed. If the laboratory does not have the capacity to perform H (flagellar) antigen tests, then *Escherichia coli* 0157 should be reported. ++ Including California Encephalitis Serogroup, Chikungunya, Colorado Tick Fever, Dengue, Eastern Equine Encephalitis, Japanese Encephalitis, La Crosse Encephalitis, Powassan, Saint Louis Encephalitis, Western Equine Encephalitis, and Yellow Fever. Reference laboratories that receive specimens from other laboratories shall report results separately for each submitting facility.

COLORADO	
Citation	**Requirements**
Other	
Colorado Board of Health **Conditions Reportable By All Laboratories** **Collecting Specimens or Performing Tests in Colorado** (**Effective: October 15, 2014**)	[Excerpt from "Conditions Reportable By All Laboratories"] *Guidance for Clinical Microbiology Laboratories on Isolate Submission* The CDPHE Communicable Disease Epidemiology Section requests clinical microbiology laboratories send certain culture isolates and or clinical material* to the CDPHE laboratory in addition to reporting positive lab results. The CDPHE laboratory performs additional testing [serotyping, serogrouping, pulsed field gel electrophoresis (PFGE)] on submitted isolates to identify outbreaks due to common strains or sub-types and to better understand the pathogens. CDPHE requests all clinical microbiology laboratories in Colorado submit the following suspected or confirmed isolates or clinical material to the CDPHE laboratory: • *Bacillus anthracis* • *Brucella* species • *Corynebacterium diphtheriae* • *Cyclospora cayetanensis* • *Escherichia coli* O157 and Shiga toxin-producing *E. coli** • *Francisella tularensis* • *Haemophilus influenzae* (invasive body sitea) • *Neisseria meningitidis* (invasive body sitea) • *Legionella* species • *Listeria monocytogenes* (from each positive specimen) • *Salmonella* species (including Typhi and non-typhi species)* • *Shigella* species* • *Vibrio cholerae** • *Vibrio* non-*cholerae** • Vancomycin-resistant (and intermediate) • *Staphylococcus aureus* • *Yersinia pestis* *NOTE:* *If non-culture based methods are used to detect Shiga toxin, suspected *E. coli* O157, *Salmonella, Shigella*, or *Vibrio,* please forward inoculated broth or stool specimen to the CDPHE lab. In addition to the above, CDPHE also requests clinical laboratories located in the 7-county Denver metropolitan area (Emerging Infections Program [EIP]: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties) submit isolates of the following bacteria: • Group A streptococci (GAS) from invasive body sites[a,b] • Group B streptococci (GBS) from invasive body sites[a,c] • Streptococcus pneumonia from invasive body sites[a] • *Yersinia* non-pestis from any body site • *Bordetella pertussis* from any respiratory specimen

COLORADO	
Citation	**Requirements**
	Invasive Body Sites[a] (including, but not limited to): • Blood • CSF • Bone • Pleural fluid • Peritoneal fluid • Pericardial fluid • Joint/synovial fluid • Internal body site (brain, heart, lymph node, liver, kidney, pancreas, ovary, spleen, or vitreous fluid) • Vascular tissue (aorta, vena cava, etc.) • Muscle tissue (GAS only) [a] For clarification on whether an isolate meets the definition for 'invasive body site', please contact one of the EIP epidemiologists (Deborah, Ben, Jennifer, or Claire) at 303-692-2700 for guidance. [b] If GAS is isolated from a wound or surgical tissue/specimen and is accompanied by necrotizing fasciitis or Streptococcal Toxic Shock Syndrome, it should be considered a case for EIP, with submission of the isolate and reporting of the case. [c] If GBS is isolated from placenta and/or amniotic fluid AND a fetal death occurs, it may be considered a maternal case for EIP, and the isolate is requested. However, routine submission of all GBS isolates from placental/amniotic fluid specimens is not required; should such isolates be submitted to the state lab, EIP epidemiologists will review the patient's medical chart to ascertain whether the patient meets the EIP case definition. *Additional notes:* (1) *Campylobacter*, *Cryptosporidium parvum*, *Clostridium difficile*, and MRSA need to be reported on monthly line lists (submitted to EIP epidemiologist) but isolates do not need to be submitted, unless an agreement is already in place to send them. (2) Isolates for carbapenem-resistant *Enterobacteriaceae* and carbapenem-resistant *Acinetobacter* do not need to be submitted, unless an agreement is already in place to send them. (3) CDPHE requests that isolates/specimens of any organism relating to an outbreak be submitted to the state laboratory to assist in the investigation. In this situation, CDPHE epidemiologists will contact the reporting laboratory.

Connecticut

CONNECTICUT	
Citation	**Requirements**
Statutes	
Conn. General Statutes §19a-215 **Commissioner's lists of reportable diseases, emergency illnesses and health conditions and reportable laboratory findings. Reporting requirements. Confidentiality. Fines.**	(a) For the purposes of this section: (1) "Clinical laboratory" means any facility or other area used for microbiological, serological, chemical, hematological, immunohematological, biophysical, cytological, pathological or other examinations of human body fluids, secretions, excretions or excised or exfoliated tissues, for the purpose of providing information for the diagnosis, prevention or treatment of any human disease or impairment, for the assessment of human health or for the presence of drugs, poisons or other toxicological substances. (2) "Commissioner's list of reportable diseases, emergency illnesses and health conditions" and "commissioner's list of reportable laboratory findings" means the lists developed pursuant to section 19a-2a. (3) "Confidential" means confidentiality of information pursuant to section 19a-25. (4) "Health care provider" means a person who has direct or supervisory responsibility for the delivery of health care or medical services, including licensed physicians, nurse practitioners, nurse midwives, physician assistants, nurses, dentists, medical examiners and administrators, superintendents and managers of health care facilities. (5) "Reportable diseases, emergency illnesses and health conditions" means the diseases, illnesses, conditions or syndromes designated by the Commissioner of Public Health on the list required pursuant to section 19a-2a. (b) A health care provider shall report each case occurring in such provider's practice, of any disease on the commissioner's list of reportable diseases, emergency illnesses and health conditions to the director of health of the town, city or borough in which such case resides and to the Department of Public Health, no later than twelve hours after such provider's recognition of the disease. Such reports shall be in writing, by telephone or in an electronic format approved by the commissioner. Such reports of disease shall be confidential and not open to public inspection except as provided for in section 19a-25. (c) A clinical laboratory shall report each finding identified by such laboratory of any disease identified on the commissioner's list of reportable laboratory findings to the Department of Public Health not later than forty-eight hours after such laboratory's finding. A clinical laboratory that reports an average of more than thirty findings per month shall make such reports electronically in a format approved by the commissioner. Any clinical laboratory that reports an average of less than thirty findings per month shall submit such reports, in writing, by telephone or in an electronic format approved by the commissioner. All such reports shall be confidential and not open to public inspection except as provided for in section 19a-25. The Department of Public Health shall provide a copy of all such reports to the director of health of the town, city or borough in which the affected person resides or, in the absence of such information, the town where the specimen originated.

CONNECTICUT	
Citation	**Requirements**
Statutes	
	(d) When a local director of health, the local director's authorized agent or the Department of Public Health receives a report of a disease or laboratory finding on the commissioner's lists of reportable diseases, emergency illnesses and health conditions and laboratory findings, the local director of health, the local director's authorized agent or the Department of Public Health may contact first the reporting health care provider and then the person with the reportable finding to obtain such information as may be necessary to lead to the effective control of further spread of such disease. In the case of reportable communicable diseases and laboratory findings, this information may include obtaining the identification of persons who may be the source or subsequent contacts of such infection. (e) All personal information obtained from disease prevention and control investigations as performed in subsections (c) and (d) of this section including the health care provider's name and the identity of the reported case of disease and suspected source persons and contacts shall not be divulged to anyone and shall be held strictly confidential pursuant to section 19a-25, by the local director of health and the director's authorized agent and by the Department of Public Health. (f) Any person who violates any reporting or confidentiality provision of this section shall be fined not more than five hundred dollars. No provision of this section shall be deemed to supersede section 19a-584.
Conn. General Statutes §19a-2a **Powers and Duties**	The Commissioner of Public Health shall employ the most efficient and practical means for the prevention and suppression of disease and shall administer all laws under the jurisdiction of the Department of Public Health and the Public Health Code. The commissioner shall have responsibility for the overall operation and administration of the Department of Public Health. The commissioner shall have the power and duty to: (1) Administer, coordinate and direct the operation of the department; (2) Adopt and enforce regulations, in accordance with chapter 54, as are necessary to carry out the purposes of the department as established by statute; (3) Establish rules for the internal operation and administration of the department; (4) Establish and develop programs and administer services to achieve the purposes of the department as established by statute; (5) Enter into a contract, including, but not limited to, a contract with another state, for facilities, services and programs to implement the purposes of the department as established by statute; (6) Designate a deputy commissioner or other employee of the department to sign any license, certificate or permit issued by said department; (7) Conduct a hearing, issue subpoenas, administer oaths, compel testimony and render a final decision in any case when a hearing is required or authorized under the provisions of any statute dealing with the Department of Public Health;

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	(8) With the health authorities of this and other states, secure information and data concerning the prevention and control of epidemics and conditions affecting or endangering the public health, and compile such information and statistics and shall disseminate among health authorities and the people of the state such information as may be of value to them; (9) Annually issue a list of reportable diseases, emergency illnesses and health conditions and a list of reportable laboratory findings and amend such lists as the commissioner deems necessary and distribute such lists as well as any necessary forms to each licensed physician and clinical laboratory in this state. The commissioner shall prepare printed forms for reports and returns, with such instructions as may be necessary, for the use of directors of health, boards of health and registrars of vital statistics; and (10) Specify uniform methods of keeping statistical information by public and private agencies, organizations and individuals, including a client identifier system, and collect and make available relevant statistical information, including the number of persons treated, frequency of admission and readmission, and frequency and duration of treatment. The client identifier system shall be subject to the confidentiality requirements set forth in section 17a-688 and regulations adopted thereunder. The commissioner may designate any person to perform any of the duties listed in subdivision (7) of this section. The commissioner shall have authority over directors of health and may, for cause, remove any such director; but any person claiming to be aggrieved by such removal may appeal to the Superior Court which may affirm or reverse the action of the commissioner as the public interest requires. The commissioner shall assist and advise local directors of health in the performance of their duties, and may require the enforcement of any law, regulation or ordinance relating to public health. When requested by local directors of health, the commissioner shall consult with them and investigate and advise concerning any condition affecting public health within their jurisdiction. The commissioner shall investigate nuisances and conditions affecting, or that he or she has reason to suspect may affect, the security of life and health in any locality and, for that purpose, the commissioner, or any person authorized by the commissioner, may enter and examine any ground, vehicle, apartment, building or place, and any person designated by the commissioner shall have the authority conferred by law upon constables. Whenever the commissioner determines that any provision of the general statutes or regulation of the Public Health Code is not being enforced effectively by a local health department, he or she shall forthwith take such measures, including the performance of any act required of the local health department, to ensure enforcement of such statute or regulation and shall inform the local health department of such measures. In September of each year the commissioner shall certify to the Secretary of the Office of Policy and Management the population of each municipality. The commissioner may solicit and accept for use any gift of money or property made by will or otherwise, and any grant of or contract for money, services or property from the federal government, the state, any political subdivision thereof, any other state or any private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for any grant or contract. The commissioner may establish state-wide and regional advisory councils.

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Citation	**Requirements**
Regulations	
Regulations of Conn. State Agencies §19a-36-A2 **List of reportable diseases and laboratory findings**	The commissioner shall issue a list of reportable diseases and laboratory findings within sixty days of the effective date of these regulations, on the next January 1, and annually thereafter. The list shall show it is the current list and shall specify its effective date. This list shall also include but not be limited to the reporting category of each disease, procedures for the reporting, and minimum investigation and control measures for each disease. Listed diseases are declared reportable diseases as of the effective date of approval by the commissioner. (a) The commissioner in consultation with the state epidemiologist will annually review the existing list and develop recommendations for deletions or additions to the list. (b) The state epidemiologist or other commissioner designee shall convene and chair an advisory committee to review the recommendations for any changes to the list prior to preparing the final list for that year. This committee shall make recommendations to the commissioner regarding the contents of the list. (c) The commissioner shall review the advisory committee's recommendations and make final deletions or additions to the list to take effect January 1 of the next year. He will furnish copies of the list before January 1 to the following: (1) physicians licensed by the department; (2) directors of clinical laboratories licensed, registered or approved by the department; (3) local directors of health in Connecticut; (4) healthcare facilities licensed under Chapter 368v of the Connecticut General Statutes.
Regulations of Conn. State Agencies §19a-36-A3 **Persons required to report reportable diseases and laboratory findings**	(a) Reportable Diseases. (1) Every health care provider who treats or examines any person who has or is suspected to have a reportable disease shall report to the local director of health or other health authority within whose jurisdiction the patient resides and to the department such information about the affected person as described in section 19a-36-A4 of these regulations. (2) If the case or suspected case of reportable disease is in a health care facility, the person in charge of such facility shall ensure that reports are made to the local director of health and the department in the manner specified in section 19a-36-A4 of these regulations. The person in charge shall designate appropriate infection control or record-keeping personnel for this purpose. (3) If the case or suspected case of reportable disease is not in a health care facility and if a health care provider is not in attendance or is not known to have made a report within the appropriate time specified in section 19a-36-A4, such report of reportable diseases shall be made to the local director of health or other health authority within whose jurisdiction the patient lives and the department in the manner specified in section 19a-36-A4 by:

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	(A) the administrator serving a public or private school or day care center attended by any person affected or apparently affected with such disease; (B) the person in charge of any camp; (C) the master or any other person in charge of any vessel lying within the jurisdiction of the state; (D) the master or any other person in charge of any aircraft landing within the jurisdiction of the state; (E) the owner or person in charge of any establishment producing, handling or processing dairy products, other food or non-alcoholic beverages for sale or distribution; (F) morticians and funeral directors. (4) Each local director of health shall report or ensure reporting to the department within 24 hours of each case or suspected case of a Category I reportable disease and such additional information of which he has knowledge as described in section 19a-36-A4 of these regulations. (b) Reportable laboratory findings.—The director of a laboratory that receives a primary specimen or sample which yields a reportable laboratory finding shall be responsible for reporting such findings within forty-eight (48) hours to the local director of health of the town in which the affected person normally resides, or, in the absence of such information, of the town from which the specimen originated, and to the department on forms provided by the department. (1) When a laboratory identifies or presumptively identifies a significant isolate or other finding that requires confirmation by the laboratory as required in the annual list, the director must submit that isolate or specimen from which the finding was made to the department's laboratory division. (2) Laboratory tests and confirmatory tests for certain reportable diseases as specially indicated in the annual list shall be exempted from any and all fees for the state laboratory services in accordance with Section 19a-26 of the Connecticut General Statutes.

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Citation	**Requirements**
Regulations of Conn. State Agencies §19a-36-A4 **Content of report and reporting of reportable diseases and laboratory findings**	(a) Reportable diseases. (1) Each report of a case or suspected case of reportable disease shall include the full name and address of the person reporting and of the physician attending; the diagnosed or suspected disease and date of onset; the full name, age, race/ ethnicity, sex and occupation of the affected individual and other facts the department or local director of health requires for purposes of surveillance, control and prevention of reportable diseases. The reports shall be sent in envelopes marked "CONFIDENTIAL." (2) Reports may be written or oral as required by the category of disease as follows: (A) Category I: diseases of high priority because of need for timely public health action: reportable immediately by telephone on day of recognition or suspicion of disease; on weekdays to both, the local health director of the town in which the patient resides and the department, on weekends to the department. A completed disease report form provided by the department must also be mailed to both the local health director and the department within 12 hours. (B) Category II: diseases of significant public health importance, usually requiring public health action: reportable by mail to the local director health and the department within 12 hours of recognition or suspicion on a form provided by the department. (b) Reportable laboratory findings. (1) Each report of reportable findings shall include the name, address, age, sex, and, if known, race/ethnicity of the person affected, the name and address of the attending physician, the identity of the infectious agent or other reportable laboratory findings, and the method of identification. (2) Reports shall be mailed to the local director of health of the town in which the patient resides and to the department within 48 hours of making the finding in envelopes marked "CONFIDENTIAL."
Regulations of Conn. State Agencies §19a-36-A7 **Diseases not enumerated**	Diseases not specifically listed pursuant to section 19a-36-A2 and presenting a special problem shall be reported and controlled in accordance with special instructions of the state department of health or, in the absence of such instructions, in accordance with orders and directions of the local director of health.

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Citation	**Requirements**
Other	
Connecticut Epidemiologist **(Vol. 35, No. 1) (January 2015)**	REPORTABLE LABORATORY FINDINGS—2015 *[NOTE: The following list is taken from the 2015 Reportable Laboratory Findings list. References to specific testing methods and other prompts for information have been removed]* • *Anaplasma phagocytophilum* • Babesiosis • California group virus (species) (2) • Carbapenem-resistant *Enterobacteriaceae* (3) • Campylobacteriosis (2) • Carboxyhemoglobin • Chancroid • Chickenpox • Chikungunya virus* • Chlamydia (*C. trachomatis)* • Cryptosporidiosis* • Cyclosporiasis* • Dengue • Diphtheria (1) • Eastern equine encephalitis virus • *Ehrlichia chaffeensis** (2) • *Escherichia coli* O157 infection (1)* • Giardiasis • Gonorrhea • Group A streptococcal disease, invasive (1,3)* • Group B streptococcal disease, invasive (3) • *Haemophilus influenzae* disease, invasive, all serotypes (1,3) • Hansen's disease (Leprosy) • Hepatitis A • Hepatitis B • Hepatitis C • Herpes simplex virus • HIV Related Testing (report only to the State) (6) • HPV (report only to the State) (7) • Biopsy proven • Influenza: • Lead poisoning (blood lead >10 µg/dL) (9) • Legionellosis • Listeriosis (1) • Lyme disease (8) • Malaria/blood parasites (1,2) • Measles (Rubeola) (10) • Meningococcal disease, invasive • Mercury poisoning • Mumps (10) • Neonatal bacterial sepsis (11) • Pertussis • Pneumococcal disease • Poliomyelitis • Rabies • Rocky Mountain spotted fever • Rotavirus • Rubella (10) • St. Louis encephalitis virus • Salmonellosis (1,2)* • SARS-CoV infection • Shiga toxin-related disease (1)* • Shigellosis (1,2)* • *Staphylococcus aureus* with MIC to vancomycin > 4 µg/mL (1) • *Staphylococcus aureus* disease, invasive (3) methicillin-resistant • *Staphylococcus epidermidis* with MIC to vancomycin > 32 µg/mL (1) • Syphilis • Trichinosis • Tuberculosis (1) • *Vibrio* infection (1,2)* • West Nile virus • Yellow fever • Yersiniosis (2)*

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Citation	**Requirements**
	Notes: Changes for 2015 are noted in bold and with an asterisk (*) 1. Send isolate, culture, or slide to the DPH Laboratory for confirmation. For *Salmonella*, *Shigella*, STEC, and *Vibrio* tested by non-culture methods,* send positive broth or stool in transport media when isolate is not available*. For positive HIV, send > 0.5mL residual serum. 2. Specify species/serogroup/serotype.* 3. Sterile site: defined as sterile fluids (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body site (lymph node, brain, heart, liver, spleen, kidney, pancreas, or ovary), or other normally sterile site including muscle. For CRE, also include urine or sputum, but not stool. 4. Report the peak liver function tests (ALT, AST) conducted within one week of patient's HAV IgM positive test, if available. Check "Not Done" when appropriate. 5. Report all RNA results, but negative RNA results are required only by laboratories with automated electronic reporting to the DPH. 6. Report all positive HIV antibody, antigen, and all viral load results (including not detectable values), and all qualitative NAAT results*. Laboratories conducting HIV genotype or CD4 testing should report HIV DNA sequence and all CD4 test results in an electronic file. 7. On request from the DPH, and if adequate tissue is available, send fixed tissue from the specimen used to diagnose CIN2, 3 or cervical AIS or their equivalent for HPV typing according to instructions from the DPH. 8. Only laboratories with automated electronic reporting to the DPH are required to report positive results. 9. Report lead results >10µg/dL within 48 hours to the Local Health Director and the DPH; submit ALL lead results at least monthly to the DPH. 10. Report all IgM positive titers, but only IgG titers that are considered significant by the laboratory performing the test. 11. Report all bacterial isolates from blood or CSF obtained from an infant <72 hours of age. 12. Report by telephone to the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.

Delaware

DELAWARE	
Citation	**Requirements**
Statutes	
Del. Code Title 16 §501 **Report of contagious diseases — To Department**	(a) Local boards of health authorities and physicians in rural districts or other localities where there are no health officials shall report to the Department of Health and Social Services the existence of any case of contagious or infectious diseases which may come under their observation. (b) Whoever violates this section shall be subject to the penalties provided in § 107 of this title.
Del. Code Title 16 §502 **Report of contagious diseases — To local boards**	Every physician or other person having knowledge of any person who is suffering from any disease dangerous to the public health, which the Department of Health and Social Services may require to be reported shall report the same to the local health board or official nearest his place of residence, giving the name, age, sex and color of the patient and the house or place where the patient may be found.
Del. Code Title 16 §504 **Notifiable diseases**	The Division of Public Health may by regulation declare any disease to be a notifiable disease, as that term is used in § 130(b) of this title.

DELAWARE	
Citation	**Requirements**
Regulations	
Del. Administrative Code Title 16 **4202 Control of Communicable and Other Disease Conditions** **2.0 Conditions to be Reported, Timeliness and Manner of Reporting**	2.1 Notifiable Diseases Reporting The notifiable diseases specified in the Appendices to these regulations are declared as dangerous to the public health. The occurrence or suspected occurrence of these diseases, including those identified after death, shall be reported as defined in Section 3 to the Division of Public Health. The Division of Public Health may list additional diseases and conditions on its reporting forms for which reporting is encouraged but not required. 2.2 Timeliness and Content of Notifiable Disease Reports 2.2.1 Reports pursuant to this subsection shall be made electronically, by telephone, by facsimile (fax), or in writing within 48 hours of recognition to the Division Director or designee, except as otherwise noted in these regulations or specified in the Appendices to these regulations. 2.2.2 Except as otherwise provided by these regulations, reports of notifiable or other diseases or conditions required to be reported by these regulations shall contain sufficient information to contact the person reporting. When available, the following information shall be reported: the name, address, telephone number, date of birth, race, ethnicity, gender, and disease of the person ill or infected, the date of onset of illness; the name, address, and telephone number of the person's health care provider; and any pertinent laboratory information. 2.3 Ordinary Skill Any person who is required to report a disease or other condition under this Section shall use ordinary skill in determining the presence of the reportable disease or condition. If the determination of the disease or condition is disputable and the disease or condition may have potential public health concern or may potentially be an indicator of a public health emergency, the Division Director or designee may request tests through the Division's laboratory or another certified laboratory to help resolve uncertainty. 2.4 Privacy Protection The Division of Public Health is the state's recognized public health authority as defined in HIPAA (45 CFR § 164.501) pursuant to 45 CFR § 164.512 (b). Covered entities may disclose without individual authorization, protected health information to public health authorities. As the recognized public health authority for the State of Delaware, the Division of Public Health is authorized by law to collect or receive protected health information for the purpose of preventing or controlling disease, injury or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions. The information required to be reported represents the minimum necessary to carry out our public health mandates pursuant to 45 CFR § 164.514(d) of the HIPAA Privacy Rule.

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Citation	**Requirements**
	2.5 Electronic Reporting Systems The Division may establish a system for electronic reporting to improve the accuracy and timeliness of reporting notifiable diseases. The system shall be technologically designed to ensure data security and compatibility with other state and federal public health reporting systems to the extent feasible. Those authorized to participate in electronic reporting systems must meet minimum standards for compliance and training as determined by the Division. 2.6 Syndromic Surveillance Reporting The Division may establish a state-wide syndromic surveillance system. The system shall be technologically designed to ensure data security and compatibility with other state and federal public health reporting systems to the extent feasible. Those authorized to participate in syndromic surveillance must meet minimum standards for compliance and training as determined by the Division. The Director will establish what syndromes will be reported. The Director may change or add reportable syndromes to assure the monitoring of health events of public health importance.
Del. Administrative Code Title 16 **4202 Control of Communicable and Other Disease Conditions** **4.0 Persons and Institutions Required to Report**	4.1 Health Care Providers Reports required by Sections 2 and 3 shall be made to the Division Director or designee by any health care provider who diagnoses or suspects the existence of any disease required to be reported or by the medical examiner in such cases of that he or she examines. 4.2 Hospitals 4.2.1 The chief administrative officer of each civilian hospital, long-term care facility, or other patient-care facility shall (and the United States military and Veterans Administration Hospitals are requested to) appoint an individual from the staff, hereinafter referred to as “reporting officer,” who shall be responsible for reporting cases or suspect cases of diseases on the notifiable disease list in persons admitted to, attended to, or residing in the facility. 4.2.2 Reporting of a case or suspect case of a notifiable disease by a hospital fulfills the requirements of the health care provider to report; however, it is the responsibility of the attending practitioner to ensure that the report is made pursuant to Section 4.1. 4.2.3 The hospital reporting officer shall also report to the Division Director or designee communicable diseases not specified in Section 2, should the disease occur in a nosocomial disease outbreak situation which may significantly impact the public health. Such reports shall be made within 24 hours of the recognition of such a situation. 4.2.4 Hospitals shall make a good effort to meet the technologic standards provided by the Division to report notifiable diseases electronically per Section 2.5 and syndromic surveillance data per Section 2.6.Hospitals meeting said standards shall use this method of reporting.

DELAWARE	
Citation	**Requirements**
	4.3 Laboratories 4.3.1 Any person in charge of a clinical or hospital laboratory, or other facilities in which a laboratory examination of any specimen derived from a human body and submitted for examination shall share with the Division of Public Health Laboratory specimens or culture results for agents causing certain diseases listed in the Appendices of these regulations. In addition, such laboratories shall report to the Division of Public Health results of laboratory examinations of specimens indicating or suggesting the existence of: 4.3.1.1 A notifiable disease. 4.3.1.2 A suspected agent of bioterrorism immediately upon receipt of the results. 4.3.1.3 Any other potential agent or specimen that may be the cause of an outbreak or public health emergency immediately upon receipt of the results. 4.3.2 The Director or designee may contact the patient or the potential contacts so identified from laboratory reports only after consulting with the attending practitioner, when the practitioner is known and when said consultation will not delay the timely control of a communicable disease. 4.3.3 Reporting of antibiotic resistant organisms. Any person in charge of a clinical or hospital laboratory, or other facility in which a laboratory examination of any specimen derived from a human body and submitted for microbiologic examination yields a non-susceptible species of microorganism identified in Appendix I by (A), will report the infected person's name, address, date of birth, race, ethnicity, sex, site of isolation, date of isolation and MIC/Zone diameter to the Division of Public Health. Upon request, the Division may waive the requirement for the reporting of said demographic information until such time that electronic reporting facilitates its reporting. In addition, the number of susceptible and non-susceptible isolates of any of these organisms shall be reported monthly to the Division of Public Health. 4.3.4 Laboratories authorized to report notifiable diseases electronically per Section 2.5, shall use this method of reporting. 4.4 Others In addition to those who are required to report notifiable diseases, the following are requested and authorized to notify the Division Director or designee of the name and address of any person in his or her family, care, employ, class, jurisdiction, custody of control, who is suspected of being afflicted with a notifiable disease although no health care provider, as in Section 4.1 above, has been consulted: every parent, guardian, householder; every midwife, every superintendent, principal, teacher or counselor of a public or private school; every administrator of a public or private institution of higher learning; owner, operator, or teacher of a child-care facility; owner or manager of a dairy, restaurant, or food storage, food processing establishment or food outlet; superintendent or manager of a public or private camp, home or institution; director or supervisor of a military installation; military or Veterans Administration Hospital, prison or juvenile detention center.

DELAWARE

Citation	Requirements
Del. Administrative Code Title 16 **4202 Control of Communicable and Other Disease Conditions** **APPENDIX I** **State of Delaware - List of Notifiable Diseases/ Conditions**	*List of Notifiable Diseases/Conditions* • AIDS (S) • Anthrax (T) • Babesiosis • Brucellosis (T) • Chickenpox (Varicella) • Cholera (toxigenic *Vibrio cholerae* 01 or 0139) (T) • Creutzfeldt-Jakob Disease (T) • Cyclosporiasis • Dengue Fever (T) • Enterhemorrhagic *E. coli* including but not limited to *E. coli* 0157:H7 (T) • Encephalitis • *Enterococcus* species,(Vancomycin resistant-invasive only) (A) • ESBL resistance (Extended-Spectrum B-lactamases-invasive only) (A) • Giardiasis • Gonorrhea (S) • Guillain-Barre • Hantavirus (T) • Hemolytic Uremic Syndrome (T) • Hepatitis B • Hepatitis Other • Herpes, genital (S) • HIV (S) • Influenza • Kawasaki Syndrome • Legionellosis • Listeriosis • Lymphogranuloma venereum (S) • Measles (T) • Meningitis • Monkey Pox (T) • Norovirus • Pelvic Inflammatory Disease (N. gonorrhea, C. trachomatis, or unspecified) (S) • Plague (T) • Psittacosis • Rabies (man and animal) (T) • Rheumatic Fever • Rickettsial Disease • Rubella (including congenital which is rapidly reportable) • Salmonellosis • Shigatoxin Production • Silicosis • Staphylococcal Enterotoxin (T) • Staphylococcal aureus, Vancomycin Intermediate or Resistant (VISA, VRSA) (T) • *Streptococcus pneumoniae*, invasive (sensitive and resistant) (A) • Tetanus (T) • Toxoplasmosis • Tuberculosis (T) • Typhoid Fever (T) • Vaccine Adverse Reaction • Viral Hemorrhagic Fevers (T) • Yellow Fever (T)

DELAWARE	
Citation	**Requirements**
	• Amoebiasis • Arboviral human infections (including West Nile Virus, Eastern Equine Encephalitis, etc,) • Botulism (T) • Campylobacteriosis • Chancroid (S) • Chlamydia (S) • Coccidioidomycosis • Cryptosporidiosis • Cytomegalovirus (neonatal only) • Diphtheria (T) • Ehrlichiosis • *Enterobacteriaceae*, carbapenem-resistant (invasive or urine only)(A) • Foodborne Disease Outbreak (T) • Glanders (T) • Granuloma inguinale (S) • Hansen's Disease (Leprosy) • *Haemophilus influenzae*, invasive • Hepatitis A (T) • Hepatitis C • Herpes, congenital (S) • Histoplasmosis • Human Papillomavirus (S) • Influenza Associated Mortality (T) • Lead Poisoning • Leptospirosis • Lyme Disease • Malaria • Melioidosis • Meningococcal Infections, invasive only (T) • Mumps (T) • Nosocomial (Healthcare Associated) Disease Outbreak (T) • Pertussis (T) • Poliomyelitis (T) • Q Fever • Reye Syndrome • Ricin Toxin (T) • Rocky Mountain Spotted Fever • Rubella, congenital (T) • Severe Acute Respiratory Syndrome (SARS) (T) • Shigellosis • Smallpox (T) • Staphylococcal aureus, Methicillin Resistant-invasive only (MRSA) (A) • Streptococcal Disease, invasive group A or B (T) • Syphilis (S) • Toxic Shock Syndrome (Streptococcal or Staphylococcal) • Trichinellosis • Tularemia (T) • Typhus Fever (endemic flea borne, louse borne, tick borne) • *Vibrio*, non-cholera • Waterborne Disease Outbreaks (T) • Yersiniosis *Notes:* (T) - report by rapid means (telephone, fax or other electronic means) (S) - sexually transmitted disease, report required within 24 hours (A) - Drug Resistant Organisms required to be reported within 48 hours Others - report required within 48 hours

DELAWARE

Citation	Requirements
Del. Administrative Code Title 16 **4202 Control of Communicable and Other Disease Conditions** **APPENDIX II** **Organisms and Samples to be sent to the Division of Public Health Laboratory**	*Organisms and Samples to be sent to the Division of Public Health Laboratory* 1. Clinical or hospital laboratories, or other facilities, that presumptively identify or are unable to rule out the following organisms shall send an isolate, clinical material, or specimen to the Delaware Public Health Laboratory for testing immediately: • *Brucella* species • *Burkholderia mallei* • *Burkholderia pseudomallei* • *Clostridium botulinum* • *Franciscella tularensis* • *Yersinia pestis* • *Bacillus anthracis* 2. Any environmental sample deemed as credible threats for harboring a toxin or a biological agent of terrorism shall be sent to the Delaware Public Health Laboratory for testing immediately upon identification. 3. Clinical specimens from patients potentially exposed to a chemical agent of terrorism shall be sent to the Public Health Laboratory for testing immediately upon identification. 4. Clinical specimens from suspect human cases of the following infections shall be sent to the Delaware Public Health Laboratory for testing immediately upon identification: • Monkeypox • Variola (Smallpox) • Vaccinia • SARS 5. The following isolates and/or clinical specimens from humans shall be sent to the Delaware Public Health Laboratory for testing within 24 hours of identification: • Enterohemorrhagic *E. coli*, including 0157 • *Haemophilus influenzae*, sterile sites • *Mycobaterium tuberculosis* • *Listeria monocytogenes* • *Neisseria meningitidis*, sterile sites • *Salmonella* species • *Shigella* species • *Staphylococcus aureus*, Vancomycin resistant (VRSA) • *Vibrio cholerae* and Non-cholerae

District of Columbia

DISTRICT OF COLUMBIA	
Citation	**Requirements**
Statutes	
D.C. Code § 7-131 **Regulations to prevent spread of communicable diseases**	(a) The Mayor may, upon the advice of the Director of the Department of Health and pursuant to subchapter I of Chapter 5 of Title 2, issue rules to prevent and control the spread of communicable diseases, environmentally or occupationally related diseases, and other diseases or medical conditions that the Director of the Department of Health has advised should be monitored for epidemiological or other public health reasons. These rules may include, but shall not necessarily be limited to: (1) A list of reportable diseases and conditions; (2) Reporting procedures; and (3) Requirements and procedures for restriction of movement, isolation, and quarantine not inconsistent with this subchapter. (b) (1) Except as provided in paragraph (2) of this subsection, the Director of the Department of Health shall use the records incident to the case of a disease or medical condition reported under this subchapter for statistical and public health purposes only, and identifying information contained in these records shall be disclosed only when essential to safeguard the physical health of others. No person shall otherwise disclose or redisclose identifying information derived from these records unless: (A) The person reported gives his or her prior written permission; or (B) A court finds, upon clear and convincing evidence and after granting the person reported an opportunity to contest the disclosure, that disclosure: (i) Is essential to safeguard the physical health of others; or (ii) Would afford evidence probative of guilt or innocence in a criminal prosecution. (2) The constraints on disclosure and redisclosure of identifying information set forth in paragraph (1) of this subsection shall not apply to the disclosure and use of information disclosed and used pursuant to: (A) Subchapter I of Chapter 13 of Title 4 [§ 4-1301.01 et seq.]; or (B) Chapter 23 of Title 16.

DISTRICT OF COLUMBIA

Citation	Requirements
Regulations	
DC Municipal Regulations, Title 22 **201 Communicable Diseases**	201.1 – The following diseases shall be considered communicable diseases and shall be reported by telephone to the Director within two (2) hours of provisional diagnosis, or the appearance of suspicious symptoms: (a) Animal bites; (b) Anthrax; (c) Botulism; (d) Cholera; (e) Diarrhea of the newborn, infectious; (f) Diphtheria; (g) Food-borne disease; (h) Meningococcal infections; (i) Plague; (j) Rabies of man and animal; (k) Severe Acute Respiratory Syndrome (SARS); (l) Smallpox; (m) Staphylococcal infections acquired in hospitals and in newborns; (n) Treptococcal infections of the newborn; (o) Typhus fever; (p) Yellow fever; and (q) An unusual occurrence of any disease. 201.2 – The telephone report required by § 201.1 shall be confirmed in writing within twenty-four (24) hours in the manner indicated in § 200 of chapter 2 of this title. 201.3 – The following diseases shall be considered communicable diseases and shall be reported by telephone to the Director within twenty-four (24) hours of provisional diagnosis, or the appearance of suspicious symptoms: (a) Aseptic meningitis syndrome; (b) Cryptococcosis; (c) Dengue; (d) Leprosy; (e) Poliomyelitis; (f) Psittacosis; (g) Relapsing fever, louse-borne; and (h) *Salmonella* infections, including typhoid fever and paratyphoids. 201.4 – The telephone report required by § 201.3 shall be confirmed in writing within forty-eight (48) hours of diagnosis in the manner indicated in § 200 of chapter 2 of this title. 201.5 – The following diseases shall be considered communicable diseases and shall be reported in writing within forty-eight (48) hours of diagnosis or the appearance of suspicious symptoms in the manner indicated in § 200 of chapter 2 of this title. (a) Human Immunodeficiency Virus (HIV) infection; (b) Amebiasis; (c) Brucellosis; (d) Dysentery, bacillary; (e) Encephalitis; (f) German measles; (g) Glanders; (h) Hepatitis, infectious and serum; (i) Leptospirosis; (j) Malaria; (k) Rheumatic fever; (l) Ringworm of the scalp; (m) Rocky Mountain spotted fever; (n) Streptococcal infections, hemolytic; (o) Tetanus; (p) Trachoma; (q) Trichinosis; (r) Tuberculosis; (s) Tularemia; (t) Venereal diseases, including chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum, and syphilis; and (u) Whooping cough.

DISTRICT OF COLUMBIA	
Citation	**Requirements**
	201.6 – The following diseases and any other communicable diseases occurring as an outbreak of illness or toxic conditions, regardless of etiology, in an institution or other identifiable group of people shall be considered communicable diseases, but only when they occur in unusual numbers: (a) Chickenpox; (b) Enterobiasis (pinworm); (c) Glandular fever, infectious; (d) Histoplasmosis; (e) Impetigo contagioso; (f) Influenza; (g) Kerato-conjunctivitis; (h) Mumps; (i) Pedicutosis; (j) Pneumonia; and (k) Scabies. 201.7 – The number of cases defined as a communicable disease in § 201.6 shall be reported by telephone to the Director within twenty-four (24) hours of diagnosis or the appearance of suspicious symptoms. 201.8 – The telephone report required in § 201.7 shall be confirmed in writing, if required by the Director, in the manner required by the Director.

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Citation	**Requirements**
Statutes	
Florida Statutes Chapter 381.0031 **Epidemiological research; report of diseases of public health significance to department**	(1) The department may conduct studies concerning the epidemiology of diseases of public health significance affecting people in Florida. (2) Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health. (3) An animal control officer operating under s. 828.27, a wildlife officer operating under s. 379.3311, or an animal disease laboratory operating under s. 585.61 shall report knowledge of any animal bite, diagnosis of disease in an animal, or suspicion of a grouping or clustering of animals having similar disease, symptoms, or syndromes that may indicate the presence of a threat to humans. (4) The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners listed in subsection (2). The list shall be based on the diseases recommended to be nationally notifiable by the Council of State and Territorial Epidemiologists and the Centers for Disease Control and Prevention. The department may expand upon the list if a disease emerges for which regular, frequent, and timely information regarding individual cases is considered necessary for the prevention and control of a disease specific to Florida. (5) Reports required by this section must be in accordance with methods specified by rule of the department. (6) Information submitted in reports required by this section is confidential, exempt from the provisions of s. 119.07(1), and is to be made public only when necessary to public health. A report so submitted is not a violation of the confidential relationship between practitioner and patient. (7) The department may obtain and inspect copies of medical records, records of laboratory tests, and other medical-related information for reported cases of diseases of public health significance described in subsection (4). The department shall examine the records of a person who has a disease of public health significance only for purposes of preventing and eliminating outbreaks of disease and making epidemiological investigations of reported cases of diseases of public health significance, notwithstanding any other law to the contrary. Health care practitioners, licensed health care facilities, and laboratories shall allow the department to inspect and obtain copies of such medical records and medical-related information, notwithstanding any other law to the contrary. Release of medical records and medical-related information to the department by a health care practitioner, licensed health care facility, or laboratory, or by an authorized employee or agent thereof, does not constitute a violation of the confidentiality of patient records. A health care practitioner, health care facility, or laboratory, or any employee or agent thereof, may not be held liable in any manner for damages and is not subject to criminal penalties for providing patient records to the department as authorized by this section.

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Citation	**Requirements**
Statutes	
	(8) The department may adopt rules related to reporting diseases of significance to public health, which must specify the information to be included in the report, who is required to report, the method and time period for reporting, requirements for enforcement, and required follow-up activities by the department which are necessary to protect public health. (9) This section does not affect s. 384.25 [STD reporting].
Regulations	
Fla. Administrative Code **r. 64D-3.029** **Diseases or Conditions to be Reported**	(1) Diseases or conditions listed in subsection (3) below are identified by the Department as being of public health significance. These diseases or conditions must be reported by the practitioner, hospital, laboratory, or other individuals via telephone (with subsequent written report within 72 hours, see Rules 64D-3.030-.033, F.A.C.), facsimile, electronic data transfer, or other confidential means to the Department, which includes the County Health Departments. Reporters are not prohibited from reporting diseases or conditions not listed by rule. Reports should include all associated testing results performed (e.g. serogroup, serotype, and antimicrobial susceptibility results). Physicians and other healthcare providers using point of care tests for diagnosis of infectious diseases must report test results to the Department when they are indicative of an infectious disease reportable directly to the Department by laboratories unless such point of care testing is subject to routine reflex testing by a supplementary or confirmatory testing the results of which would be reportable. (2) Definitions to be used with subsection (3) below: (a) "Reportable Diseases or Conditions" – The definitions of "suspected case" and "confirmed case" for reportable diseases or conditions are set forth in "Surveillance Case Definitions for Select Reportable Diseases in Florida," 2014, incorporated by reference, available online at: https://www.flrules.org/Gateway/reference.asp?No=Ref-04150. (b) "Suspect Immediately" – A reportable condition of urgent public health importance. Report without delay upon the occurrence of any of the following: initial suspicion, receipt of a specimen with an accompanying request for an indicative or confirmatory test, findings indicative thereof, or suspected diagnosis. Reports that cannot timely be made during the County Health Department business day shall be made to the County Health Department after-hours duty official. If unable to do so, the reporter shall contact the Department after-hours duty official at (850) 245-4401. (c) "Immediately" – A reportable condition of urgent public health importance. Report without delay upon the occurrence of any of the following: an indicative or confirmatory test, findings indicative thereof, or diagnosis. Reports that cannot timely be made during the County Health Department business day shall be made to the County Health Department after-hours duty official. If unable to do so, the reporter shall contact the Department after-hours duty official at (850) 245-4401. (d) "Next Business Day" – Report before the closure of the County Health Department's next business day following suspicion or diagnosis. (e) "Other" – Report consistent with the instruction in and footnotes to subsection (3) below. (3) "Table of Reportable Diseases or Conditions to Be Reported." *[NOTE: See Table of Reportable Diseases and accompanying notes after this table.]*

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Fla. Administrative Code r. 64D-3.029 Diseases or Conditions to be Reported

(3) "Table of Reportable Diseases or Conditions to Be Reported"

Practitioner Reporting					Laboratory Reporting					
	Timeframes					Timeframes				
Reportable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation*1	Suspect Immediately	Immediately	Next Business Day	Other
Any case, cluster of cases, outbreak, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting such as a hospital, school or other institution, not listed in this rule that is of urgent public health significance. This includes human cases, clusters, or outbreaks spread person-to-person, by animals or vectors or from an environmental, food or waterborne source of exposure; those that result from a deliberate act of terrorism; and unexplained deaths possibly due to unidentified infectious or chemical causes.	X	X			Detection in one or more specimens of etiological agents of a disease or condition not listed in this Rule that is of urgent public health significance. This includes the identification of etiological agents that are suspected to be the cause of clusters, or outbreaks spread person-to-person, by animals or vectors or from an environmental, food, or water-borne source of exposure; those that result from a deliberate act of terrorism; and unexplained deaths due to unidentified infectious or chemical causes.		X	X		
Acquired Immune Deficiency Syndrome (AIDS)				2 Weeks	Acquired Immune Deficiency Syndrome (AIDS)	Laboratory Reporting Not Applicable				
Amebic Encephalitis		X			*Naegleria fowleri, Balamuthia mandrillaris, or Acanthamoeba* species			X		
Anthrax	X	X			*Bacillus anthracis*	X	X	X		
Antimicrobial resistance surveillance	Practitioner Reporting Not Applicable				Antimicrobial resistance surveillance (for organisms not otherwise listed in this table), *Acinetobacter baumannii, Citrobacter* species, *Enterococcus* species, *Enterobacter* species, *Escherichia coli* species, *Klebsiella* species, *Pseudomonas aeruginosa*, *Serratia* species, isolated from a normally sterile site *3				X	
Arsenic Poisoning *4a			X		Laboratory results as specified in the surveillance case definition *4a_				X	

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Practitioner Reporting					Laboratory Reporting					
	Timeframes					Timeframes				
Reportable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation*1	Suspect Immediately	Immediately	Next Business Day	Other
Arboviral infections, not otherwise listed in this table (disease due to)			X		Including but not limited to: Flaviviridae, Togaviridae (e.g. Western equine encephalitis), Bunyaviridae	X			X	
Botulism, foodborne, other (includes wound and unspecified)	X	X			*Clostridium botulinum* or botulinum toxin	X	X	X		
Botulism, infant			X		*Clostridium botulinum* or botulinum toxin	X			X	
Brucellosis	X	X			*Brucella* species	X	X	X		
California serogroup viruses-(disease due to)			X		California serogroup viruses such as Jamestown Canyon, Keystone, and La Crosse	X			X	
Campylobacteriosis *4b			X		*Campylobacter* species *4b				X	
Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors) *5				6 Months	Pathological or tissue diagnosis of cancer (except non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors)					6 Months
Carbon monoxide poisoning			X		A volume fraction ≥ 0.09 (9%) of carboxyhemoglobin in blood				X	
CD-4 absolute count and percentage of total lymphocytes	Practitioner Reporting Not Applicable				CD-4 absolute count and percentage of total lymphocytes *6					3 days
Chancroid			X		*Haemophilus ducreyi*				X	
Chlamydia *7			X		*Chlamydia trachomatis*				X	
Cholera	X	X			*Vibrio cholerae*	X	X	X		
Ciguatera fish poisoning			X		Ciguatera fish poisoning	Laboratory Reporting Not Applicable				
Congenital anomalies *8				6 Months	Congenital anomalies	Laboratory tests as specified in Rule 64D-3.035				
Conjunctivitis in neonates < 14 days old			X		Conjunctivitis in neonates < 14 days old	Laboratory Reporting Not Applicable				

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Practitioner Reporting					Laboratory Reporting					
	Timeframes					Timeframes				
Reportable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation*1	Suspect Immediately	Immediately	Next Business Day	Other
Creutzfeld-Jakob disease (CJD) *9			X		14-3-3 or tau protein detection in CSF or immunohistochemical test or any brain pathology suggestive of CJD *9				X	
Cryptosporidiosis *4b			X		*Cryptosporidium* species *4b				X	
Cyclosporiasis			X		*Cyclospora cayetanensis*	X			X	
Dengue			X		Dengue virus	X			X	
Diphtheria	X	X			*Corynebacterium diphtheriae*	X	X	X		
Eastern equine encephalitis			X		Eastern equine encephalitis virus	X			X	
Ehrlichiosis/Anaplasmosis			X		*Anaplasma* species or *Ehrlichia* species	X			X	
Escherichia coli Shiga toxin-producing (disease due to) *4b			X		*Escherichia coli* Shiga toxin-producing *4b	X			X	
Giardiasis (acute) *4b			X		*Giardia* species *4b				X	
Glanders	X	X			*Burkholderia mallei;*	X	X	X		
Gonorrhea *7			X		*Neisseria gonorrhoeae*				X	
Granuloma inguinale			X		*Calymmatobacterium granulomatis*				X	
Haemophilus influenzae, meningitis and invasive disease, in children < 5 years old	X	X			*Haemophilus influenzae*, all ages, isolated from a normally sterile site *10	X	X	X		
Hansen disease (Leprosy)			X		*Mycobacterium leprae*				X	
Hantavirus infection		X			*Hantavirus*	X		X		
Hemolytic uremic syndrome		X			Not Applicable					
Hepatitis A*4b, 11		X			Hepatitis A*4b, 11			X		
Hepatitis B, C, D, E and G *11			X		Hepatitis B, C, D, E and G Virus*11				X	
Hepatitis B surface antigen (HBsAg)-positive in a pregnant woman or a child up to 24 months old			X		Hepatitis B surface antigen (HBsAg)				X	
Herpes B virus, possible exposure		X			Herpes B virus, possible exposure	Laboratory Reporting Not Applicable				

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Practitioner Reporting					Laboratory Reporting					
	Timeframes					Timeframes				
Reportable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation*1	Suspect Immediately	Immediately	Next Business Day	Other
Herpes simplex virus (HSV) in infants up to 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth *12			X		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture *12				X	
HSV – anogenital in children < 12 years of age *7, 12			X		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture *12				X	
Human immunodeficiency virus (HIV) infection				2 Weeks	Repeatedly reactive enzyme immunoassay, followed by a positive confirmatory tests, (e.g. Western Blot, IFA): Positive result on any HIV virologic test (e.g. p24 AG, Nucleic Acid Test (NAT/NAAT) or viral culture). All viral load (detectable and undetectable) test results.*13, 14					3 days
Human immunodeficiency virus (HIV) Exposed Newborn – infant < 18 months of age born to a HIV infected woman			X		All HIV test results (e.g., positive or negative immunoassay, positive or negative virologic tests) for those < 18 months of age					3 days
Human papillomavirus (HPV) associated laryngeal papillomas or recurrent respiratory papillomatosis in children < 6 years of age *7			X		HPV DNA				X	
Human papillomavirus (HPV) – anogenital papillomas in children ≤ 12 years of age *7			X		HPV DNA				X	
Human papillomavirus (HPV)	Practitioner Reporting NotApplicable				HPV DNA *3				X	
Influenza due to novel or pandemic strains	X	X			Isolation of influenza virus from humans of a novel or pandemic strain	X	X	X		
Influenza-associated pediatric mortality in persons aged < 18 years		X			Influenza virus – associated pediatric mortality in persons aged < 18 years (if known)	X		X		
Influenza	Practitioner Reporting Not Applicable				Influenza virus, all test results (positive and negative) *3				X	

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Practitioner Reporting					Laboratory Reporting					
Reportable Diseases or Conditions	Timeframes				Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Timeframes				
	Suspect Immediately	Immediately	Next Business Day	Other		Submit isolates or specimens for confirmation*1	Suspect Immediately	Immediately	Next Business Day	Other
Lead poisoning *4, 15			X		All blood lead test results (positive and negative) *3, 4, 15				X	
Legionellosis			X		*Legionella* species				X	
Leptospirosis			X		*Leptospira interrogans*				X	
Listeriosis		X			*Listeria monocytogenes*	X		X		
Lyme disease			X		*Borrelia burgdorferi*				X	
Lymphogranuloma Venereum (LGV)			X		*Chlamydia trachomatis*				X	
Malaria			X		*Plasmodium* species	X			X	
Measles (Rubeola)	X	X			Measles virus *16	X	X	X		
Melioidosis	X	X			*Burkholderia pseudomallei*	X	X	X		
Meningitis, bacterial or mycotic			X		Isolation or demonstration of any bacterial or fungal species in cerebrospinal fluid				X	
Meningococcal disease	X	X			*Neisseria meningitidis*	X		X		
Mercury poisoning *4a			X		Laboratory results as specified in the surveillance case definition *4a				X	
Mumps			X		Mumps virus				X	
Neonatal Abstinence Syndrome *17				6 months	Neonatal Abstinence Syndrome	Laboratory Reporting Not Applicable				
Neurotoxic shellfish poisoning		X			Laboratory results as specified in the surveillance case definition *4a			X		
Pertussis		X			*Bordetella pertussis*			X		
Pesticide-related illness and injury *4			X		Laboratory results as specified in the surveillance case definition *4-				X	
Plague	X	X			*Yersinia pestis*	X	X	X		
Poliomyelitis	X	X			Poliovirus	X	X	X		

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Practitioner Reporting					Laboratory Reporting					
	Timeframes					Timeframes				
Reportable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation*1	Suspect Immediately	Immediately	Next Business Day	Other
Psittacosis (Ornithosis)			X		*Chlamydophila psittaci*	X			X	
Q Fever			X		*Coxiella burnetii*	X			X	
Rabies, animal or human		X			Rabies virus		X	X		
Rabies, possible exposure *18	X	X			Rabies, possible exposure	Laboratory Reporting Not Applicable				
Respiratory syncytial virus	Practitioner Reporting Not Applicable				Respiratory syncytial virus, all test results (positive and negative) *3				X	
Ricin toxicity	X	X			Ricinine (from *Ricinus communis* castor beans)	X	X	X		
Rocky Mountain spotted fever and other Spotted Fever Rickettsioses			X		*Rickettsia rickettsii* and other Spotted Fever *Rickettsia* species	X			X	
Rubella, including congenital	X	X			Rubella virus *16	X	X	X		
St. Louis encephalitis (SLE)			X		St. Louis encephalitis virus	X			X	
Salmonellosis *4b			X		*Salmonella* species *4b				X	
Saxitoxin poisoning including Paralytic shellfish poisoning (PSP)			X		Saxitoxin				X	
Severe acute respiratory disease syndrome-associated with a Coronavirus infection	X	X			Coronavirus associated with severe acute respiratory disease	X	X	X		
Shigellosis *4b			X		*Shigella* species *4b				X	
Smallpox	X	X			Variola virus (orthopox virus)	X	X	X		
Staphylococcus aureus isolated from a normally sterile site	Practitioner Reporting Not Applicable				*Staphylococcus aureus* isolated from a normally sterile site *3				X	
Staphylococcus aureus with intermediate or full resistance to vancomycin (VISA,VRSA)		X			*Staphylococcus aureus* with intermediate or full resistance to vancomycin (VISA, VRSA); Laboratory results as specified in the surveillance case definition *4	X		X		
Staphylococcus enterotoxin B		X			Staphylococcus enterotoxin B	X		X		
Streptococcus pneumoniae, invasive disease in children < 6 years, drug sensitive and resistant			X		*Streptococcus pneumoniae*, all ages, isolated from a normally sterile site *19				X	

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Practitioner Reporting					Laboratory Reporting					
	Timeframes					Timeframes				
Reportable Diseases or Conditions	Suspect Immediately	Immediately	Next Business Day	Other	Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation*1	Suspect Immediately	Immediately	Next Business Day	Other
Syphilis			X		*Treponema pallidum*				X	
Syphilis in pregnant women and neonates		X			*Treponema pallidum*			X		
Tetanus			X		*Clostridium tetani*				X	
Trichinellosis (Trichinosis)			X		*Trichinella spiralis*				X	
Tuberculosis (TB) *20			X		*Mycobacterium tuberculosis* complex *20	X			X	
Tularemia	X	X			*Francisella tularensis*	X	X	X		
Typhoid fever *4b		X			*Salmonella* Typhi *4b	X		X		
Typhus fever (epidemic)	X	X			*Rickettsia prowazekii*	X	X	X		
Vaccinia disease	X	X			Vaccinia virus	X	X	X		
Varicella (Chickenpox) *21			X		Varicella virus				X	
Varicella mortality			X		Varicella virus				X	
Venezuelan equine encephalitis	X	X			Venezuelan equine encephalitis virus	X	X	X		
Vibriosis (infections by *Vibrio* species and closely related organisms, other than Cholera)			X		All non-cholera *Vibrio* species *Photobacterium damselae*, (formerly *V. damsela*); *Grimontia hollisae* (formerly *V. hollisae*)-	X			X	
Viral hemorrhagic fevers	X	X			Ebola, Marburg, Lassa, Machupo Lujo, new world Arena, or Congo-Crimean hemorrhagic fever viruses	X	X	X		
West Nile virus (disease due to)			X		West Nile virus	X			X	
Yellow fever	X	X			Yellow fever virus	X		X		

*1 – Submission of isolates or specimens for confirmation to the Florida Department of Health, Bureau of Public Health Laboratories:

a. Each laboratory that obtains a human isolate or a specimen from a patient shall send isolates or specimens (such as sera, slides or diagnostic preparations) for confirmation or additional characterization of the organism.

b. Hospitals, practitioners and laboratories submitting specimens for reportable laboratory tests, pursuant to subsection 64D-3.031(3), F.A.C., are required to supply the laboratories with sufficient information to comply with the provisions of this section.

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c. For the address of the closest Florida Department of Health laboratory location, contact 1-866-352-5227.

d. Laboratories shall submit isolates or specimens for confirmation or additional characterization of the organism for any reportable disease listed in the Table of Reportable Diseases or Conditions to be reported in this Rule as requested by the Department.

e. Laboratories are not prohibited from submitting isolates or specimens from a patient for a disease or condition that is not designated in the Table of Reportable Diseases or Conditions to be reported in this rule.

*2 – Include MIC (minimum inhibitory concentration), zone sizes for disk diffusion; MICs for E-test or agar dilution and interpretation (susceptible, intermediate, resistant).

*3 – Paper reports are not required. Applies only to laboratories performing electronic laboratory reporting as described in subsection 64D-3.031(5), F.A.C.

*4 – a. Surveillance Case Definitions for Select Reportable Diseases in Florida, 2014.

b. Reports should include occupational information (e.g. employer name, address, phone number).

*5 – Notification within six months of diagnosis and within six months of each treatment.

*6 – All CD-4 absolute count and percentage of total lymphocytes, with or without confirmed HIV infection.

*7 – Child abuse should be considered by a practitioner upon collection of a specimen for laboratory testing in any person 12 years of age or younger, excluding neonates. Reporting of a sexually transmissible disease (STD) case to a county health department does not relieve the practitioner of their mandatory reporting responsibilities regarding child abuse pursuant to Section 39.201, F.S.

*8 – Exceptions are located in Rule 64D-3.035, F.A.C.

*9 – Practitioners should contact the Department of Health, Bureau of Epidemiology at (850) 245-4401 to arrange appropriate autopsy and specimen collection.

*10 – For *Haemophilus influenza* test results associated with persons older than 4 years of age, only electronic reporting is required, in accordance with subsection 64D-3.031(5), F.A.C.

*11 – Special reporting requirements for Hepatitis B (acute and chronic), C (acute and chronic), D, E, G: Positive results should be accompanied by any hepatitis testing conducted (positive and negative results); all serum aminotransferase levels, and if applicable, pregnancy test result or if testing is conducted as part of a pregnancy panel. For laboratories performing electronic laboratory reporting as described in subsection 64D-3.031(5), F.A.C., all test results performed (positive and negative) are to be submitted, including screening test results (positive and negative).

*12 – A 4-fold titer rise in paired sera by various serological tests confirmatory of primary infection; presence of herpes-specific IgM suggestive but not conclusive evidence of primary infection.

*13 – Special requirements for STARHS (Serologic Testing Algorithm for Recent HIV Seroconversion):

a. Each laboratory that reports a confirmed positive HIV test in persons 13 years of age and older must also report STARHS test result.

b. In lieu of producing this test result, each laboratory that reports a confirmed positive HIV test must submit a sample for additional testing using STARHS testing. The laboratory is permitted to send the remaining blood specimen or an aliquot of at least 0.5 ml to the Bureau of Public Health Laboratories, 1217 Pearl Street, Jacksonville, Florida 32202-3926 or 1325 NW 14th Avenue, Miami, Florida 33125.

c. Laboratories electing to send a blood specimen will contact the Incidence and Resistance Coordinator, HIV/AIDS and Hepatitis Section, Florida Department of Health, at (850) 245-4430 to receive specimen maintenance and shipping instructions.

d. Nationally based laboratories with an existing contract to ship specimens directly to a STARHS laboratory designated by the Centers for Disease Control and Prevention will not be required to send a specimen to the Department.

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*14 – If a genotype is performed, the fasta files containing the nucleotide sequence data, including the protease and reverse transcriptase regions must be reported.

*15 – Special reporting requirements for reporting blood lead tests:

a. All blood lead tests are considered evidence of a suspected case and are to be reported electronically. This reporting requirement pertains to: 1) laboratories and, 2) practitioners that conduct on-site blood lead analysis (i.e., practitioners that use portable lead care analyzers or other devices to perform blood lead analysis).

b. Results produced by on-site blood lead analysis devices (i.e., portable lead care analyzers or other portable devices used to perform blood lead analysis) less than 10 µg/dL must be reported within 10 business days. Electronic reporting of results is preferred.

*16 – IgM serum antibody or viral culture test orders for measles (rubeola) or rubella should be reported as suspect immediately, but not IgG orders or results.

*17 – Each hospital licensed under Chapter 395, F.S., shall report each case of neonatal abstinence syndrome occurring in an infant admitted to the hospital. If a hospital reports a case of neonatal abstinence syndrome to the Agency for Health Care Administration in its inpatient discharge data report, pursuant to Chapter 59E-7, F.A.C., then it need not comply with the reporting requirements of subsection 64D-3.029(1), F.A.C.

*18 – Exposure to Rabies, as defined in Rule 64D-3.028, F.A.C., that results in rabies prophylaxis for the person exposed, rabies testing, isolation or quarantine of the animal causing the exposure.

*19 – For Streptococcus pneumonia test results associated with persons older than 5 years, only electronic reporting is required, in accordance with subsection 64D-3.031(5), F.A.C.

*20 – Test results must be submitted by laboratories to the Department of Health, Tuberculosis Control Section, 4052 Bald Cypress Way, Bin A20, Tallahassee, Florida 32399-1717, (850) 245-4350.

*21 – Practitioners shall also provide dates of varicella vaccination.

Georgia

GEORGIA	
Citation	**Requirements**
Statutes	
Georgia Code §31-12-2 **Department authorized to mandate reporting of certain diseases**	(a) The department is empowered to declare certain diseases, injuries, and conditions to be diseases requiring notice and to require the reporting thereof to the county board of health and the department in a manner and at such times as may be prescribed. The department shall require that such data be supplied as are deemed necessary and appropriate for the prevention of certain diseases, injuries, and conditions as are determined by the department. All such reports and data shall be deemed confidential and shall not be open to inspection by the public; provided, however, the department may release such reports and data in statistical form or for valid research purposes. (b) A health care provider, coroner, or medical examiner shall report to the department and the county board of health all known or presumptively diagnosed cases of persons harboring any illness or health condition that may be caused by bioterrorism, epidemic or pandemic disease, or novel and highly fatal infectious agents or toxins and that may pose a substantial risk of a public health emergency. Reportable illnesses and conditions include, without limitation, diseases caused by biological agents listed at 42 C.F.R. Part 72, app. A (2000) and any illnesses or conditions identified by the department as potential causes of a public health emergency. (c) A pharmacist shall report to the department and the county board of health any unusual or increased prescription rates, unusual types of prescriptions, or unusual trends in pharmacy visits that may reasonably be believed to be caused by bioterrorism, epidemic or pandemic disease, or novel and highly fatal infectious agents or toxins and that may pose a substantial risk of a public health emergency. (d) Any person, including but not limited to practitioners of the healing arts, submitting in good faith reports or data to the department or county boards of health in compliance with the provisions of this Code section shall not be liable for any civil damages therefor. (e) Whenever the department learns of any case of an unusual illness, health condition, or death, or an unusual cluster of such events, or any other suspicious health related event that it reasonably believes has the potential to be caused by bioterrorism, it shall immediately notify the Department of Public Safety and other appropriate public safety authorities.
Georgia Code §31-22-7 **Clinical laboratory reporting requirements**	(a) The department shall require reporting by clinical laboratories of evidence of such infectious diseases as the department may specify and shall furnish forms for such reporting. No clinical laboratory making reports shall be held liable for having violated a trust or confidential relationship. The reports submitted shall be deemed confidential and not subject to public inspection. (b) Every director of a clinical laboratory shall report to the department such information regarding the operation of the clinical laboratory as the department by its rules and regulations may require in order to aid in the proper administration of this chapter.

GEORGIA	
Citation	**Requirements**
Georgia Regulations §511-2-1-.02 **Provisions**	(1) It shall be the duty of every licensed physician to report all cases of notifiable diseases or conditions declared notifiable to the board of health in the county where the report originates or to the Department. Such reports shall also be made by the chief administrative officer, or a designee thereof (therein after referred to as reporters), of each hospital, nursing home, clinic, health maintenance organization, university health service, primary health care center, or institution such as a school, day care center, mental health hospital, and detention facility. These reports may be made by telephone, by letter, or by completing and mailing forms provided by the Department. (2) Outbreaks or unusual clusters of disease (infectious and noninfectious) must be reported promptly by telephone to the county board of health or to the Department, Division of Public Health. (3) The Department shall determine which diseases and conditions are notifiable and shall provide an official list of said diseases and conditions to the county Boards of Health. Each county health department shall be responsible for supplying reporting forms, which contain the official list, to the designated reporters. (4) The Department may employ sampling techniques to contain by special request information regarding the occurrence of certain noninfectious diseases of public health significance, e.g. alcohol/drug abuse, birth defects, cancer, heart attack, stroke, injuries, poisonings and occupational diseases. (5) Reporters are expected to provide additional information to the Department concerning cases for which they have submitted laboratory specimens and to provide additional specimens when so requested for the purpose of providing complete laboratory confirmation of cases having public health importance, if the condition and circumstances of the patient permit. (6) Clinical laboratories shall report to the Department evidence of notifiable diseases on forms provided by the Department. Report forms shall be retained on file by clinical laboratories for two years from the date of the report. Clinical laboratories are required to retain each isolate of an agent of notifiable disease for at least one week from the date of the report and to send said isolate to the Department for further testing upon request. (7) Information concerning the occurrence or probable occurrence of any notifiable disease and condition which comes to the attention of any county board of health shall be transmitted to the Department weekly on a routine basis or immediately if circumstances dictate.

Hawaii

HAWAII	
Citation	**Requirements**
Statutes	
Hawaii Revised Statutes §325-1 **Diseases or conditions declared communicable or dangerous to public health**	The director of health by rules adopted pursuant to chapter 91, may declare diseases or conditions to be communicable or dangerous to the public health.
Hawaii Revised S tatutes §325-2 **Physicians, laboratory directors, and health care professionals to report**	Every physician or health care professional having a client affected by or suspected of being affected by a disease or condition declared to be communicable or dangerous to the public health by the director of health shall report the incidence or suspected incidence of such disease or condition to the department of health in writing or in the manner specified by the department of health. Every laboratory director having laboratory data regarding an individual affected by or suspected of being affected by a disease or condition declared to be communicable or dangerous to the public health shall report such diseases or conditions to the department of health in writing or in a manner specified by the health department. Every physician, laboratory director, or health care professional who refuses or neglects to give such notice, or make such report, may be fined in an amount not to exceed $1,000 per violation, to be assessed by the director of health. The director of health is authorized to impose the penalty pursuant to this section.
Regulations	
Hawaii Regulations §11-156-4 **Reporting from laboratories**	(a) Exhibit B, "Hawaii Laboratory Reporting Requirements June 2007) ," located at the end of this chapter is made a part of this chapter. (b) When a laboratory examination of any specimen derived from a human or animal body yields microscopic bacteriologic, immunologic, serologic, or other evidence of the probable presence of any one of the agents or conditions listed in Exhibit B the person in charge of the laboratory shall promptly report findings to the department in such manner as prescribed by the department. Laboratories shall convey a sample of the isolate, blood smear, or aliquot of positive serum to the department as specified in Exhibit B. If a specimen is received by more than one laboratory, the laboratory testing the specimen is responsible for reporting the result. However, if the laboratory testing the specimen is outside the state, the laboratory or facility or practitioner in the state which referred the specimen to the out-of-state laboratory is responsible for reporting the result. (c) This section does not apply to specimens from cases of tuberculosis or Hansen's disease from whom positive specimens have already been reported to the department by that same laboratory. (d) Forms for reporting the diseases shall be provided by the department. Reports may be made in alternate formats as approved by the department. (e) All laboratory information received by the department pursuant to this section shall be kept confidential.

HAWAII

Hawaii Regulations §11-156

Exhibit B: Hawaii Laboratory Reporting Requirements

Exhibit B: Hawaii Laboratory Reporting Requirements (June, 2007)

Specimens to be sent to the Department as noted:

* Sample of isolate

** Blood smear

Aliquot of positive serum

(*) or (#) Send sample or aliquot upon request only

Reporting Categories

I. *URGENT* - Agents labeled URGENT shall be reported by telephone when a laboratory *request* is received.

2. *Immediate* - Positive test results for agents labeled "Immediate" shall be reported by telephone within 24 hours of confirmation, followed by a written notification by mail or fax.

3. *Routine* - Positive test results for agents and tests labeled "Routine" shall be reported within three days of confirmation.

4. *Confidential* - Positive test results for agents and tests labeled "Confidential" shall be reported to the appropriate programs within three (3) workings days of confirmation. However, HIV / AIDS and CD4 test results shall be reported by mail, telephone or electronic encryption.

5. *Upon Request* - Test results for agents shall be reported to the Disease Investigation Branch upon request

Exhibit B: Hawaii Laboratory Reporting Requirements (June, 2007)	
Agent/Test	*Category*
Group A Arboviruses (Venezuelan equine, Eastern equine, Western equine, California serogroup)	Urgent*
Group B Arboviruses (St. Louis, Powassan, West Nile, Japanese encephalitis virus)	Urgent*
Arenaviruses (Lassa, Marburg)	Urgent*
Bacillus anthracis	Urgent*
Bordetella pertussis	Immediate*
Burkholderia mallei	Urgent*
Burkholderia pseudomallei	Urgent*
Brucella spp.	Urgent*
Brugia Malayi	Routine
BruKia Timori	Routine
Campylobacler spp.	Routine*
CD4 T-lymphocyte count and percent[1]	Confidential

HAWAII

Exhibit B: Hawaii Laboratory Reporting Requirements (June, 2007)	
Agent/Test	*Category*
Chlamydia psittaci	Immediate
Chlamydia trachomatis, genital[2]	Confidential
Clostridium botulinum (Foodborne, wound, and infant)	Urgent*
Clostridium tetani	Routine
Corynebacterium diphtheriae	Immediate*
Cryptosporidium spp.	Routine
Cyclosporiasis	Routine
Coxiella burnetii	Immediate
Dengue virus	Immediate
Entamoeba histolytica	Routine
Enterococcus, Vancomycin-resistant	Routine (*)
Eosinophilic meningitis	Upon request
Escherichia coli - shigatoxin producing including type O157	Routine*
Filoviruses (Ebola, Marburg)	Urgent*
Francisella tularensis	Urgent
Giardia lamblia	Routine
Haemophilus influenzae (from spinal fluid, blood, lung, or other normally sterile site). Report serotype and antimicrobial resistance if available.	Immediate*
Hantavirus	Immediate (#)
Hepatitis A virus (IgM positive); Also report liver function tests (AST {SGOT}, ALT {SGPT}) conducted at the same time.	Immediate
Hepatitis B virus (surface antigen positive and/or anti-core IgM antibody positive); Also report liver function tests *(AST {SGOT}, ALT {SGPT}*) conducted at the same time for all patients who are HBsAg positive.	Routine
Hepatitis C virus; Also report liver function tests (AST {SGOT}, ALT {SGPT}) conducted at the same time for all patients who are anti-HCV positive.	Routine
Hepatitis E virus; Also report liver function tests (AST {SGOT}, ALT {SGPT}) conducted at the same time for all patients who are anti-HCE positive.	Routine
HIV (Human Immunodeficiency Virus) and all HIV viral load tests.[3]	Confidential
Influenza virus; (Report positive, negative and indeterminate results, and other viral isolates obtained through respiratory culture)	Routine
Legionella pneumophila	Immediate (*)
Leptospira interrogans[4]	Routine #
Listeria monocytogenes	Routine*

HAWAII

Exhibit B: Hawaii Laboratory Reporting Requirements (June, 2007)	
Agent/Test	*Category*
Liver function tests *(AST {SGOT}, ALT {SGPT})* conducted at the same time on a patient who is HbsAg positive or anti-HCV positive.	Routine
Lyssavirus spp. (Rabies)	Urgent*
Measles/Rubeola (IgM)	Immediate#
Mumps (IgM)	Routine #
Mycobacterium tuberculosis[5]	Immediate
Mycobacterium leprae (AFB) positive biopsies and smears[6]	Routine
Neisseria gonorrhoeae (including identification of resistant strains)[7]	Confidential*
Neisseria meningitidis (from spinal fluid, blood, lung, or other normally sterile site) report antimicrobial susceptibility	Immediate*
Norovirus (NoV) PCR positive	Routine
Plasmodium spp.	Routine**
Poliovirus	Immediate*
Respiratory Syncitial Virus (RSV) (Report positive and negative results, and other viral isolates obtained through respiratory culture)	Routine
Rickettsia typhi	Routine#
Rubella (IgM)	Immediate#
Salmonella spp. (including *Typhi)*	Urgent*
SARS-Associated Corona virus (SARS-CoV)	Urgent
Shigella spp.	Urgent*
Staphylococcus aureus, Methicillin-Resistant (MRSA)	Routine
Staphylococcus aureus, Vancomycin-intermediate (VISA)	Routine
Vancomycin-resistant, Staphylococcus aureus (VRSA)	Urgent
Streptococcus pyogenes, Group A (beta hemolytic, invasive disease including Streptococcal Toxic Shock Syndrome or other normally sterile site, but not including pharyngitis)	Routine (*)
Streptococcus pneumoniae isolated from a normally sterile site, report antimicrobial susceptibility.	Routine
Toxoplasma gondii	Routine
Treponema pallidum[7]	Confidential#
Trichinella spiralis	Routine
West Nile Virus IgM	Urgent*
Wuchereria bancrofti	Routine
Varicella (IgM)	Routine (#)

HAWAII

Exhibit B: Hawaii Laboratory Reporting Requirements (June, 2007)	
Agent/Test	*Category*
Variola virus	Urgent
Vibrio cholerae	Urgent*
Vibrio spp. (other than *cholerae)*	Routine*
Yellow fever virus	Urgent*
Yersinia pestis	Urgent*
Yersinia spp. (other than *pestis)*	Routine*

NOTES

1. Reports shall be made to the HIV/AIDS Surveillance Program (CONFIDENTIAL), 3627 Kilauea Avenue, Rm. 306, Honolulu, HI 96816; telephone: (808) 733-9010.
2. Sexually Transmitted Infections other than HIV/AIDS shall be reported to the SID Prevention Program, 3627 Kilauea Avenue, Room 304, Honolulu, HI 96816; telephone: (808) 733-9281 facsimile (808) 733-9291.
3. Reports shall be made to the HIV/AIDS Surveillance Program (CONFIDENTIAL), 3627 Kilauea Avenue, Rm. 306, Honolulu, HI 96816; telephone: (808) 133-90100.
4. For *Leptospira interrogans* submit whole blood and paired serum samples.
5. Tuberculosis shall be reported to the Tuberculosis Control Program at (808) 832-5731 or by mail to TB Program, 1700 Lanakila Avenue, Honolulu, HI 96817, ATTN: Registry - CONFIDENTIAL or by FAX to (808) 832-5846 ATTN: Registry - CONFIDENTIAL. Please call for a copy of the TB report form.
6. Reports shall be made to the Hansen's Disease Community Program at (808) 733.9831.
7. Sexually Transmitted Infections other than HIV/AIDS shall be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 304, Honolulu, HI 968 16; telephone: (808) 733-9281.

Report all Diseases except Tuberculosis, Hansen's Disease, Sexually Transmitted Infections, HIV/AIDS, CD4, and HIV viral load to the Department of Health Office in your County.

Idaho

IDAHO	
Citation	**Requirements**
Statutes	
Idaho Code §56-1003 **Powers and Duties of the Director**	The director shall have the following powers and duties: (1) All of the powers and duties of the department of public health, the department of health, the board of health and all nonenvironmental protection duties of the department of health and welfare are hereby vested to the director of the department of health and welfare. Provided however, that oversight of the department and rulemaking and hearing functions relating to public health and licensure and certification standards shall be vested in the board of health and welfare. Except when the authority is vested in the board of health and welfare under law, the director shall have all such powers and duties as may have been or could have been exercised by his predecessors in law, including the authority to adopt, promulgate, and enforce rules, and shall be the successor in law to all contractual obligations entered into by predecessors in law. All rulemaking proceedings and hearings of the director shall be governed by the provisions of chapter 52, title 67, Idaho Code. (2) The director shall, pursuant and subject to the provisions of the Idaho Code, and the provisions of this chapter, formulate and recommend to the board rules, codes and standards, as may be necessary to deal with problems related to personal health, and licensure and certification requirements pertinent thereto, which shall, upon adoption by the board, have the force of law relating to any purpose which may be necessary and feasible for enforcing the provisions of this chapter including, but not limited to, the maintenance and protection of personal health. Any such rule or standard may be of general application throughout the state or may be limited as to times, places, circumstances or conditions in order to make due allowance for variations therein. (3) The director, under the rules, codes or standards adopted by him, shall have the general supervision of the promotion and protection of the life, health and mental health of the people of this state. The powers and duties of the director shall include, but not be limited to, the following: (a) The issuance of licenses and permits as prescribed by law and by the rules of the board; (b) The supervision and administration of laboratories and the supervision and administration of standards of tests for environmental pollution, chemical analyses and communicable diseases. The director may require that laboratories operated by any city, county, institution, person, firm or corporation for health or environmental purposes conform to standards set by the board of health and welfare and the board of environmental quality; (c) The supervision and administration of a mental health program, which shall include services for the evaluation, screening, custody and treatment of the mentally ill and those persons suffering from a mental defect, or mental defects; (d) The enforcement of minimum standards of health, safety and sanitation for all public swimming pools within the state; (e) The supervision and administration of the various schools, hospitals and institutions that were the responsibility of the board of health;

IDAHO	
Citation	**Requirements**
	(f) The supervision and administration of services dealing with the problems of alcoholism including, but not limited to, the care and rehabilitation of persons suffering from alcoholism; (g) The establishment of liaison with other governmental departments, agencies and boards in order to effectively assist other governmental entities with the planning for the control of or abatement of health problems. All of the rules and standards adopted by the board shall apply to state institutions; (h) The supervision and administration of an emergency medical service program including, but not limited to, assisting other governmental agencies and local governmental units, in providing first aid emergency medical services and for transportation of the sick and injured; (i) The supervision and administration of administrative units whose responsibility shall be to assist and encourage counties, cities, other governmental units, and industries in the control of and/or abatement of health problems; (j) The enforcement of all laws, rules, codes and standards relating to health. (4) The director, when so designated by the governor, shall have the power to apply for, receive on behalf of the state, and utilize any federal aid, grants, gifts, gratuities, or moneys made available through the federal government. (5) The director shall have the power to enter into and make contracts and agreements with any public agencies or municipal corporations for facilities, land, and equipment when such use will have a beneficial, recreational, or therapeutic effect or be in the best interest in carrying out the duties imposed upon the department. The director shall also have the power to enter into contracts for the expenditure of state matching funds for local purposes. This subsection will constitute the authority for public agencies or municipal corporations to enter into such contracts and expend money for the purposes delineated in such contracts. (6) The director is authorized to adopt an official seal to be used on appropriate occasions, in connection with the functions of the department or the board, and such seal shall be judicially noticed. Copies of any books, records, papers and other documents in the department shall be admitted in evidence equally with the originals thereof when authenticated under such seal. (7) The director, under rules adopted by the board of health and welfare, shall have the power to impose and enforce orders of isolation and quarantine to protect the public from the spread of infectious or communicable diseases or from contamination from chemical or biological agents, whether naturally occurring or propagated by criminal or terrorist act. (a) An order of isolation or quarantine issued pursuant to this section shall be a final agency action for purposes of judicial review. However, this shall not prevent the director from reconsidering, amending or withdrawing the order. Judicial review of orders of isolation or quarantine shall be de novo. The court may affirm, reverse or modify the order and shall affirm the order if it appears by a preponderance of the evidence that the order is reasonably necessary to protect the public from a substantial and immediate danger of the spread of an infectious or communicable disease or from contamination by a chemical or biological agent.

IDAHO	
Citation	**Requirements**
	(b) If the director has reasonable cause to believe a chemical or biological agent has been released in an identifiable place, including a building or structure, an order of quarantine may be imposed to prevent the movement of persons into or out of that place, for a limited period of time, for the purpose of determining whether a person or persons at that place have been contaminated with a chemical or biological agent which may create a substantial and immediate danger to the public. (c) Any person who violates an order of isolation or quarantine shall be guilty of a misdemeanor.
Regulations	
Idaho Admin. Code r. 16.02.10.020 **Persons Required To Report Reportable Diseases, Conditions, and School Closures**	01. Physician. A licensed physician who diagnoses, treats, or cares for a person with a reportable disease or condition must make a report of such disease or condition to the Department or Health District as described in these rules. The physician is also responsible for reporting diseases and conditions diagnosed or treated by physician assistants, nurse practitioners, or others under the physician's supervision. (4-2-08) 02. Hospital or Health Care Facility Administrator. The hospital or health care facility administrator must report all persons who are diagnosed, treated, or receive care for a reportable disease or condition in his facility unless the attending physician has reported the disease or condition. (4-2-08) 03. Laboratory Director. The laboratory director must report to the Department or Health District the identification of, or laboratory findings suggestive of, the presence of the organisms, diseases, or conditions listed in Section 050 of these rules. (4-2-08) 04. School Administrator. A school administrator must report diseases and conditions to the Department or Health District as indicated in Section 050 of these rules. A school administrator must report the closure of any public, parochial, charter, or private school within one (1) working day when, in his opinion, such closing is related to a communicable disease. (4-2-08) 05. Persons in Charge of Food Establishments. If the person in charge of the eating or drinking establishment has reason to suspect that any employee has a disease listed in Section 050 of these rules that is in a communicable form, he must immediately notify the Department or Health District and obtain guidance on proper actions needed to protect the public. (4-2-08) 06. Others Required to Report Reportable Diseases. In addition to licensed physicians, reports must also be made by physician assistants, certified nurse practitioners, registered nurses, school health nurses, infection surveillance staff, public health officials, and coroners. (4-2-08)

IDAHO

Citation	Requirements
Idaho Admin. Code r. 16.02.10.020	Reportable diseases and conditions must be reported to the Department or Health District by those required under Section 020 of these rules. The table below identifies the reportable and restrictable diseases and conditions, the timeframe for reporting, and the person or facility required to report.

Requirements for Reportable and Restrictable Diseases And Conditions Table 050

Reportable or Restrictable Diseases and Conditions	Section in Rule	Reporting Timeframe	Restrictable for DC= Daycare FS= Food Service HC= Health Care Facility S= School	Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators (Section 020)
Acquired Immune Deficiency Syndrome (AIDS), (including CD-4 lymphocyte counts <200 cells/mm3 blood or < 14%)	100	Within 3 working days	None	
Amebiasis	110	Within 3 working days	DC, FS, HC	Food Service Facility
Anthrax *(Bacillus anthracis)*	120	Immediately	None	
Biotinidase Deficiency	130	Within 1 working day (in newborn screening)	None	
Botulism	140	Immediately	None	
Brucellosis *(Brucella* species)	150	Within 1 working day	None	
Campylobacteriosis *(Campylobacter* species)	160	Within 3 working days	DC, FS, HC	Food Service Facility
Cancer	170	Report to Cancer Data Registry of Idaho within 180 days of diagnosis or recurrence (including suspected cases)	None	
Chancroid	180	Within 3 working days	None	
Chlamydia trachomatis Infections	190	Within 3 working days	HC - ophthalmica neonatorum only	
Cholera *(Vibrio cholerae)*	200	Within 1 working day	FS, HC, DC	Food Service Facility
Congenital Hypothyroidism	210	Within 1 working day (in newborn screening)	None	
Conjunctivitis	080, 090	No reporting required	DC, S	
Cryptosporidiosis *(Cryptosporidium* species)	220	Within 3 working days	FS, HC, DC	

IDAHO

Citation	Requirements

Requirements for Reportable and Restrictable Diseases And Conditions
Table 050

Reportable or Restrictable Diseases and Conditions	Section in Rule	Reporting Timeframe	Restrictable for DC= Daycare FS= Food Service HC= Health Care Facility S= School	Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators (Section 020)
Cutaneous Fungal Infections	080, 090	No reporting required	DC, S	
Diarrhea (until common communicable diseases have been ruled out)	085	No reporting required	FS	
Diphtheria *(Corynebacterium diphtheriae)*	230	Immediately	DC, FS, HC, S	School
Encephalitis, Viral or Aseptic	240	Within 3 working days	None	
Escherichia coli O157:H7 and other Shiga-Toxin Producing *E. coli* (STEC)	250	Within 1 working day	DC, FS, HC	Food Service Facility School
Extraordinary Occurrence of Illness, including Clusters	260	Within 1 working day	None	
Fever	085	No reporting required	FS	
Food Poisoning, Foodborne Illness, and Waterborne Illnesses	270	Within 1 working day	None	
Galactosemia	280	Within 1 working day (in newborn screening)	None	
Giardiasis *(Giardia lamblia)*	290	Within 3 working days	DC, FS, HC	Food Service Facility
Haemophilus influenzae Invasive Disease	300	Within 1 working day	DC, S	School
Hantavirus Pulmonary Syndrome	310	Within 1 working day	None	
Hemolytic-Uremic Syndrome (HUS) or Thrombotic thrombocytopenic purpura-HUS (TTP-HUS)	320	Within 1 working day	None	
Hepatitis A	330	Within 1 working day	DC, FS, HC	Food Service Facility
Hepatitis B	340	Within 1 working day	None	

IDAHO

Citation	Requirements

Requirements for Reportable and Restrictable Diseases And Conditions Table 050

Reportable or Restrictable Diseases and Conditions	Section in Rule	Reporting Timeframe	Restrictable for DC= Daycare FS= Food Service HC= Health Care Facility S= School	Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators (Section 020)
Hepatitis C	350	Within 3 working days	None	
Human Immunodeficiency Virus (HIV)	360	Within 3 working days	None	
Human T-Lymphotropic Virus	370	Within 3 working days	None	
Jaundice	085	No reporting required	FS	
Lead Levels of Ten Micrograms or more per Deciliter of Whole Blood (ug/dL)	380	Within 3 working days	None	
Legionellosis	390	Within 3 working days	None	
Leprosy (Hansen's Disease)	400	Within 3 working days	None	
Leptospirosis	410	Within 3 working days	None	
Listeriosis *(Listeria* species)	420	Within 3 working days	None	
Lyme Disease	430	Within 3 working days	None	
Malaria *(Plasmodium* species)	440	Within 3 working days	None	
Maple Syrup Urine Disease	450	Within 1 working day (in newborn screening)	None	
Measles (Rubeola)	460	Within 1 working day	DC, HC, S	School
Meningitis, Viral or Aseptic	470	Within 3 working days	None	
Methicillin-resistant *Staphylococcus aureus* (MRSA) Invasive Disease	475	Within 3 working days	None	Note: Only Laboratory Directors need to report.
Methicillin-resistant *Staphylococcus aureus* (MRSA) Non-Invasive Disease	475, 080, 090	No reporting required	DC, FS, HC, S	
Mumps	480	Within 3 working days	DC, S, HC	School
Myocarditis, Viral	490	Within 3 working days	None	
Neisseria gonorrhoeae Infections	500	Within 3 working days	None	

IDAHO

Citation	Requirements

Requirements for Reportable and Restrictable Diseases And Conditions
Table 050

Reportable or Restrictable Diseases and Conditions	Section in Rule	Reporting Timeframe	Restrictable for DC= Daycare FS= Food Service HC= Health Care Facility S= School	Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators (Section 020)
Neisseria meningitidis Invasive Disease	510	Within 1 working day	DC, HC, S	School
Norovirus	520	Within 1 working day	DC, FS, HC, S	
Novel Influenza A Virus	522	Within 1 working day	DC, FS, HC, S	
Pediculosis	080, 090	No reporting required	DC, S	
Pertussis *(Bordetella pertussis)*	530	Within 1 working day	DC, HC, S	School
Phenylketonuria (PKU)	540	Within 1 working day (in newborn screening)	None	
Plague *(Yersinia pestis)*	550	Immediately	HC, S	School
Pneumococcal Invasive Disease in Children less than Eighteen (18) Years of Age *(Streptococcus pneumoniae)*	560	Within 3 working days	DC, S	School
Pneumocystis Pneumonia (PCP)	570	Within 3 working days	None	
Poliomyelitis	580	Within 1 working day	DC	School
Psittacosis	590	Within 3 working days	None	
Q Fever	600	Within 1 working day	None	
Rabies - Human, Animal, and Post-Exposure Prophylaxis (rPEP)	610	Immediately (human), Within 1 working day (animal or rPEP)	None	
Relapsing Fever, Tick-borne and Louse-borne	620	Within 3 working days	None	
Respiratory Syncytial Virus (RSV)	630	Within 1 working day	None	Note: Only Laboratory Directors need to report.
Reye Syndrome	640	Within 3 working days	None	
Rocky Mountain Spotted Fever	650	Within 3 working days	None	

IDAHO

Citation	Requirements

Requirements for Reportable and Restrictable Diseases And Conditions Table 050

Reportable or Restrictable Diseases and Conditions	Section in Rule	Reporting Timeframe	Restrictable for DC= Daycare FS= Food Service HC= Health Care Facility S= School	Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators (Section 020)
Rubella (including Congenital Rubella Syndrome)	660	Within 1 working day	DC, HC, S	School
Salmonellosis (including Typhoid Fever) *(Salmonella* species)	670	Within 1 working day	DC, FS, HC	Food Service Facility
Scabies	080, 090	No reporting required	DC, S	
Severe Acute Respiratory Syndrome (SARS)	680	Within 1 working day	DC, S	School
Severe Reaction to Any Immunization	690	Within 1 working day	None	
Shigellosis *(Shigella* species)	700	Within 1 working day	DC, FS, HC, S	Food Service Facility School
Smallpox	710	Immediately	DC, HC, S	School
Sore Throat with Fever	085	No reporting required	FS	
Staphylococcal Infections other than MRSA	080, 085, 090	No reporting required	DC, FS, S	
Streptococcal Pharyngeal Infections	080, 090	No reporting required	DC, S	
Streptococcus pyogenes (Group A Strep), Invasive or Resulting in Rheumatic Fever	720	Within 3 working days	DC, HC, S	School
Syphilis	730	Within 3 working days	None	
Taeniasis	085	No reporting required	FS	
Tetanus	740	Within 3 working days	None	
Toxic Shock Syndrome	750	Within 3 working days	None	

IDAHO

Citation	Requirements

Requirements for Reportable and Restrictable Diseases And Conditions
Table 050

Reportable or Restrictable Diseases and Conditions	Section in Rule	Reporting Timeframe	Restrictable for DC= Daycare FS= Food Service HC= Health Care Facility S= School	Which Facilities Must Report in Addition to Health Care Providers, Laboratory Directors, & Hospital Administrators (Section 020)
Transmissible Spongiform Encephalopathies (TSE), including Creutzfeldt-Jakob Disease (CJD) and Variant CJD (vCJD)	760	Within 3 working days	None	
Trichinosis	770	Within 3 working days	None	
Tuberculosis *(Mycobacterium tuberculosis)*	780	Within 3 working days	DC, FS, HC, S	School Food Service Facility
Tularemia *(Francisella tularensis)*	790	Immediately; Identification of *Francisella tularensis* -within 1 working day	None	
Uncovered and Open or Draining Skin Lesions with Pus, such as a Boil or Open Wound	085	No reporting required	FS	x
Varicella (chickenpox)	080, 090	No reporting required	DC, S	x
Vomiting (until noninfectious cause is identified)	085	No reporting required	FS	x
West Nile Virus (WNV)	800	Within 3 working days	None	x
Yersiniosis *(Yersinia enterocolitica* and *Yersinia pseudotuberculosis)*	810	Within 3 working days; Identification of *Yersinia pestis* - immediately	FS	

Illinois

ILLINOIS	
Citation	**Requirements**
Statutes	
20 Illinois Compiled Statutes 2305/2 **Powers**	(a) The State Department of Public Health has general supervision of the interests of the health and lives of the people of the State. It has supreme authority in matters of quarantine and isolation, and may declare and enforce quarantine and isolation when none exists, and may modify or relax quarantine and isolation when it has been established. The Department may adopt, promulgate, repeal and amend rules and regulations and make such sanitary investigations and inspections as it may from time to time deem necessary for the preservation and improvement of the public health, consistent with law regulating the following: (1) Transportation of the remains of deceased persons. (2) Sanitary practices relating to drinking water made accessible to the public for human consumption or for lavatory or culinary purposes. (3) Sanitary practices relating to rest room facilities made accessible to the public or to persons handling food served to the public. (4) Sanitary practices relating to disposal of human wastes in or from all buildings and places where people live, work or assemble. The provisions of the Illinois Administrative Procedure Act are hereby expressly adopted and shall apply to all administrative rules and procedures of the Department of Public Health under this Act, except that Section 5-35 of the Illinois Administrative Procedure Act relating to procedures for rule-making does not apply to the adoption of any rule required by federal law in connection with which the Department is precluded by law from exercising any discretion. All local boards of health, health authorities and officers, police officers, sheriffs and all other officers and employees of the state or any locality shall enforce the rules and regulations so adopted and orders issued by the Department pursuant to this Section. The Department of Public Health shall conduct a public information campaign to inform Hispanic women of the high incidence of breast cancer and the importance of mammograms and where to obtain a mammogram. This requirement may be satisfied by translation into Spanish and distribution of the breast cancer summaries required by Section 2310-345 of the Department of Public Health Powers and Duties Law (20 ILCS 2310/2310-345). The information provided by the Department of Public Health shall include (i) a statement that mammography is the most accurate method for making an early detection of breast cancer, however, no diagnostic tool is 100% effective and (ii) instructions for performing breast self-examination and a statement that it is important to perform a breast self-examination monthly. The Department of Public Health shall investigate the causes of dangerously contagious or infectious diseases, especially when existing in epidemic form, and take means to restrict and suppress the same, and whenever such disease becomes, or threatens to become epidemic, in any locality and the local board of health or local authorities neglect or refuse to enforce efficient measures for its restriction or suppression or to act with sufficient promptness or efficiency, or whenever the local board of health or local

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Citation	**Requirements**
	authorities neglect or refuse to promptly enforce efficient measures for the restriction or suppression of dangerously contagious or infectious diseases, the Department of Public Health may enforce such measures as it deems necessary to protect the public health, and all necessary expenses so incurred shall be paid by the locality for which services are rendered. ... (i) (A) The Department, in order to prevent and control disease, injury, or disability among citizens of the State of Illinois, may develop and implement, in consultation with local public health authorities, a Statewide system for syndromic data collection through the access to interoperable networks, information exchanges, and databases. The Department may also develop a system for the reporting of comprehensive, integrated data to identify and address unusual occurrences of disease symptoms and other medical complexes affecting the public's health. (B) The Department may enter into contracts or agreements with individuals, corporations, hospitals, universities, not-for-profit corporations, governmental entities, or other organizations, whereby those individuals or entities agree to provide assistance in the compilation of the syndromic data collection and reporting system. (C) The Department shall not release any syndromic data or information obtained pursuant to this subsection to any individuals or entities for purposes other than the protection of the public health. All access to data by the Department, reports made to the Department, the identity of or facts that would tend to lead to the identity of the individual who is the subject of the report, and the identity of or facts that would tend to lead to the identity of the author of the report shall be strictly confidential, are not subject to inspection or dissemination, and shall be used only for public health purposes by the Department, local public health authorities, or the Centers for Disease Control and Prevention. Entities or individuals submitting reports or providing access to the Department shall not be held liable for the release of information or confidential data to the Department in accordance with this subsection. (D) Nothing in this subsection prohibits the sharing of information as authorized in Section 2.1 of this Act. (j) This Section shall be considered supplemental to the existing authority and powers of the Department and shall not be construed to restrain or restrict the Department in protecting the public health under any other provisions of the law. (k) Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any dangerously contagious or infectious disease in connection with the Department's power of quarantine, isolation and closure or refuses to comply with a quarantine, isolation or closure order is guilty of a Class A misdemeanor. (l) The Department of Public Health may establish and maintain a chemical and bacteriologic laboratory for the examination of water and wastes, and for the diagnosis of diphtheria, typhoid fever, tuberculosis, malarial fever and such other diseases as it deems necessary for the protection of the public health. As used in this Act, "locality" means any governmental agency which exercises power pertaining to public health in an area less than the State.

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Citation	**Requirements**
	The terms “sanitary investigations and inspections” and “sanitary practices” as used in this Act shall not include or apply to “Public Water Supplies” or “Sewage Works” as defined in the Environmental Protection Act. The Department may adopt rules that are reasonable and necessary to implement and effectuate this amendatory Act of the 93rd General Assembly. (m) The public health measures set forth in subsections (a) through (h) of this Section may be used by the Department to respond to chemical, radiological, or nuclear agents or events. The individual provisions of subsections (a) through (h) of this Section apply to any order issued by the Department under this Section. The provisions of subsection (k) apply to chemical, radiological, or nuclear agents or events. Prior to the Department issuing an order for public health measures set forth in this Act for chemical, radiological, or nuclear agents or events as authorized in subsection (m), the Department and the Illinois Emergency Management Agency shall consult in accordance with the Illinois emergency response framework. When responding to chemical, radiological, or nuclear agents or events, the Department shall determine the health related risks and appropriate public health response measures and provide recommendations for response to the Illinois Emergency Management Agency. Nothing in this Section shall supersede the current National Incident Management System and the Illinois Emergency Operation Plan or response plans and procedures established pursuant to IEMA statutes.

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Citation	Requirements
Illinois Administrative Code §690.100 **Diseases and Conditions**	The following diseases and conditions are declared to be contagious, infectious or communicable and may be dangerous to the public health. Each suspected or diagnosed case shall be reported to the local health authority, which shall subsequently report each case to the Department. The method of reporting shall be as described in the individual Section for the reportable disease. a) Class I (a) The following diseases shall be reported immediately (within three hours) by telephone, upon initial clinical suspicion of the disease, to the local health authority, which shall then report to the Department immediately (within three hours). This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities that are required to report to the Department. The Section number associated with each of the listed diseases indicates the Section under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart D shall be submitted within 24 hours to the Department laboratory.

1)	Any unusual case of a disease or condition caused by an infectious agent not listed in this Part that is of urgent public health significance	690.295
2)	Anthrax*	690.320
3)	Botulism, foodborne	690.327
4)	Brucellosis* (if suspected to be a bioterrorist event or part of an outbreak)	690.330
5)	Diphtheria	690.380
6)	Influenza A, Novel Virus	690.469
7)	Plague*	690.570
8)	Poliomyelitis	890.580
9)	Q-fever* (if suspected to be a bioterrorist event or part of an outbreak)	690.595
10)	Severe Acute Respiratory Syndrome	690.635
11)	Smallpox	690.650
12)	Tularemia* (if suspected to be a bioterrorist event or part of an outbreak)	690.725
13)	Any suspected bioterrorist threat or event	690.800

b) Class I

(b) The following diseases shall be reported as soon as possible during normal business hours, but within 24 hours (i.e., within eight regularly scheduled business hours after identifying the case), to the local health authority, which shall then report to the Department as soon as possible, but within 24 hours. This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities that are required to report to the Department. The Section number associated with each of the listed diseases indicates the Section under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart D shall be submitted within 7 days after identification of the organism to the Department laboratory.

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Citation	**Requirements**

1)	Botulism, intestinal, wound, and other	690.327
2)	Brucellosis* (if not suspected to be a bioterrorist event or part of an outbreak)	690.330
3)	Chickenpox (Varicella)	690.350
4)	Cholera*	690.360
5)	*Escherichia coli* infections* (*E. coli* O157:H7 and other Shiga toxin-producing *E. coli*, enterotoxigenic *E. coli,* enteropathogenic *E. coli* and enteroinvasive *E. coli*)	690.400
6)	*Haemophilus influenzae*, *meningitis* and other invasive disease*	690.441
7)	Hantavirus pulmonary syndrome*	690.442
8)	Hemolytic uremic syndrome, post-diarrheal	690.444
9)	Hepatitis A	690.450
10)	Influenza admissions into intensive care unit	690.468
11)	Measles	690.520
12)	Mumps	690.520
13)	*Neisseria meningitidis,* meningitis and invasive disease*	690.555
14)	Outbreaks of public health significance (including, but not limited to, foodborne and waterborne outbreaks)	690.565
15)	Pertussis* (whooping cough)	690.750
16)	Q-fever due to Coxiella burnetii* (if not suspected to be a bioterrorist event or part of an outbreak)	690.595
17)	Rabies, human	690.600
18)	Rabies, potential human exposure and animal rabies	690.601
19)	Rubella	690.620
20)	Smallpox vaccination, complications of	690.655
21)	*Staphylococcus aureus*, Methicillin resistant (MRSA) clusters of two or more cases in a community setting	690.658
22)	*Staphylococcus aureus*, Methicillin resistant (MRSA), any occurrence in an infant under 61 days of age	690.660
23)	Staphylococcus aureus infections with intermediate or high level resistance to Vancomycin*	690.661
24)	Streptococcal infections, Group A, invasive and sequelae to Group A streptococcal infections	690.670
25)	Tularemia* (if not suspected to be a bioterrorist event or part of an outbreak)	690.725
26)	Typhoid fever*	690.730
27)	Typhus	690.740

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Citation	**Requirements**
	c) Class II The following diseases shall be reported as soon as possible during normal business hours, but within seven days, to the local health authority, which shall then report to the Department within seven days. The Section number associated with each of the listed diseases indicates the Section under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart D shall be submitted within seven days after identification of the organism to the Department laboratory.

1)	Arboviral Infection* (including, but not limited to, Chikungunya fever, California encephalitis, Dengue fever, St. Louis encephalitis and West Nile virus)	690.322
2)	Creutzfeldt-Jakob Disease	690.362
3)	Cryptosporidiosis	690.365
4)	Cyclosporiasis	690.368
5)	Hepatitis B and Hepatitis D	690.451
6)	Hepatitis C	690.452
7)	Histoplasmosis	690.460
8)	Influenza, deaths in persons less than 18 years of age	690.465
9)	Legionellosis*	690.475
10)	Leprosy	690.480
11)	Leptospirosis*	690.490
12)	Listeriosis*	690.495
13)	Malaria*	690.510
14)	Psittacosis due to Chalmydia psittaci	690.590
15)	Salmonellosis* (other than typhoid fever)	690.630
16)	Shigellosis*	690.640
17)	Toxic shock syndrome due to *Staphylococcus aureus* infection	690.695
18)	*Streptococcus pneumoniae*, invasive disease in children less than five years	690.678
19)	Tetanus	690.690
20)	Tickborne Disease, including Babesiosis, Ehrlichiosis, Anaplasmosis, Lyme disease, and Spotted Fever Rickettsiosis	690.698
21)	Trichinosis	690.710
22)	Vibriosis (Other than Toxigenic *Vibrio* cholera 01 or 0139)	690.745
23)	Yersiniosis	690.752

* Diseases for which laboratories are required to forward clinical materials to the Department's laboratory.

d) When an epidemic of a disease dangerous to the public health occurs, and present rules are not adequate for its control or prevention, the Department shall issue more stringent requirements.

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Citation	Requirements
Illinois Administrative Code §690.110 **Diseases Repealed from this Part**	a) The following diseases have been repealed from this Part and are no longer reportable. 1) Amebiasis 2) Blastomycosis 3) Campylobacteriosis 4) Diarrhea of the newborn 5) Giardiasis 6) Hepatitis, viral, other 7) Meningitis, aseptic 8) Streptococcal infections, group B, invasive disease, of the newborn b) The following diseases have been repealed from this Part, but are reportable under the Section specified: 1) Acquired immunodeficiency syndrome (AIDS) — 77 Ill. Adm. Code 693.20 2) Chancroid — 77 Ill. Adm. Code 693.20 3) Gonorrhea — 77 Ill. Adm. Code 693.20 4) Ophthalmia neonatorum — 77 Ill. Adm. Code 693.20 5) Syphilis — 77 Ill. Adm. Code 693.20 6) Tuberculosis — 77 Ill. Adm. Code 696.170

ILLINOIS	
Citation	**Requirements**
Illinois Administrative Code §690.200 **Reporting**	a) Reporting Entities and Manner of Reporting 1) Each of the following persons or any other person having knowledge of a known or suspect case or carrier of a reportable communicable disease or communicable disease death shall report the case, suspect case, carrier or death in humans within the time frames set forth in Section 690.100: A) Physicians B) Physician assistants C) Nurses D) Nursing assistants E) Dentists F) Health care practitioners G) Emergency medical services personnel H) Laboratory personnel I) Long-term care personnel J) Any institution, school, college/university, child care facility or camp personnel K) Pharmacists L) Poison control center personnel M) Blood bank and organ transplant personnel N) Coroners, funeral directors, morticians and embalmers O) Medical examiners P) Veterinarians Q) Correctional facility personnel R) Food service management personnel S) Any other person having knowledge of a known or suspected case or carrier of a reportable communicable disease or communicable disease death T) The master, pilot or any other person in charge of any bus, train, ship or boat, and the commander, pilot or any other person in charge of any aircraft within the jurisdiction of the State U) Researchers 2) An individual required to report reportable diseases who is unsure whether the case meets the definition of a suspect case shall make a report if the suspect disease, infection or condition is one that is required to be reported immediately, is highly transmissible, or results in health consequences. 3) A health care provider who attends to a case, carrier or suspect case shall inform the case, carrier or suspect case and the case's, carrier's or suspect case's contacts of the applicable requirements of isolation, exclusion, quarantine, screening, treatment or prophylactic measures and other precautions necessary to prevent the spread of disease. Health care providers and facilities shall relay the diagnosis of diseases directly to the emergency care provider. The identity or addresses of the person having the disease shall not be disclosed. 4) Laboratories shall report certain positive test results and provide clinical materials as specified in Subpart D or if requested. Upon request of the local health department, laboratories shall submit a copy of a laboratory report by facsimile or electronically. If a medical laboratory forwards clinical materials out of the State for testing, the originating medical laboratory shall comply with this requirement by either reporting the results and submitting clinical materials to the Department or ensuring that the results are reported and materials are submitted to the Department.

ILLINOIS	
Citation	**Requirements**
	5) The reports shall be submitted electronically through the Illinois National Electronic Disease Surveillance System (I-NEDSS) web-based system or by mail, telephone, facsimile, other secure electronic system integrated with I-NEDSS, or other Department designated registry to the local health authority in whose jurisdiction the reporter is located. A) The method of reporting shall be as described in the individual Section for the reportable disease. B) Laboratories shall submit data electronically through I-NEDSS by January 1, 2016, via Health Level 7 (HL7) 2.3.1 format or higher and with Logical Observation Identifiers Names and Codes (LOINC) and Systematized Nomenclature of Medicine (SNOMED) codes to specify testing information and results, respectively. Laboratories can request an exemption based on small case volumes, and the Department will evaluate the request against past testing volumes. Prior to establishing electronic reporting, laboratories shall report via browser-based data entry into I-NEDSS. C) The Department will electronically route these reports to the local health authority in whose jurisdiction the patient is located. If this information is not available, then the record will be routed to the jurisdiction of the ordering provider. The Department will prescribe the use of a health information exchange to achieve these purposes when a health information exchange is available. D) The reporter shall provide, when available, the case name, contact information and physician of the case. E) A laboratory that is required to report data electronically shall have a State-approved continuity of operations plan for reporting continuity in emergency situations that disrupt electronic communications. At least two alternative methodologies shall be incorporated, such as facsimile, mail or courier services. 6) During an outbreak investigation, the reporter and any involved business, organization or institution shall cooperate in any case investigation conducted by health officials, which includes, but is not limited to, supplying locating information for those individuals believed to be associated with the outbreak. 7) Any party receiving the reports shall notify the local health authority where the patient resides immediately by phone (within three hours) for Class I(a) diseases, within 24 hours (during normal business hours) for Class I(b) diseases and within seven days for Class II diseases. When a case of infectious disease is reported from one local health authority's jurisdiction but resides in another's jurisdiction, the case shall be transferred electronically in I-NEDSS with additional relevant information supplied to the other jurisdiction. If a known or suspect case or carrier of a reportable communicable disease is hospitalized or examined in a hospital or long-term care facility, the administrator of the health care facility shall ensure that the case is promptly reported to the local health authority within the time frame specified in Section 690.100 for that disease.

ILLINOIS	
Citation	**Requirements**
	b) Upon receipt of this report, the local health authority shall report cases to the Department as specified in this Section. Local health authorities shall report cases to the Department using the I-NEDSS web-based system according to the time frames specified in Section 690.100. If I-NEDSS becomes temporarily non-functional, the local health authority may report to the Department by mail, telephone or facsimile. Prior to an I-NEDSS disease-specific module becoming operational statewide, the local health authority shall submit demographic and morbidity information electronically through I-NEDSS and additional case report information by mail or facsimile to the Department according to the time frames specified in Section 690.100. c) The report to the Department shall provide the following information: name, age, date of birth, sex, race, ethnicity, address (including zip code), email address and telephone number (if available) of the case, and telephone number and name of the attending physician. When requested, on paper forms provided by the Department or electronically through the I-NEDSS web-based system, clinical and laboratory findings in support of the diagnosis, epidemiological facts relevant to the source of the infection, and possible hazard of transmission of the infection shall also be reported. In some instances where no specific report form is available, a narrative report detailing diagnostic and epidemiologic information shall be required. ... i) The following apply to: meningococcal disease, infectious pulmonary or laryngeal tuberculosis, diphtheria, plague (*Yersinia pestis*), rabies, hemorrhagic fevers (e.g., Lassa, Marburg and Ebola): 1) Health care providers and health care facilities shall, when reporting these diseases, determine and include as part of their report whether an emergency care provider was involved in pre-hospital care for the patient. 2) Health care providers and health care facilities shall report to the local health authority and may relay the diagnosis of these diseases directly to the emergency care providers or the designated officer specified in subsection (i)(3), but shall not disclose the identity or addresses of the person having the disease or otherwise refer specifically to the person. 3) Upon receiving a report of a reportable disease as defined in this subsection (i), the designated officer shall notify all out-of-hospital care providers, including, but not limited to: emergency medical personnel, firefighters, law enforcement officers, corrections officers, probation officers, or other current or former personnel of the employer who may have been exposed to the reportable disease. 4) The designated officer shall inform the personnel only of the reportable disease, the fact of possible exposure and the appropriate follow-up procedures. The designated officer shall not inform the personnel of the identity or addresses of the person having the reportable disease or otherwise refer specifically to the person.

ILLINOIS	
Citation	**Requirements**
Illinois Administrative Code §690.295 **Any Unusual Case of a Disease or Condition Caused by an Infectious Agent Not Listed in this Part that is of Urgent Public Health Significance**	Any Unusual Case of a Disease or Condition Caused by an Infectious Agent Not Listed in this Part that is of Urgent Public Health Significance (Reportable by telephone immediately (within three hours)) a) Control of Case Cases shall be evaluated to determine the need for isolation in a health care setting or at the person's residence. The isolation precautions followed shall be based on the most likely pathogen. b) Control of Contacts Contacts shall be evaluated to determine the need for quarantine. c) Persons who identify a single case of a rare or significant infectious disease shall report the case to the local health authority. This may include, but is not limited to, a case of cowpox, glanders, amoebic meningoencephalitis, orf, monkeypox, hemorrhagic fever viruses, infection from a laboratory-acquired recombinant organism, or any disease non-indigenous to the United States. d) The local health authority shall implement appropriate control measures. e) Laboratory Reporting Laboratories shall report to the local health authority any disease of public health significance that may indicate a public health hazard.

Indiana

INDIANA	
Citation	**Requirements**
Statutes	
Indiana Code §16-41-2-1 **Rules**	The state department may adopt rules under IC 4-22-2,including emergency rules under IC 4-22-2-37.1, that do the following: (1) Define and classify the following: (A) Communicable diseases. (B) Other diseases that are a danger to health based upon the characteristics of the disease. (2) Establish reporting, monitoring, and preventive procedures for communicable diseases.
Indiana Code §16-41-2-2 **Reporting of required information**	Each: (1) licensed physician; (2) administrator of a hospital licensed under IC 16-21-2 or the administrator's representative; or (3) director of a medical laboratory or the director's representative; shall report to the local or state health officer designated by the state department the information required to be reported by the rules adopted under section 1 of this chapter.
Regulations	
410 Indiana Administrative Code 1-2.3-48 **Laboratories; reporting requirements**	(a) Each director, or the director's representative, of a medical laboratory in which examination of any specimen derived from the human body yields: (1) microscopic; (2) bacteriologic; (3) immunologic; (4) serologic; or (5) other; evidence of infection by any of the organisms or agents listed in subsection (d) shall report the findings and any other epidemiologically necessary information requested by the department. HIV serologic results of tests performed anonymously in conjunction with the operation of a counseling and testing site registered with the department shall not be identified by the name of the patient, but by a numeric identifier code. For the appropriate method to report the results, see subsection (b). (b) The report required by subsection (a) shall, at a minimum, include the following: (1) The name, date, and results of the test performed. (2) The laboratory's normal limits for the test. (3) The laboratory's interpretation of the test results. (4) The laboratory's accession number or other numeric identifier. (5) The name, address, and date of birth or age if date of birth is not available of the person from whom the specimen was obtained.

INDIANA	
Citation	**Requirements**
Regulations	
	(6) The name, address, and telephone number of the: (A) attending physician; (B) hospital; (C) clinic; or (D) other specimen submitter. (7) The name, address, telephone number, and CLIA ID number of the laboratory performing the test. (c) This subsection does not preclude laboratories from testing specimens, which, when submitted to the laboratory, are identified by a numeric identifier code and not by the name of the patient. If testing of such a specimen, identified by numeric code, produces results that are required to be reported under this rule, the laboratory shall submit a report that includes the following: (1) The name, date, and results of tests performed. (2) The laboratory's normal limits for the test. (3) The laboratory's interpretation of the test results. (4) The laboratory's accession number or other numeric identifier. (5) The numeric identifier code of the person from whom the specimen was obtained. (6) The name and address of the: (A) attending physician; (B) hospital; (C) clinic; or (D) other specimen submitter. (7) The: (A) name; (B) address; (C) telephone number; and (D) CLIA ID number of the laboratory performing the test.

INDIANA	
Citation	**Requirements**
	(d) Laboratory findings demonstrating evidence of the following infections, diseases, or conditions shall be reported at least weekly to the department: (1) Arboviruses, including, but not limited to, the following: (A) St. Louis; (B) California group; (C) Eastern equine; (D) Western equine; (E) West Nile; (F) Japanese B; (G) Yellow fever; (H) Powassan; (I) Dengue and dengue hemorrhagic fever. (2) *Babesia* species. (3) *Bacillus anthracis*. (4) *Bordetella pertussis*. (5) *Borrelia burgdorferi*. (6) *Brucella* species. (7) *Calymmatobacterium granulomatis*. (8) *Campylobacter* species. (9) *Chlamydia psittaci.* (10) *Chlamydia trachomatis*. (11) *Clostridium botulinum*. (12) *Clostridium tetani*. (13) *Corynebacterium diphtheriae*. (14) *Coxiella burnetii.* (15) *Cryptococcus neoformans*. (16) *Cryptosporidium parvum*. (17) *Cyclospora cayetanensis*. (18) *Ehrlichia chaffeensis*. (19) *Ehrlichia phagocytophila.* (20) *Escherichia coli,* including diarrhea producing and other enterohemorrhagic types, including, but not limited to, the following: (A) *E. coli* 0157. (B) *E. coli* 0157:H7. (C) Sorbitol-negative. (D) Shiga-toxin producing. (21) *Francisella tularensis*. (22) *Giardia lamblia.* (23) *Haemophilus ducreyi*. (24) Hantavirus. (25) The following hepatitis viruses: (A) Anti-HAV IgM. (B) HBsAg, HBeAg, or IgM anti-HBc. (C) RIBA, RNA, or anti-HCV, or any combination. (D) Delta. (E) Anti-HEV IgM and IgG. (26) Herpes simples *[sic]* virus (neonatal). (27) *Haemophilus influenzae*, invasive disease. (28) *Histoplasmosis capsulatum*. (29) HIV and related retroviruses. (30) Influenza. (31) Kaposi's sarcoma (biopsies). (32) *Legionella* species. (33) *Leptospira* species. (34) *Listeria monocytogenes.* (35) Measles virus. (36) Mumps virus. (37) *Mycobacterium tuberculosis*. (38) *Neisseria gonorrhoeae*. (39) *Neisseria meningitidis*, invasive. (40) *Nocardia* species and antimicrobial resistance pattern. (41) *Plasmodium* species. (42) *Pneumocystis carinii.*

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Citation	**Requirements**
	(43) Poliomyelitis. (44) Rabies virus (animal or human). (45) *Rickettsia* species. (46) Rubella virus. (47) *Salmonella* species. (48) *Shigella* species and antimicrobial resistance pattern. (49) Smallpox (variola) virus. (50) *Staphylococcus aureus*, vancomycin resistance equal to or greater than eight (8) g/mL. (51) *Streptococcus pneumoniae*, invasive disease, and antimicrobial resistance pattern. (52) Streptococcus group A (Streptococcus pyogenes), invasive disease. (53) Streptococcus group B, invasive disease. (54) *Treponema pallidum*. (55) *Trichinella spiralis*. (56) *Vibrio* species. (57) *Yersinia* species, including the following: (A) pes*tis*. (B) e*nterocolitica*. (C) ps*eudotuberculosis*. (e) Laboratories may also report to the local health officer, but any such local report shall be in addition to reporting to the department. A laboratory may report by: (1) electronic data transfer; (2) telephone; or (3) other confidential means of communication. Instead of electronic data transfer or reporting by telephone, a laboratory may submit a legible copy of the laboratory report, provided that the information specified in subsection (b) or (c) appears thereon. Whenever a laboratory submits a specimen, portion of a specimen, or culture to the department laboratory resource center for confirmation, phage typing, or other service, this does not preclude a laboratory from reporting requirements as specified in this section.

INDIANA	
Citation	**Requirements**
	(f) Laboratories shall submit all isolates of the following organisms to the department's microbiology laboratory for further evaluation within five (5) business days of isolation: (1) *Haemophilus influenzae*, invasive disease (2) *Neisseria meningitidis,* invasive disease (3) *Escherichia coli* isolates, collected from stool, blood, or other sterile sites as described in section 33 of this rule, and includes diarrhea producing and other enterohemorrhagic types including, but not limited to, the following: (A) *E. coli* 0157 (B) *E. coli* 0157:H7 (C) Sorbitol-negative (D) Shiga-toxin producing (4) *Staphylococcus aureus*, vancomycin resistance equal to or greater than eight (8) :g/mL (5) *Mycobacterium tuberculosis* (6) *Streptococcus pneumoniae* invasive disease isolates from persons less than five (5) years of age (7) *Nocardia* (8) *Listeria monocytogenes* (9) *Salmonella,* including antimicrobial susceptibilities if available collected from stool, urine, blood, or other sterile sites as described in section 33 of this rule (g) Laboratories shall submit all confirmed positive remnant HIV diagnostic specimens to a department designated laboratory for confirmation, testing, and further evaluation including, but not limited to, confirmed western blot positives. (h) Reporting by a laboratory, as required by this section, shall not: (1) constitute a diagnosis or a case report; or (2) be considered to fulfill the obligation of the attending physician or hospital to report. (i) Failure to report constitutes a Class A infraction as specified by IC 16-41-2-8.

Iowa

IOWA	
Citation	**Requirements**
Statutes	
Iowa Code §139A.3 **Reports to department; immunity; confidentiality; investigations**	1. The health care provider or public, private, or hospital clinical laboratory attending a person infected with a reportable disease shall immediately report the case to the department. However, when a case occurs within the jurisdiction of a local health department, the report shall be made to the local department and to the department. A health care provider or public, private, or hospital clinical laboratory who files such a report which identifies a person infected with a reportable disease shall assist in the investigation by the department, a local board, or a local department. The department shall publish and distribute instructions concerning the method of reporting. Reports shall be made in accordance with rules adopted by the department and shall require inclusion of all the following information: a. The patient's name b. The patient's address c. The patient's date of birth d. The sex of the patient e. The race and ethnicity of the patient f. The patient's marital status g. The patient's telephone number h. The name and address of the laboratory i. The date the test was found to be positive and the collection date j. The name of the health care provider who performed the test k. If the patient is female, whether the patient is pregnant 2. a. Any person who, acting reasonably and in good faith, files a report, releases information, or otherwise cooperates with an investigation under this chapter is immune from any liability, civil or criminal, which might otherwise be incurred or imposed for such action. b. A report or other information provided to or maintained by the department, a local board, or a local department, which identifies a person infected with or exposed to a reportable or other disease or health condition, is confidential and shall not be accessible to the public. c. Notwithstanding paragraph "b", information contained in the report may be reported in public health records in a manner which prevents the identification of any person or business named in the report. If information contained in the report concerns a business, information disclosing the identity of the business may be released to the public when the state epidemiologist or the director of public health determines such a release of information necessary for the protection of the health of the public. 3. A health care provider or public, private, or hospital clinical laboratory shall provide the department, local board, or local department with all information reasonably necessary to conduct an investigation pursuant to this chapter upon request of the department, local board, or local department. The department may also subpoena records, reports, and any other evidence necessary to conduct an investigation pursuant to this chapter from other persons, facilities, and entities pursuant to rules adopted by the department.

IOWA	
Citation	**Requirements**
Regulations	
Iowa Administrative Code §641—1.3 **Reportable communicable and infectious diseases**	Reportable communicable and infectious diseases are those listed in Appendix A. The director may also designate any disease, poisoning or condition or syndrome temporarily reportable for the purpose of a special investigation.
Iowa Administrative Code §641—1.4 **Reporting of reportable communicable and infectious diseases**	Each case of a reportable disease is required to be reported to the Iowa Department of Public Health, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319-0075, in a manner specified by this chapter. 1.4(1) *Who is required to report communicable and infectious diseases.* a. Health care providers, hospitals, clinical laboratories, and other health care facilities are required to report cases of reportable communicable and infectious diseases. Health care providers and hospitals are exempted from reporting communicable and infectious disease laboratory results if the health care provider or hospital ensures that the laboratory performing the analysis provides a report containing the required information to the department. b. School nurses are required to report suspected cases of reportable diseases occurring among the children supervised. c. School officials, through the principal or superintendent as appropriate, are required to report when there is no school nurse. d. Laboratories are required to report cases of reportable diseases and results obtained in the examination of all specimens which yield evidence of or are reactive for sexually transmitted diseases. e. Poison control and poison information centers are required to report inquiries about cases of reportable diseases received by them. f. Medical examiners are required to report their investigatory findings of any death which was caused by or otherwise involved a reportable disease. g. Occupational nurses are required to report cases of reportable diseases. h. Hospitals, health care providers and clinical laboratories outside the state of Iowa shall immediately report any confirmed or suspect case of a reportable disease, poisoning or condition in an Iowa resident.

IOWA	
Citation	**Requirements**
	1.4(2) *What to report.* Each report shall contain all of the following information: a. The patient's name. b. The patient's address. c. The patient's date of birth. d. The sex of the patient. e. The race and ethnicity of the patient. f. The patient's marital status. g. The patient's telephone number. h. The name and address of the laboratory. i. The date the test was found to be positive and the collection date. j. The name and address of the health care provider who performed the test k. If the patient is female, whether the patient is pregnant. l. The name of the reportable disease. 1.4(3) *How to report.* a. *Immediate reporting by telephone of diseases identified in Appendix A as immediately reportable.* A health care provider and a public, private, or hospital clinical laboratory shall immediately report any confirmed or suspected case of a disease identified in Appendix A as immediately reportable to the department's disease notification hotline at 1-800-362-2736. The report shall include all information required by 1.4(2) and the following: (1) The stage of the disease process. (2) Clinical status. (3) Any treatment provided for the disease. (4) All household and other known contacts. (5) Whether household and other known contacts have been examined and the results of such examinations. b. *Other diseases that carry serious consequences or spread rapidly.* A health care facility, health care provider and a public, private, or hospital clinical laboratory shall immediately report any confirmed or suspected case of a common source epidemic or disease outbreak of unusual numbers by telephone to the department's 24/7 disease reporting telephone hotline at 1-800-362-2736. c. *Reporting of other reportable diseases.* Cases of other reportable communicable or infectious diseases not included in 1.4(3)*"a"* shall be reported to the department in accordance with Appendix A by mail, telephone, facsimile, or other secure electronic means. The preferred method is secure Web-based reporting when available. If the department determines that reporting by mail hinders the application of organized control measures to protect the public health, the department may require that the reportable disease be reported by telephone, facsimile or secure Web-based reporting. 1.4(4) *Contagious or infectious disease notification at time of death.* The purpose of this subrule is to establish contagious or infectious disease notification requirements for the information of any person handling a dead body. a. A health care provider attending a person prior to the person's death shall, at the time of death, place with the body a written notice which specifies or signifies either "known contagious or infectious disease" or "suspected contagious or infectious disease." b. The health care facility in which the health care provider is working shall be responsible for establishing written procedures and implementing the specific internal practices necessary to satisfy this notification requirement.

IOWA

Citation	Requirements
Iowa Administrative Code §641 **APPENDIX A**	Iowa Department of Public Health – Table of Reportable Communicable and Infectious Diseases Report cases of the diseases listed in the following table to the department within the time frame specified in the When to Report column and by the reporting method in the How to Report column. To report diseases immediately, use the 24/7 disease reporting telephone hotline: 1-800-362-2736. IMMEDIATELY report diseases, syndromes, poisonings and conditions of any kind suspected or caused by a biological, chemical, or radiological agent or toxin when there is reasonable suspicion that the disease, syndrome, poisoning or condition may be the result of a deliberate act such as terrorism. IMMEDIATELY report to the department outbreaks of any kind, diseases that occur in unusual numbers or circumstances, unusual syndromes, or uncommon diseases. Outbreaks may be infectious, environmental or occupational in origin and include food-borne outbreaks or illness secondary to chemical exposure (e.g., pesticides, anhydrous ammonia). ..... [*Note to Research Summary*: The following chart is adapted from Iowa Department of Public Health, Center for Acute Disease Epidemiology (CADE), "Reportable Communicable Diseases and Infectious Conditions" webpage at http://www.idph.state.ia.us/CADE/ReportableDiseases.aspx (reviewed 6/23/15)]

Disease	When to Report	How to Report
Acquired immune deficiency syndrome (AIDS) and AIDS-defining conditions	7 days	Report by mail Health care providers: Use the Pediatric or Adult Confidential Case Report form Laboratories: Send copy of lab report or the Iowa Confidential Report of Sexually Transmitted Disease and HIV Infection Mark envelope "Attention 03"
Anthrax	1 day	Phone, IDSS, or FAX
Arboviral disease (includes West Nile Virus, St. Louis, La Crosse, WEE, EEE, VEE encephalitis)	3 days	Phone, IDSS, FAX, or mail
Botulism	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Brucellosis (*Brucella*)	3 days	Phone, IDSS, FAX or mail
Campylobacteriosis (*Campylobacter*)	3 days	Phone, IDSS, FAX or mail

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Citation	Requirements

Disease	When to Report	How to Report
Chalmydia	3 days	Report by mail Health care providers: Use the Iowa Confidential Report of Sexually Transmitted Disease and HIV Infection Laboratories: Use the Laboratory Report of Tests Processed for STD Mark envelope: “Attention 00”
Cholera	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Cryptosporidiosis	3 days	Phone, IDSS, FAX or mail
Cyclospora	3 days	Phone, IDSS, fax or mail
Diptheria	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Enterococcus invasive disease	3 days	As of Jan 1, 2011, isolates are no longer submitted.
Escherichia coli shiga toxin-producing and related diseases (includes HUS and TTP)	3 days	Phone, IDSS, FAX or mail Laboratories: Send isolate to the State Hygienic Laboratory
Giardiasis (Giardia)	3 days	Phone, IDSS, FAX or mail
Gonorrhea	3 days	Report by mail Health care providers: Use the Iowa Confidential Report of Sexually Transmitted Disease and HIV Infection Laboratories: Use the Laboratory Report of Tests Processed for STD Mark envelope “Attention 00”
Haemophilus influenzae type B invasive disease	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736 Laboratories: Send isolate to the State Hygienic Laboratory
Hansen’s disease (leprosy)	3 days	Phone, IDSS, FAX or mail
Hantavirus syndromes	3 days	Phone, IDSS, FAX or mail
Hepatitis A	1 day	Phone, IDSS or FAX
Hepatitis B, C, D, E	3 days	Phone, IDSS, FAX or mail

IOWA

Citation	Requirements

Disease	When to Report	How to Report
Human immunodeficiency virus (HIV)	7 days	Report by mail Health care providers: Use the Pediatric or Adult Confidential Case Report Form Laboratories: Send copy of lab report or the Iowa Confidential Report of Sexually Transmitted Disease and HIV Infection Mark envelope "Attention 03"
Legionellosis (*Legionella*)	3 days	Phone, IDSS, FAX or mail
Listeria monocytogenes invasive disease	1 day	Phone, IDSS or FAX Laboratories: Send isolate to the State Hygienic Laboratory
Lyme disease	3 days	Phone, IDSS, FAX or mail
Malaria	3 days	Phone, IDSS, FAX or mail
Measles (rubeola)	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Meningococcal invasive disease	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736 Laboratories: Send isolate to the State Hygienic Laboratory
Mumps	3 days	Phone, IDSS, FAX or mail
Pertussis	3 days	Phone, IDSS, FAX or mail
Plague	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Poliomyelitis	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Psittacosis	3 days	Phone, IDSS, FAX or mail
Rabies, animal	3 days	Phone, IDSS, FAX or mail
Rabies, human	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Rocky Mountain Spotted Fever	3 days	Phone, IDSS, FAX or mail
Rubella (including congenital)	1 day	Phone, IDSS, FAX or mail
Salmonellosis (*Salmonella)*	3 days	Phone, IDSS, FAX or mail Laboratories: Send isolate to the State Hygienic Laboratory

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Citation	Requirements

Disease	When to Report	How to Report
Severe acute respiratory syndrome (SARS)	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Shigellosis (*Shigella)*	3 days	Phone, IDSS, FAX or mail Laboratories: Send isolate to the State Hygienic Laboratory
Smallpox	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Staphylococcus aureus invasive disease	Quarterly	Laboratories: Mail the number of isolates to the State Hygienic Laboratory
Staphylococcus aureus, Methicillin-resistant (MRSA), invasive disease	3 days	As of Jan 1, 2011, isolates are no longer submitted.
Staphylococcus aureus, Vancomycin-resistant (VRSA)	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736 Laboratories: Send isolates to the State Hygienic Laboratory
Streptococcus pneumoniae invasive disease	3 days	As of Jan 1, 2011, isolates are no longer submitted.
Syphilis	3 days	Report by mail Health care providers: Use the Iowa Confidential Report of Sexually Transmitted Disease and HIV Infection Laboratories: Use the Laboratory Report of Tests Processed for STD Mark envelope “Attention 00”
Tetanus	3 days	Phone, IDSS, FAX or mail
Toxic Shock Syndrome	3 days	Phone, IDSS, FAX or mail
Trichinosis	3 days	Phone, IDSS, FAX or mail
Tuberculosis, extra-pulmonary	3 days	Phone, IDSS, FAX or mail
Tuberculosis, pulmonary and laryngeal (infectious)	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Typhoid fever	1 day	Phone, IDSS or FAX
Viral hemorrhagic fever (VHF) (e.g., Lassa, Marburg, Ebola, Crimean-Congo, South American)	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736
Yellow Fever	Immediately	24/7 disease reporting telephone hotline: 1-800-362-2736

Kansas

KANSAS	
Citation	**Requirements**
Statutes	
Kansas Statutes §65-118 **Reporting to local health authority as to infectious or contagious diseases; persons reporting; immunity from liability; confidentiality of information; disclosure**	(a) Whenever any person licensed to practice the healing arts or engaged in a postgraduate training program approved by the state board of healing arts, licensed dentist, licensed professional nurse, licensed practical nurse[,] administrator of a hospital, licensed adult care home-administrator, licensed physician assistant, licensed social worker, teacher or school administrator knows or has information indicating that a person is suffering from or has died from a reportable infectious or contagious disease as defined in rules and regulations, such knowledge or information shall be reported immediately to the county or joint board of health or the local health officer, together with the name and address of the person who has or is suspected of having the infectious or contagious disease, or the name and former address of the deceased individual who had or was suspected of having such a disease. In the case of a licensed hospital or adult care home, the administrator may designate an individual to receive and make such reports. The secretary of health and environment shall, through rules and regulations, make provision for the consolidation of reports required to be made under this section when the person required to make the report is working in a licensed hospital or adult care home. Laboratories certified under the federal clinical laboratories improvement act pursuant to 42 code of federal regulations, 493 shall report the results of microbiologic cultures, examinations, immunologic essays for the presence of antigens and antibodies and any other laboratory tests which are indicative of the presence of a reportable infectious or contagious disease to the department of health and environment. The director of the division of public health may use information from death certificates for disease investigation purposes. (b) Any person who is an individual member of a class of persons designated under subsection (a) of this section and who reports the information required to be reported under such subsection in good faith and without malice to a county or joint board of health, a local health officer or the department of health and environment shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed in an action resulting from such report. Any such person shall have the same immunity with respect to participation in any judicial proceeding resulting from such report. (c) Information required to be reported under subsection (a) of this section shall be confidential and shall not be disclosed or made public, upon subpoena or otherwise, beyond the requirements of subsection (a) of this section or subsection (a) of K.S.A. 65-119, and amendments thereto, except such information may be disclosed: (1) If no person can be identified in the information to be disclosed and the disclosure is for statistical purposes; (2) if all persons who are identifiable in the information to be disclosed consent in writing to its disclosure; (3) if the disclosure is necessary, and only to the extent necessary, to protect the public health; (4) if a medical emergency exists and the disclosure is to medical personnel qualified to treat infectious or contagious diseases. Any information disclosed pursuant to this paragraph shall be disclosed only to the extent necessary to protect the health or life of a named party; or (5) if the information to be disclosed is required in a court proceeding involving child abuse and the information is disclosed in camera.

KANSAS	
Citation	**Requirements**
Kansas Statutes §65-128 **Rules and regulations of secretary to prevent spread and dissemination of diseases; testing and quarantine; protection of providers and recipients of services**	(a) For the protection of the public health and for the control of infectious or contagious diseases, the secretary of health and environment by rules and regulations shall designate such diseases as are infectious or contagious in their nature. (b) The secretary of health and environment is authorized to issue such orders and adopt rules and regulations as may be medically necessary and reasonable to prevent the spread and dissemination of diseases injurious to the public health, including, but not limited to, providing for the testing for such diseases and the isolation and quarantine of persons afflicted with or exposed to such diseases. (c) No later than January 1, 2014, the secretary shall develop and adopt rules and regulations providing for the protection of individuals who provide medical or nursing services, clinical or forensic laboratory services, emergency medical services and firefighting, law enforcement and correctional services, or who provide any other service, or individuals who receive any such services or are in any other employment where the individual may encounter occupational exposure to blood and other potentially infectious materials.
Regulations	
Kansas Administrative Regulations §28-1-2 **Designation of infectious or contagious diseases**	(a) The following diseases shall be designated as infectious or contagious in their nature, and cases or suspect cases shall be reported within seven days, unless otherwise specified, in accordance with K.S.A. 65-118 and K.S.A. 65-128, and amendments thereto. (1) Amebiasis; (2) anthrax (report by telephone within four hours to the secretary); (3) arboviral disease, including West Nile virus, western equine encephalitis (WEE), and St. Louis encephalitis (SLE); (4) botulism (report by telephone within four hours to the secretary); (5) brucellosis; (6) *Campylobacter* infections; (7) chancroid; (8) *Chlamydia trachomatis* genital infection; (9) cholera (report by telephone within four hours to the secretary); (10) cryptosporidiosis; (11) cyclospora infection; (12) diphtheria; (13) ehrlichiosis; (14) *Escherichia coli* enteric infection from *E. coli* O157:H7 and other shiga toxin-producing *E. coli*, also known as STEC; (15) giardiasis; (16) gonorrhea; (17) *Haemophilus influenzae*, invasive disease; (18) hemolytic uremic syndrome, post-diarrheal; (19) hepatitis B in pregnancy (report the pregnancy of each woman with hepatitis B); (20) hepatitis, viral; (21) hantavirus pulmonary syndrome;

KANSAS	
Citation	**Requirements**
	(22) influenza, if the disease results in the death of any child under 18 years of age; (23) legionellosis; (24) leprosy or Hansen's disease; (25) listeriosis; (26) Lyme disease; (27) malaria; (28) measles or rubeola (report by telephone within four hours to the secretary); (29) meningitis, bacterial (indicate causative agent, if known, and report by telephone within four hours to the secretary); (30) meningococcemia (report by telephone within four hours to the secretary); (31) mumps (report by telephone within four hours to the secretary); (32) pertussis or whooping cough (report by telephone within four hours to the secretary); (33) plague or *Yersinia pestis* (report by telephone within four hours to the secretary); (34) poliomyelitis (report by telephone within four hours to the secretary); (35) psittacosis; (36) rabies, animal and human (report by telephone within four hours to the secretary); (37) Rocky Mountain spotted fever; (38) rubella, including congenital rubella syndrome (report by telephone within four hours to the secretary); (39) salmonellosis, including typhoid fever; (40) severe acute respiratory syndrome (SARS) (report by telephone within four hours to the secretary); (41) shigellosis; (42) streptococcal invasive, drug-resistant disease from group A Streptococcus or *Streptococcus pneumoniae*; (43) syphilis, including congenital syphilis; (44) tetanus; (45) toxic-shock syndrome, streptococcal and staphylococcal; (46) any transmissible spongioform encepha-lopathy (TSE) or prion disease (indicate causative agent, if known); (47) trichinosis; (48) tuberculosis, active and latent (report active disease by telephone within four hours to the secretary); (49) tularemia; (50) varicella or chickenpox; (51) yellow fever; and (52) any exotic or newly recognized disease, and any disease unusual in incidence or behavior, known or suspected to be infectious or contagious and constituting a risk to the public health (report by telephone within four hours to the secretary).

KANSAS	
Citation	**Requirements**
	(b) The occurrence of a single case of any unusual disease or manifestation of illness that the health care provider determines or suspects could be caused by or related to a bioterrorism act shall be reported within four hours by telephone to the secretary. The term ''bioterrorism act,'' as used in this article, shall mean a dispersion of biological or chemical agents with the intention to harm. Each bioterrorism act shall be reported within four hours by telephone to the secretary. The following shall be considered bioterrorism agents when identified in the course of a possible bio-terrorism act: (1) Anthrax; (2) plague; (3) smallpox; (4) tularemia; (5) botulism; (6) viral hemorrhagic fever; (7) Q fever or *Coxiella burnetii;* (8) brucellosis; and (9) any other infectious or toxic agent that can be intentionally dispersed in the environment.
Kansas Administrative Regulations §28-1-18 **Notification of Kansas department of health and environment by laboratories of positive reaction to tests for certain diseases**	(a) To assist in the control of disease in Kansas, each person who is in charge of a clinical laboratory shall notify the Kansas department of health and environment within 48 hours after testing, unless otherwise specified in this regulation, any specimen derived from the human body that yields microscopical, cultural, immunological, se-rological, or other evidence suggestive of those diseases that are significant from a public health standpoint. (b) (1) Each notification shall include the following: (A) The date and result of the test performed; (B) the name of the person from whom the specimen was obtained; (C) when available, either the date of birth or the age, and the address and telephone number of the person from whom the specimen was obtained; and (D) when available, the name and address of the physician for whom the examination or test was performed, and any other information required by the secretary. (2) A legible copy of the laboratory report delivered by confidential electronic transmission or mail, or a confidential telephone communication of the laboratory report shall satisfy the notification requirement of this subsection.

KANSAS	
Citation	**Requirements**
	(c) The conditions or diseases to which this regulation applies shall include the following: (1) All diseases listed in K.A.R. 28-1-2; (2) All blood lead level test results as follows: (A) Blood lead level test results greater than or equal to 10 micrograms per deciliter for persons less than 18 years of age, and greater than or equal to 25 micrograms per deciliter for persons 18 years of age or older shall be reported within 48 hours; and (B) Blood lead level test results less than 10 micrograms per deciliter for persons less than 18 years of age, and less than 25 micrograms per deciliter for persons 18 years of age or older shall be reported within 30 days; and (3) CD4+ T-lymphocyte count of less than 500 per microliter or a CD4+ T-lymphocyte percent of total lymphocytes less than 29. (d) Isolates of positive cultures of the following microorganisms shall be sent to the Kansas department of health and environment, division of health and environmental laboratories, unless this requirement is waived under special circumstances by the secretary of health and environment: (1) *Salmonella*; (2) *Shigella*; (3) *Escherichia coli* O157:H7 and other enterohemorrhagic, enteropathogenic, and enteroinvasive *E. coli;* (4) *Neisseria meningitidis*; (5) Streptococcal invasive disease from group A *Streptococcus* or *Streptococcus pneumoniae*; and (6) *Mycobacterium tuberculosis*. (e) All laboratory notifications required in this regulation shall be confidential and shall not be open to public inspection, as provided in K.S.A. 65-118 and amendments thereto.

Kentucky

KENTUCKY	
Citation	**Requirements**
Statutes	
Kentucky Statutes §214.010 **Physicians and heads of families to report diseases to local board of health**	Every physician and advanced practice registered nurse shall report all diseases designated by administrative regulation of the Cabinet for Health and Family Services as reportable which are under his or her special treatment to the local board of health of his or her county, and every head of a family shall report any of the designated diseases, when known by him or her to exist in his or her family, to the local board or to some member thereof in accordance with the administrative regulations of the Cabinet for Health and Family Services.
Kentucky Statutes §333.130 **Reports of laboratories as to test results**	The cabinet may require reporting by medical laboratories of selected test results for the protection of the public health. The cabinet may furnish forms for this purpose. Such reports shall not be construed as constituting a diagnosis nor shall any medical laboratory or medical laboratory personnel making such a report be held liable for having violated a trust or confidential relationship by filing such a report. The reports submitted shall be deemed confidential and not subject to public inspection.
Kentucky Statutes §211.180 **Functions of cabinet in the regulation of certain health matters; Inspection fees; Hearing**	(1) The cabinet shall enforce the administrative regulations promulgated by the secretary of the Cabinet for Health and Family Services for the regulation and control of the matters set out below and shall formulate, promote, establish, and execute policies, plans, and programs relating to all matters of public health, including but not limited to the following matters: (a) Detection, prevention, and control of communicable diseases, chronic and degenerative diseases, dental diseases and abnormalities, occupational diseases and health hazards peculiar to industry, home accidents and health hazards, animal diseases which are transmissible to man, and other diseases and health hazards that may be controlled; (b) The adoption of regulations specifying the information required in and a minimum time period for reporting a sexually transmitted disease. In adopting the regulations the cabinet shall consider the need for information, protection for the privacy and confidentiality of the patient, and the practical ability of persons and laboratories to report in a reasonable fashion. The cabinet shall require reporting of physician-diagnosed cases of acquired immunodeficiency syndrome based upon diagnostic criteria from the Centers for Disease Control and Prevention of the United States Public Health Service. No later than October 1, 2004, the cabinet shall require reporting of cases of human immunodeficiency virus infection by reporting of the name and other relevant data as requested by the Centers for Disease Control and Prevention and as further specified in KRS 214.645. Nothing in this section shall be construed to prohibit the cabinet from identifying infected patients when and if an effective cure for human immunodeficiency virus infection or any immunosuppression caused by human immunodeficiency virus is

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	found or a treatment which would render a person noninfectious is found, for the purposes of offering or making the cure or treatment known to the patient; (c) The control of insects, rodents, and other vectors of disease; the safe handling of food and food products; the safety of cosmetics; the control of narcotics, barbiturates, and other drugs as provided by law; the sanitation of schools, industrial establishments, and other public and semipublic buildings; the sanitation of state and county fairs and other similar public gatherings; the sanitation of public and semipublic recreational areas; the sanitation of public rest rooms, trailer courts, hotels, tourist courts, and other establishments furnishing public sleeping accommodations; the review, approval, or disapproval of plans for construction, modification, or extension of equipment related to food-handling in food-handling establishments; the licensure of hospitals; and the control of such other factors, not assigned by law to another agency, as may be necessary to insure a safe and sanitary environment; (d) The construction, installation, and alteration of any on-site sewage disposal system, except for a system with a surface discharge; (e) Protection and improvement of the health of expectant mothers, infants, preschool, and school-age children; (f) The practice of midwifery, including the issuance of permits to and supervision of women who practice midwifery; and (g) Protection and improvement of the health of the people through better nutrition. (2) The secretary shall have authority to establish by regulation a schedule of reasonable fees, not to exceed twenty dollars ($20) per inspector hour plus travel costs pursuant to state regulations for travel reimbursement, to cover the costs of inspections of manufacturers, retailers, and distributors of consumer products as defined in the Federal Consumer Product Safety Act, 15 U.S.C. secs. 2051 et seq.; 86 Stat. 1207 et seq. or amendments thereto, and of youth camps for the purpose of determining compliance with the provisions of this section and the regulations adopted by the secretary pursuant thereto. Fees collected by the secretary shall be deposited in the State Treasury and credited to a revolving fund account for the purpose of carrying out the provisions of this section. The balance of the account shall lapse to the general fund at the end of each biennium. (3) Any administrative hearing conducted under authority of this section shall be conducted in accordance with KRS Chapter 13B.

KENTUCKY	
Citation	**Requirements**
Regulations	
902 Kentucky Administrative Regulations 2:020 **Introduction and Section 2** **Reportable disease surveillance** **Notification standards**	KRS 211.180(1) requires the cabinet to implement a statewide program for the detection, prevention, and control of communicable diseases, chronic and degenerative diseases, dental diseases and abnormalities, occupational diseases and health hazards peculiar to industry, home accidents and health hazards, animal diseases which are transmissible to man, and other diseases and health hazards that may be controlled. KRS 214.010 requires every physician, advanced practice registered nurse, and every head of family to notify the local health department of the existence of diseases and conditions designated by administrative regulation of the cabinet. This administrative regulation establishes notification standards and specifies the diseases requiring immediate, urgent, priority, routine, or general notification, in order to facilitate rapid public health action to control diseases, and to permit an accurate assessment of the health status of the Commonwealth. .... **Section 2. Notification Standards.** (1) Health Professionals and Facilities. A health professional and a health facility shall give notification if: (a) The health professional makes a probable diagnosis of a disease specified in Section 3, 5, 6, 7, 8, 10, 13, 14, 15, or 16 of this administrative regulation; and (b) The diagnosis is supported by: 1. a. Clinical or laboratory criteria; and b. Case classifications published by the Centers for Disease Control and Prevention at wwwn.cdc.gov/nndss; or 2. A health professional's medical opinion that the disease is present. (2) A single report by a health facility of a condition diagnosed by a test result from the health facility's laboratory shall constitute notification on behalf of the health facility and its laboratory. (3) A health facility may designate an individual to report on behalf of the health facility's laboratory, pharmacy, and the health facility's other clinical entities. (4) Notification shall be given to the local health department serving the jurisdiction in which the patient resides. (5) If the local health department cannot be reached, notification shall be given to the Kentucky Department for Public Health. (6) The reporting health professional shall furnish: (a) Information required in Section 4(16) of this administrative regulation; and (b) Clinical, epidemiologic, and laboratory information pertinent to the disease including sources of specimens submitted for laboratory testing.

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	(7) Medical Laboratories. Upon a laboratory test result which indicates infection with an agent associated with one (1) or more of the diseases or conditions specified in Section 3, 5, 6, 7, 8, 10, 13, 14 15, or 16 of this administrative regulation, the laboratory shall report the result to the local health department serving the county in which the patient resides. (8) If the local health department cannot be reached, notification shall be given to the Kentucky Department for Public Health. (9) The reporting laboratory shall furnish the information required in Section 4(16) of this administrative regulation. (10) National Reference Laboratories. Upon a test result performed by a national reference laboratory which indicates infection with an agent associated with one (1) or more of the diseases or conditions specified in Section 3, 5, 6, 7, 8, 10, 13, 14, 15, or 16 of this administrative regulation, the director of a medical laboratory, a health facility, or the health professional that referred the test to the national reference laboratory shall ensure that the result is reported by the national reference laboratory to the local health department serving the jurisdiction in which the patient resides. (11) If the local health department cannot be reached, notification shall be given to the Kentucky Department for Public Health. (12) The report shall include the information required by Section 4(16) of this administrative regulation.
902 K.A.R 2:020 **Section 3** **Submission of Specimens to the Kentucky Department for Public Health Division of Laboratory Services**	(1) A medical laboratory and a national reference laboratory in receipt of diagnostic specimens originating from the Commonwealth of Kentucky shall send specimens or clinical isolates for diseases outlined in subsection (5) of this section to the Division of Laboratory Services for primary or confirmatory testing and related studies. (2) A medical laboratory or national reference laboratory using non-culture techniques to identify bacterial agents of diarrheal disease, such as enzyme immunoassays (EIAs) or molecular assays, shall attempt isolation of the etiologic agent identified. Clinical isolates shall be submitted to the Division of Laboratory Services. (3) If the culture attempts do not produce a clinical isolate, the direct specimen, submitted in the appropriate preservative, shall be sent to the Division of Laboratory Services. A submitting laboratory shall provide the name of the etiologic agent detected by the non-culture technique at the time of specimen submission. (4) A medical laboratory performing this test shall continue to follow the state's requirement for the submission of appropriate materials to the state public health laboratory.

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	(5) A medical or national reference laboratory shall submit clinical isolates or, if not available, the direct specimen from the following diseases to the Division of Laboratory Services: (a) Botulism; (b) Brucellosis; (c) Campylobacteriosis; (d) Cholera and diseases caused by other *Vibrio* species; (e) Diphtheria; (f) *Escherichia coli* O157:H7; (g) Hemolytic Uremic Syndrome (HUS) – Post Diarrheal; (h) Listeriosis; (i) Measles; (j) Meningococcal infections; (k) Rabies animal; (l) Rubella; (m) Salmonellosis; (n) Shiga toxin-producing *E. coli* (STEC); (o) Shigellosis; (p) Tuberculosis; (q) Tularemia; and (r) Typhoid fever.
902 K.A.R 2:020 **Section 4** **Reporting Classifications and Methods**	(1) Immediate reporting. A report required by Section 10(1) and (2) of this administrative regulation to be made immediately shall be: (a) Made by telephone to the local health department serving the county in which the patient resides; and (b) Followed up by electronic or fax submission to the local health department serving the county in which the patient resides within one (1) business day. (2) Upon receipt of a report for a disease requiring immediate reporting, the local health department shall: (a) Notify the Kentucky Department for Public Health by telephone; and (b) Assist the department in carrying out a public health response. (3) Weekend, evening, or holiday immediate notification. If local health department personnel cannot be contacted directly, notification shall be made by telephone using an emergency number provided by the local health department or the Kentucky Department for Public Health. (4) For the protection of patient confidentiality, a report using the emergency number shall include: (a) The name of the condition being reported; and (b) A telephone number that can be used by the department to contact the reporting health professional or health facility. (5) Urgent Reporting. A report made within twenty-four (24) hours as required by Section 5 of this administrative regulation shall be: (a) Submitted electronically, by fax, or by telephone to the local health department serving the county in which the patient resides; and (b) If submitted by telephone, followed up by electronic or fax submission to the local health department serving the county in which the patient resides within one (1) business day.

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	(6) Upon receipt of a report for a disease requiring urgent reporting, the local health department shall: (a) Notify the Kentucky Department for Public Health; and (b) Assist the department in carrying out a public health response. (7) Weekend, evening, or holiday urgent notification. If local health department personnel cannot be contacted directly, notification shall be made by telephone using an emergency number provided by the local health department or the Kentucky Department for Public Health. (8) For the protection of patient confidentiality, notification using the emergency number shall include: (a) The name of the condition being reported; and (b) A telephone number that can be used by the department to contact the reporting health professional or health facility. (9) Priority Reporting. A report made within one (1) business day as required by Sections 6, 14(4), and 15 of this administrative regulation shall be: (a) Submitted electronically, by fax, or by telephone to the local health department serving the county in which the patient resides; and (b) If submitted by telephone, followed up by electronic or fax submission of a report to the local health department serving the county in which the patient resides within one (1) business day. (10) Upon receipt of a report for a disease requiring priority reporting, a local health department shall: (a) Investigate the report and carry out public health protection measures; and (b) Notify the Kentucky Department for Public Health of the case by electronic or fax submission within one (1) business day. (11) The reporting health department may seek assistance in carrying out public health measures from the Kentucky Department for Public Health. (12) Routine Reporting. A report made within five (5) business days, as required by Sections 7, 8, 9, 11(1), 13, 14(7), and 17 of this administrative regulation, shall be made electronically, by fax, or by mail to the local health department serving the county in which the patient resides. (13) Upon receipt of a report of a disease or condition requiring routine reporting, a local health department shall: (a) Make a record of the report; (b) Answer inquiries or render assistance regarding the report if requested by the reporting entity; and (c) Forward the report to the Kentucky Department for Public Health by electronic or fax submission of a report, or in writing within five (5) business days.

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	(14) General Reporting. A report made within three (3) months, as required by Section 16 of this administrative regulation, shall be made electronically, by fax, or by mail. (15) A report submitted by fax or by mail shall be made using one (1) of the following reporting forms: (a) EPID 200, Kentucky Reportable Disease Form; (b) EPID 250, Kentucky Reportable MDRO Form, until electronic reporting is available pursuant to Section 9(1) of this administrative regulation; (c) EPID 394, Kentucky Reportable Disease Form, Hepatitis Infection in Pregnant Women or Child (under the age of five); (d) EPID 399, Perinatal Hepatitis B Prevention Form for Infants; (e) Adult HIV/AIDS Confidential Case Report form; or (f) Pediatric HIV/AIDS Confidential Case Report form. (16) Information to be reported. Except as provided in subsections (3) and (7) of this section, a report required by this administrative regulation shall include: (a) Patient name; (b) Date of birth; (c) Gender; (d) Race; (e) Ethnicity; (f) Patient address; (g) County of residence; (h) Patient telephone number; (i) Name of the reporting medical provider or facility; (j) Address of the reporting medical provider or facility; and (k) Telephone number of the reporting medical provider or facility. (17) A reporting health professional shall furnish the information listed in subsection (16) of this section and Section 2(6)(b) of this administrative regulation.
902 K.A.R 2:020 **Section 5** **Notifiable Infectious Conditions Requiring Urgent Notification**	Notification of the following diseases shall be considered urgent and shall be made within twenty-four (24) hours: (1) Anthrax; (2) Botulism; (3) Brucellosis (multiple cases, temporally or spatially clustered); (4) Diphtheria; (5) Hepatitis A, acute; (6) Measles; (7) Meningococcal infections; (8) Novel influenza A virus infections; (9) Plague; (10) Poliomyelitis; (11) Rabies, animal; (12) Rabies, human; (13) Rubella; (14) Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease; (15) Smallpox; (16) Tularemia; (17) Yellow fever; and

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	(18) Viral hemorrhagic fevers due to: (a) Crimean-Congo Hemorrhagic Fever virus; (b) Ebola virus; (c) Lassa virus; (d) Lujo virus; (e) Marburg virus; or (f) New world arenaviruses including: 1. Guanarito virus; 2. Junin virus, 3. Machupo virus; and 4. Sabia virus.
902 K.A.R 2:020 **Section 6** **Notifiable Infectious Conditions and Notifiable Non-Infectious Conditions Requiring Priority Notification**	Notification of the following diseases shall be considered priority and shall be made within one (1) business day: (1) Arboviral diseases, neuroinvasive and non-neuroinvasive, including: (a) California serogroup virus diseases, including diseases caused by: 1. California encephalitis virus; 2. Jamestown Canyon virus; 3. Keystone virus; 4. La Crosse virus; 5. Snowshoe hare virus; and 6. Trivittatus viruses; (b) Chikungunya virus disease; (c) Eastern equine encephalitis virus disease; (d) Powassan virus disease; (e) St. Louis encephalitis virus disease; (f) Venezuelan equine encephalitis disease; (g) West Nile virus disease; and (h) Western equine encephalitis virus disease; (2) Brucellosis (cases not temporally or spatially clustered); (3) Campylobacteriosis; (4) Cholera; (5) Cryptosporidiosis; (6) Dengue virus infections; (7) *Escherichia coli* O157:H7; (8) Foodborne disease outbreak; (9) *Haemophilus influenzae* invasive disease; (10) Hansen's disease (leprosy); (11) Hantavirus infections; (12) Hemolytic uremic syndrome (HUS), post-diarrheal; (13) Hepatitis B, acute; (14) Hepatitis B infection in a pregnant woman; (15) Hepatitis B infection in an infant or a child aged five years or less; (16) Newborns born to Hepatitis B positive mothers at the time of delivery; (17) Influenza-associated mortality in a pregnant woman; (18) Influenza-associated pediatric mortality; (19) Listeriosis; (20) Mumps; (21) Norovirus outbreak; (22) Pertussis; (23) Pesticide-related illness, acute; (24) Psittacosis;

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	(25) Q fever; (26) Rabies post exposure prophylaxis; (27) Rubella, congenital syndrome; (28) Salmonellosis; (29) Shiga toxin-producing *E. coli* (STEC); (30) Shigellosis; (31) Streptococcal toxic-shock syndrome; (32) *Streptococcus pneumoniae*, invasive disease; (33) Tetanus; (34) Toxic-shock syndrome (other than Streptococcal); (35) Tuberculosis; (36) Typhoid fever; (37) Varicella-associated mortality; (38) Vibriosis; and (39) Waterborne disease outbreak.
902 K.A.R 2:020 **Section 7** **Notifiable Infectious Conditions and Notifiable Non-Infectious Conditions Requiring Routine Notification**	Notification of the following diseases shall be considered routine and shall be made within five (5) business days: (1) Babesiosis; (2) Coccidioidomycosis; (3) Creutzfeldt-Jakob disease; (4) Ehrlichiosis/Anaplasmosis; (5) Hepatitis C, acute; (6) Hepatitis C infection in a pregnant woman; (7) Hepatitis C infection in an infant or a child aged five years or less; (8) Newborns born to Hepatitis C positive mothers at the time of delivery; (9) Histoplasmosis; (10) Lead poisoning; (11) Legionellosis; (12) Lyme Disease; (13) Malaria; (14) Spotted Fever Rickettsiosis (Rocky Mountain Spotted Fever); (15) Toxoplasmosis; and (16) Trichinellosis (Trichinosis).
902 K.A.R 2:020 **Section 8** **Notifiable Infectious Conditions Requiring Routine Notification by Electronic Laboratory Reporting**	(1) Beginning October 1, 2016, notification of the following diseases shall be considered routine and shall be electronically reported to the Kentucky Department for Public Health through the Kentucky Health Information Exchange within five (5) business days: (a) Cyclosporiasis; (b) Giardiasis; (c) Hepatitis B laboratory test results whether reported as positive or negative; (d) Hepatitis C laboratory test results whether reported as positive or negative; and (e) Varicella laboratory test results reported as positive for: 1. Isolation of varicella virus from a clinical specimen; 2. Varicella antigen detected by direct fluorescent antibody test; 3. Varicella-specific nucleic acid detected by polymerase chain reaction (PCR); or 4. A significant rise in serum anti-varicella immunoglobulin G (IgG) antibody level by a standard serologic assay. (2) Reports made pursuant to this section shall include a diagnosis.

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902 K.A.R 2:020 **Section 10** **Newly Recognized Infectious Agents, HAI Outbreaks, Emerging Pathogens, and Pathogens of Public Health Importance**	(1) The following shall be reported immediately by telephone to the Kentucky Department for Public Health: (a) A suspected incidence of bioterrorism caused by a biological agent; (b) Submission of a specimen to the Kentucky Division of Laboratory Services for select agent identification or select agent confirmation testing; or (c) An outbreak of a disease or condition that resulted in multiple hospitalizations or death. (2) An unexpected pattern of cases, suspected cases, or deaths which may indicate the following shall be reported immediately by telephone to the local health department in the county where the health professional is practicing or where the facility is located: (a) A newly-recognized infectious agent; (b) An outbreak; (c) An emerging pathogen which may pose a danger to the health of the public; (d) An epidemic; or (e) A non-infectious chemical, biological, or radiological agent. (3) A report of the following shall be considered priority and shall be reported to the local health department in the county where the health professional is practicing or where the facility is located within one (1) business day: (a) Suspected Staphylococcal or other foodborne intoxication; or (b) Salmonellosis or other foodborne or waterborne infection. (4) The local health department shall: (a) Investigate the outbreak or occurrence; (b) Carry out public health protection measures to address the disease or condition involved; and (c) Make medical and environmental recommendations to prevent future similar outbreaks or occurrences. (5) The local health department may seek assistance from the Kentucky Department for Public Health.

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902 K.A.R 2:020 **Section 11** **Laboratory Surveillance**	(1) Medical or national reference laboratory results for the following shall be considered routine: (a) Influenza virus isolates; (b) PCR-positive test results for influenza virus; and (c) DNA molecular assays for influenza virus. (2) The report shall include specific laboratory information pertinent to the result. (3) Upon request by the Kentucky Department for Public Health, a health facility laboratory or a medical laboratory shall report the number of clinical isolates and information regarding the antimicrobial resistance patterns of the clinical isolates at intervals no less frequently than three (3) months for the following: (a) *Staphylococcus aureus*; (b) *Enterococcus* species; or (c) An organism specified in a request that includes a justification of its public health importance.
902 K.A.R 2:020 **Section 18** **Kentucky Department for Public Health Advisory**	(1) If the Secretary of the Cabinet for Health and Family Services or the Commissioner of the Department for Public Health determines that a disease not presently listed in this administrative regulation requires reporting, the secretary or commissioner may issue a Kentucky Public Health Advisory. (2) The Kentucky Public Health Advisory shall include: (a) Date and time the advisory is issued; (b) A unique number to identify the advisory; (c) Names for the disease or condition; (d) A description of the disease or condition; (e) Recommendations for health professionals, health facilities, and laboratories; and (f) Notification requirements including: 1. The notification time interval; 2. Methods for notification; and 3. Forms to be completed and submitted with the notification. (3) The duty to report by health professionals, health facilities, and laboratories pursuant to a Kentucky Public Health Advisory shall begin upon receipt of the advisory and shall remain in effect until the advisory is rescinded by order of the secretary or the commissioner.

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Statutes	
La. Revised Statutes §40:4 **Sanitary Code**	A. The state health officer acting through the office of public health of the Department of Health and Hospitals shall prepare, promulgate, and enforce rules and regulations embodied within the state's Sanitary Code covering all matters within his jurisdiction as defined and set forth in R.S. 40:5. The promulgation of this Sanitary Code shall be accomplished in strict accordance with the provisions of the Administrative Procedure Act, and further, in conformity with the following guidelines and directives: .... (2) In order to prevent the occurrence or spread of communicable diseases, the rules and regulations of the Sanitary Code shall provide for an immunization program and provide for and require the reporting, including but not limited to the reporting of cases of Respiratory Syncytial Virus (RSV) when such a test is conducted by a laboratory or hospital, investigation, and application and implementation of appropriate control measures to expressly include isolation and quarantine proceedings and measures, for all communicable diseases of public health significance. However, no rule or regulation of the Sanitary Code shall impose or create any general duty to warn third parties upon any healthcare provider who has complied with the applicable reporting requirements for communicable diseases as set forth in the Sanitary Code. ... ... *[Remaining text omitted]*
Regulations	
La. Administrative Code §103 **Public Notice of Reportable Diseases**	A. Those diseases to be reportable will be publicly declared by the state health officer and when any disease is so declared to be a reportable disease, the regulation herein provided shall apply thereto. The state health officer may, at his discretion, from time to time, by public notice, add to or delete from the list of reportable diseases. When a disease is added to the list, the regulations herein pertaining to the reporting of disease shall apply to said disease.

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Citation	**Requirements**
La. Admin. Code §105 **Reportable Diseases and Conditions**	A. The following diseases or conditions are hereby declared reportable with reporting requirements by class. 1. Class A Diseases or Conditions which Shall Require Reporting within 24 Hours a. Class A diseases or conditions include diseases or conditions of major public health concern because of the severity of the disease or condition and the potential for epidemic spread. Class A diseases or conditions shall be reported to the Office of Public Health by telephone (or in another electronic format acceptable to the Office of Public Health) immediately upon recognition that a case, a suspected case, or a positive laboratory result is known. In addition, all cases of rare or exotic communicable diseases, unexplained death, unusual cluster of disease and all outbreaks shall be reported. Any class A disease or condition, rare or exotic communicable disease, unexplained death, or unusual cluster of disease and any disease outbreak, shall be reported to the Office of Public Health as soon as possible but no later than 24 hours from recognition that a case, a suspected case, a positive laboratory result, an unexplained death, an unusual cluster of disease, or a disease outbreak is known. The following diseases or conditions shall be classified as class A for reporting requirements: i. acute flaccid paralysis; ii. anthrax; iii. avian or novel strain influenza A (initial detection); iv. botulism; v. brucellosis; vi. cholera; vii. *Clostridum perfringens* food-borne infection; viii. diptheria; ix. fish or shellfish poisoning (domoic acid poisoning, neurotoxic shellfish poisoning, ciguatera, paralytic shellfish poisoning, scombroid) ; x. food-borne infection; xi. *Haemophilus influenzae* (invasive infection); xii. influenza-associated mortality; xiii. measles (rubeola imported or indigenous); xiv. *Neisseria meningitidis* (invasive infection); xv. outbreaks of any infectious diseases; xvi. *pertussis*; xvii plague (*yersinia pestis*); xviii. poliomyelitis (paralytic and non-paralytic); xix. Q fever (*Coxiella burnetii*); xx. rabies (animal and human); xxi. ricin poisoning; xxii. rubella (congenital syndrome); xxiii. rubella (German measles); xxiv. severe acute respiratory syndrome-associated coronavirus (SARS-CoV); xxv. *Staphylococcus aureus*, vancomycin intermediate or resistant (VISA/VRSA); xxvi. staphylococcal enterotoxin B (SEB) pulmonary poisoning; xxvii. smallpox; xxviii. tularemia (*Francisella tularensis*); xxix. viral hemorrhagic fever; and xxx. yellow fever.

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	2. Class B Diseases or Conditions which Shall Require Reporting within One Business Day a. Class B diseases or conditions include diseases or conditions of public health concern needing timely response because of potential for epidemic spread. The following class B diseases or conditions shall be reported to the Office of Public Health by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known: i. amoeba (free living) infection (including *Acanthamoeba*, *Naegleria*, *Balamuthia* and others); ii. anaplasmosis; iii. arthropod-borne neuroinvasive disease and other infections (including West Nile, St. Louis, California, Eastern Equine, Western Equine and others); iv. Aseptic meningitis; v. babesiosis; vi. chagas disease; vii. chancroid; viii. dengue fever; ix. *Escherichia coli*, shiga-toxin producing (STEC), including *E. coli* O157:H7; x. granuloma inguinale; xi. hantavirus (infection or pulmonary syndrome); xii. hemolytic-uremic syndrome; xiii. hepatitis A (acute illness); xiv. hepatitis B (acute illness and carriage in pregnancy); xv. hepatitis B (perinatal infection); xvi. hepatitis E; xvii. herpes (neonatal); xviii. human immunodeficiency virus [(HIV), infection in pregnancy];[2] xix. human immunodeficiency virus [(HIV), perinatal exposure];[2] xx. legionellosis; xxi. malaria; xxii. mumps; xxiii. salmonellosis; xxiv. shigellosis; xxv. syphilis;[1] xxvi. tetanus; xxvii. tuberculosis[3] due to *Mycobacterium tuberculosis*, *bovis* or *africanum*; and xxviii. typhoid fever.

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	3. Class C Diseases or Conditions which Shall Require Reporting within Five Business Days a. Class C diseases or conditions shall include diseases or conditions of significant public health concern. The following class C diseases or conditions shall be reported to the Office of Public Health by the end of the workweek after the existence of a case, suspected case, or a positive laboratory result is known: i. acquired immune deficiency syndrome (AIDS);[2] ii. *Anaplasma phagocytophilum*; iii. blastomycosis; iv. campylobacteriosis; v. chlamydial infection;[1] vi. coccidioidomycosis; vii. cryptococcosis; viii. cryptosporidiosis; ix. cyclosporiasis; x. ehrlichiosis (human granulocytic, human monocytic, *Ehrlichia chaffeensis* and *ewingii*); xi. enterococcus, vancomycin resistant [(VRE), invasive disease]; xii. giardia; xiii. glanders; xiv. gonorrhea[1] (genital, oral, ophthalmic, pelvic inflammatory disease rectal); xv. Hansen disease (leprosy); xvi. hepatitis B (carriage, other than in pregnancy); xvii. hepatitis C (acute illness); xviii. hepatitis C (past or present infection); xix. human immunodeficiency virus [(HIV) infection, other than as in class B][2;] xx. human T lymphocyte virus (HTLV I and II) infection; xxi. leptospirosis; xxii. listeria; xxiii. lyme disease; xxiv. lymphogranuloma venereum[1]; xxv. melioidosis (*Burkholderia pseudomallei*) xxvi. meningitis eosinophilic; xxvii. nipah virus infection; xxviii. psittacosis; xxix. spotted fevers [*Rickettsia* species including Rocky Mountain spotted fever (RMSF)]; xxx. staphylococcal toxic shock syndrome; xxxi. *Staphylococcus aureus*, methicillin/oxacillin resistant (MRSA), invasive infection); xxxii. streptococcal disease, group A (invasive disease); xxxiii. streptococcal disease, group B (invasive disease); xxiv. streptococcal toxic shock syndrome; xxxv. *Streptococcus pneumoniae* invasive disease; xxxvi. transmissible spongiform encephalopathies (Creutzfeldt-Jacob disease and variants); xxxvii. trichinosis; xxxviii. varicella (chickenpox); xxxix. *Vibrio* infections (other than cholera); and xl. yersiniosis.

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	4. Class D Special Reportable Diseases or Conditions Shall Require Reporting within Five Business Days a. Class D diseases or conditions shall include diseases or conditions of significant public health concern. The following class D diseases or conditions shall be reported to the Office of Public Health by the end of the workweek after the existence of a case, suspected case, or a positive laboratory result is known: i. cancer; ii. monoxide exposure and / or poisoning; iii. complications of abortion; iv. congenital hypothyroidism;[4] v. galactosemia; vi. heavy metal (arsenic, cadmium, mercury) exposure and/or poisoning (all ages);[5] vii. hemophilia; viii. lead exposure and/or poisoning (children); (adults); ix. pesticide-related illness or injury (all ages); x. phenylketonuria;[4] xi. Reye's syndrome; xii. severe traumatic head injury; xiii. severe under nutrition (severe anemia, failure to thrive); xiv. sickle cell disease (newborns); xv. spinal cord injury; and xvi. sudden infant death syndrome (SIDS). 5. Class E Syndromic Surveillance: Reportable Conditions seen at Emergency Departments of Acute Care Hospitals which Shall Require Reporting Electronically within One Business Day of the Visit a. Class E shall include all conditions seen at emergency departments of acute care hospitals. The text content of the chief complaint for the visit or an international classification of disease code shall be reported to the Office of Public Health within one business day of the visit by electronic means as specified by the Office of Public Health beginning on [the effective date of this rule]. B. Case reports not requiring special reporting instructions (see below) can be reported by mail or facsimile [(504) 568-8290 (fax)] on confidential disease report forms, or by phone [call (800) 256-2748 for forms and instructions] or in an electronic format acceptable to the Office of Public Health. *Notes:* [1] Report on STD-43 Form. Report cases of syphilis with active lesions by telephone, within one business day, to (504) 568-7474. [2] Report to the Louisiana HIV/AIDS Program. Visit www.hiv.dhh.louisiana.gov or call (504) 568-7474 for regional contact information. [3] Report on CDC72.5 (f.5.2431) card. [4] Report to the Louisiana Genetic Diseases Program and Louisiana Childhood Lead Poisoning Prevention Programs, www.genetics.dhh.louisiana.gov, or facsimile [(504) 568-8253 (fax)], or call (504) 568-8254 or (800) 242-3112. [5] Report to the Section of Environmental Epidemiology and Toxicology, www.seet.dhh.louisiana.gov, or call (504) 568-8159 or (888) 293-7020.

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Citation	**Requirements**
La. Admin. Code §109 **Reports by All Health Care Providers and by Other Facilities, Programs, and Entities**	A. It shall be the duty of every osteopath, coroner, medical examiner, dentist, homeopath, infection control practitioner, laboratory director, medical records director, nurse, nurse midwife, nurse practitioner, pharmacist, physician assistant, podiatrist, poison control center, social worker, veterinarian, and any other health care professional to report a positive laboratory result or a confirmed or suspected case of any reportable disease or condition as specified in §105 in which he or she has examined or evaluated, or for which he or she is attending or has knowledge. In the absence of a health care professional responsible for reporting as per the above or §107, it shall be the duty of the director, chief administrative officer, or other-in-charge of any facility, program, or other entity that requires or conducts testing for reportable diseases or conditions, to report a positive laboratory result or a confirmed or suspected case of any reportable disease or condition as specified in §105.
La. Admin. Code §113 **Laboratory Reporting Requirements**	A. The director of every laboratory whether public, private, hospital or other, within or out of the state shall report to the state health officer the results of all tests that are in any way clinically relevant, suggestive or indicative of an individual having active disease, past or present exposure to, past or present contact with and/or past or present association with any of the disease/conditions listed in LAC 51 (Public Health Sanitary Code), Part II, Chapter 1, §105. The results of the tests to be reported to the state health officer do not have to be conducted for diagnostic reasons, nor do the results have to be diagnostic or confirmatory. The report should be received in a timely manner consistent with the requirements of the diseases/conditions class described in §105 and shall state the name, date of birth, sex, race, usual residence, specimen identification code/ID and test results of the tested individual as well as the name of the physician or person submitting the specimen. Contact information for the laboratory performing the test(s) must be provided. Laboratories shall not defer their public health reporting responsibilities to any other authorities within the institutions they serve. In addition, laboratories performing tests on specimens received from other laboratories shall report to the state health officer all results as prescribed above plus the contact information for the facility/laboratory where the specimen originated. Moreover, no considerations, evaluations or concerns, regarding any test technology or test result by institutions and/or organizations whether federal, state or otherwise (e.g., FDA, CMS-CLIA, etc.) which may be overseeing, approving, evaluating or licensing laboratory testing, shall represent an a priori rationale for withholding laboratory reports from the state health officer. B. A reference culture is required to be sent to the Office of Public Health laboratory for the following microorganisms within five working days of the final identification of the microorganism: i. *Bacillus anthracis* (confirmed or suspected); ii. *Bordetella pertussis*; iii. *Burkholderia mallei;* iv. *Campylobacter* spp.; v. *Corynebacterium diphtheria;* vi. *E. coli* O157H7 or *E. coli* shiga toxin producing; vii. *Francisella* species; viii *Listeria* spp.; ix. *Mycobacterium tuberculosis*, *bovis* or *africanum*; x. *Plesiomonas* spp.; xi. *Salmonella*; xii. *Shigella*; xiii. *Vibrio* spp.; xiv. *Yersinia enterolytica*; and xv. *Yersinia pestis*.

LOUISIANA	
Citation	**Requirements**
	C. A reference culture is required to be sent to the Office of Public Health laboratory for the following microorganisms if the original culture was from a sterile site (e.g., blood, spinal fluid, other internal fluid, tissue, etc.). Such reference culture shall be sent to the Office of Public Health laboratory within five working days of the final identification of the microorganism: i. *Haemophilus influenza* type b or untyped; ii. *Neisseria meningitidis*; and iii. *Streptococcus pneumoniae*. D. Laboratory reports shall not be construed by the Office of Public Health as diagnosis. In the case of private patients, follow-up of laboratory reports shall be through the physician(s) submitting the specimen(s).
La. Admin. Code §115 **Investigations**	A. The state health officer may immediately upon receiving notification of any communicable disease or reportable condition, investigate as the circumstances may require for the purpose of verification of the diagnosis, to ascertain the source of the causative agent, to disclose unreported cases and to reveal susceptible contacts if such information is required to prevent a serious health threat to the community. The decision of the state health officer as to the diagnosis shall be final, for administrative purposes. B. The state health officer is hereby empowered and it is made his or her duty whenever a case of communicable disease occurs, to obtain laboratory specimens of body tissues, fluids or discharges and of materials directly or indirectly associated with the case as may be necessary or desirable in confirmation of the diagnosis or for ascertaining the source of the infection, recency of onset, strain of organism, and/or medication resistance, when acceptable laboratory and medical reports are not available. Whenever laboratory tests are required for the release of cases or carriers or suspected cases or carriers, the state health officer shall be satisfied that a sufficient number of specimens are examined, that the specimens are authentic and are examined in an acceptable laboratory. C. No person shall interfere with or prevent the entrance to or examination of any house, building, trailer, camp, train, airplane, bus, steamship, or other water craft, or any abode, by the state health officer where a case of communicable disease is either suspected or reported to exist. D. The state health officer shall make a good faith effort to notify individuals who are spouses and/or sexual contacts to persons with Human Immunodeficiency Virus (HIV) infection of their exposure, offer them counseling about their risk of infection, and offer them testing for HIV infection. In performing this activity, the state health officer or his/her designee shall initially contact the primary medical provider of the person who has HIV infection, if such medical provider can be identified, and ask if the infected person or the medical provider intends to conduct this notification. If neither the infected person nor the medical provider intends to notify spouses or sexual partners of the exposure, the state health officer or his/her designee shall attempt to interview the infected person directly to identify these partners for counseling and testing. Notification of partners shall be conducted in such a manner as to maintain the confidentiality of the infected person.

Maine

MAINE	
Citation	**Requirements**
Statutes	
Maine Revised Statutes, Title 22 §821 **Authority of department**	The department shall adopt rules pursuant to section 802 and establish procedures to carry out the rules to provide a uniform system of reporting, recording and collecting information and maintaining confidentiality concerning communicable diseases, environmental or occupational diseases or exposure to toxic agents. The department may designate any communicable disease, environmental disease, occupational disease or exposure to a toxic agent as a notifiable disease or condition. Any notifiable disease or condition must be reported to the department in accordance with this subchapter and the rules established by the department.
Maine Rev. Stat. Title 22, §802 **Authority of department**	1. Authority. To carry out this chapter, the department may: A. Designate and classify communicable, environmental and occupational diseases; B. Establish requirements for reporting and other surveillance methods for measuring the occurrence of communicable, occupational and environmental diseases and the potential for epidemics; C. Investigate cases, epidemics and occurrences of communicable, environmental and occupational diseases; and D. Establish procedures for the control, detection, prevention and treatment of communicable, environmental and occupational diseases, including public immunization and contact notification programs. 2. Health emergency. In the event of an actual or threatened epidemic or public health threat, the department may declare that a health emergency exists and may adopt emergency rules for the protection of the public health relating to: A. Procedures for the isolation and placement of infected persons for purposes of care and treatment or infection control; B. Procedures for the disinfection, seizure or destruction of contaminated property; and C. The establishment of temporary facilities for the care and treatment of infected or exposed persons, which are subject to the supervision and regulations of the department and to the limitations set forth in section 807. 2-A. Declaration of extreme public health emergency by Governor. The Governor may declare an extreme public health emergency pursuant to this chapter and Title 37-B, chapter 13, subchapter II. 3. Rules. The department shall adopt rules to carry out its duties as specified in this chapter. The application of rules adopted pursuant to Title 5, section 8052 to implement section 820 must be limited to periods of an extreme public health emergency. Rules adopted pursuant to this subsection, unless otherwise indicated, are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. ..... *[Remaining text omitted]*

MAINE	
Citation	**Requirements**
Regulations	
10-144 Code of Maine Rules (CMR) **Chapter 258. Section 2** **Notifiable Diseases and Conditions**	The Department may designate any communicable, occupational or environmental disease or condition as a notifiable disease or condition and establish requirements for reporting of diseases and conditions in order to measure the public health impact, to provide immediate intervention as needed, and to limit the potential for the spread of communicable, zoonotic, occupational or environmental diseases and conditions or widespread exposure to a toxic agent or environmental hazard. Maine law requires that health care providers report diseases and conditions deemed to be of public health importance in accordance with these rules. In accordance with 22 M.R.S.A., sections 801-825, the Department hereby adopts the following rules and procedures providing for a uniform system of reporting, recording and collecting information concerning notifiable diseases and conditions. A. Who Must Report All entities hereinafter described who attend a case, suspect case, or death from any of the recognized or strongly suspected diseases or conditions listed in part 2-I of these rules. 1. Health Care Providers When attending a case or death from any of the diseases or conditions listed in part 2-I, the health care provider shall report to the Department, unless previously reported, the information outlined in part 2-B. 2. Medical Laboratories All medical laboratories, including blood donor centers/blood banks, must report all diseases, conditions or test results listed in part 2-I, submitted from a Maine health care facility or health care provider, must provide to the Department the results of microbiologic cultures, examinations, immunologic assays for the presence of antigens and antibodies, and any other laboratory tests that are indicative of the presence of any of the diseases or conditions in part 2-I regardless of the clinical significance of the test, and the information specified in part 2-B, as known. The medical laboratory must forward to the Public Health Laboratory all clinical isolates as specified in part 2-I. 3. Health Care Facilities Hospitals, nursing homes, medical clinics, or other health care facilities must require that all individual health care providers report as specified in part 2-A, or the health care facility must designate an infection control practitioner or other person as responsible to report to the Department, knowledge of a case, suspect case, carrier, or death from any of the notifiable diseases or conditions in part 2-I and the information specified in part 2-B. 4. Day Care Facilities Administrators or owners of licensed Day Care Facilities must report any case or suspected case of any of the notifiable diseases or conditions listed in part 2-I and the information specified in part 2-B. 5. Correctional Facilities Administrators of the Medical Department of a Correctional Facility must report any case or suspected case of any of the notifiable diseases or conditions listed in part 2-I and the information specified in part 2-B.

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Citation	**Requirements**
	6. Educational Institutions Subject to the provisions of 20 U.S.C.§1232g, administrators or the Medical Department of an Educational Institution must report any case or suspected case of any of the notifiable diseases or conditions listed in part 2-I and the information specified in part 2-B. 7. Health Officers Local Health Officers shall report any pertinent information related to any case, suspect case, carrier or death from any disease entities or conditions listed in part 2-I and the information specified in part 2-B. 8. Veterinarians and Veterinary Medical Laboratories In addition to the requirements of sections 2.A.1-7, the Department requires veterinarians and veterinary medical laboratories to report the clinical diagnosis of disease in animals and reports of laboratory tests on animals in the event: a. The disease is common to both animals and humans; b. The disease may be transmitted directly or indirectly to and between humans and animals; c. The persons who are afflicted with the disease are likely to suffer complications, disability, or death as a result; d. Investigation-based veterinarian and veterinary medical laboratory reports will assist in the prevention and control of disease among humans; or e. Conditions associated with an outbreak, epidemic, potential epidemic or the imminent threat of widespread exposure to a highly infectious or toxic agent or environmental hazard that poses an imminent threat of substantial harm to population of the State. 9. Others In the event of the declaration of an extreme pubic health emergency, other entities and individuals may be required to report specific information to the Maine CDC when an Extreme Public Health Emergency or a health emergency has been declared. The professionals who must so report will be specified by the Director of the Maine CDC or the State Epidemiologist after the extreme public health emergency or health emergency has been declared. B. What to Report 1. Health Care Providers\Medical Laboratories\Health Care Facilities\Day Care Facilities\Educational Institutions\ Correctional Facilities Reports must contain as much of the following information as is known: a. Disease (recognition, strong suspicion, death or positive diagnostic laboratory findings); b. Date of the first onset of symptoms; c. Patient name; d. Patient birth date;

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Citation	**Requirements**
	e. Patient race; f. Patient ethnicity; g. Patient sex; h. Parent or Guardian name residence address, city, county and zip code; i. Parent or Guardian telephone number: j. Patient occupation; k. Patient residence address, city, county and zip code; l. Patient phone number; m. Patient place of work, school or childcare; n. Date of report; o. Health care provider name, address and phone number; p. Name of health care facility (if any); q. Name of person reporting; r. All diagnostic laboratory findings and dates of tests relevant to the notifiable disease or condition, regardless of clinical significance; s. Name and locating information of contacts; t. Other information pertinent to the case as requested by the Department. 2. Health Officers Any information that is relayed by health care providers, hospital administrators or persons in charge of public or private institutions. 3. Veterinarians and Veterinary Medical Laboratories a. Disease or condition (recognition, strong suspicion or death); b. Date of first symptoms; c. Name of veterinarian/laboratory reporting; d. Diagnostic laboratory findings and dates of tests; e. Other information pertinent to the case as requested by the Department; f. If animal species, specify. 4. Others Any new information required to be reported in the context of an Extreme Public Health Emergency, or health emergency will be specified at that time by the Director of the Maine CDC or the State Epidemiologist.

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Citation	**Requirements**
	When to Report Category I (see part 2-I) diseases require immediate reporting. All Category II (see part 2-I) diseases require reporting as soon as possible, but no later than forty-eight (48) hours from the diagnosis or positive laboratory test result. When a potential outbreak, including those involving exposure to a communicable disease, toxic agent, environmental hazard, or a potential epidemic is identified, notification to the Department should be made in as expeditious a manner as possible. Where to Report All reports shall be made to the Maine Center for Disease Control and Prevention. These reports may be made to the Department by telephone or by fax transmission. Although fax or telephone should be the primary method of reporting, written reports may be sent to the Division of Infectious Disease, Maine Center for Disease Control and Prevention, 11 SHS, Augusta, ME 04333-0011. Standard forms for the reporting of notifiable diseases and conditions are currently available upon request for disease reporting, however, other forms of written reports are acceptable. C. How to Report Category I reports must be reported by telephone or fax. Category II reports may be reported by any mode of communication. D. Why Report Reporting of notifiable diseases and conditions is required by entities listed in Part A under 22 M.R.S.A., Chapter 250, §802 and §822. The Department has authority to implement rules to establish reporting requirements to require other professionals to report (22 M.R.S.A., Chapter 250, §802). Failure to report could result in preventable morbidity or mortality. Further penalties as specified under the Department's authority (22 M.R.S.A., Chapter 250, §825) could be imposed when delayed or non-reporting leads to extensive public health interventions or investigations that would not otherwise have been necessary. The primary objectives of disease and condition surveillance are: 1. To determine the incidence and prevalence of notifiable diseases and conditions within the state; 2. To evaluate risks of transmission or exposure; 3. To intervene rapidly when appropriate to control the spread of the disease or limit exposure; 4. When appropriate, to increase understanding of the distribution and determinants of the disease or condition in the state's population; and 5. To assist in the development of targeted education efforts, preventive measures and public policy or legislation.

MAINE	
Citation	**Requirements**
	E. Confidentiality 1. Relationship to Federal Law The Health Information Portability and Accountability Act of 1996 [P.L. 104-91] and its implementing regulations authorize covered entities to make disclosures of protected health information to public health authorities such as the Maine Center for Disease Control and Prevention for the purpose of preventing or controlling communicable, occupational or environmental disease. See 45 CFR §164.512(b). Moreover, such disclosure is authorized by Maine law, i.e. 22 M.R.S.A. §1711-C (6) (E). Consequently, entities subject to these Rules may disclose individually identifiable health information to the Department for the purpose of disease control and prevention. 2. Release of Information for Public Health Purposes The name and related information which may identify individuals reported to the Department shall remain confidential and may be released only to other public health and school officials or agencies for public health purposes, or to the Department for adult or child protection purposes in accordance with 22 M.R.S.A., Chapters 958-A and 1071. In the event of an actual or threatened epidemic, outbreak or public health threat or emergency, as declared by the Director of the Maine Center for Disease Control and Prevention, or an extreme public health emergency, the information may also be released to private health care providers and health and human services agencies for the purpose of carrying out public health responsibilities of the Department pursuant to these rules and Title 22, Chapter 250. Any other information, not reasonably related to public health responsibilities of the Department, may not be disclosed. By law, no person, official or institution complying with reporting requirements shall be held liable for any civil damage as a result of such act. No person may disclose the results of an HIV test except as permitted in 5 M.R.S.A., Section 19203. 3. Releasing of Health Information to the General Public Data released to the public, the media, or other agencies may not contain potentially identifying information, unless otherwise specified in these rules. All information submitted to the Department pursuant to these rules which does not contain individually identifiable health information may be disclosed in accordance with 22 M.R.S.A. §824. 4. Liability Protection Pursuant to 22 M.R.S.A. §816, any person reporting pursuant to these rules or participating in a related notifiable disease or condition investigation or proceeding, including, but not limited to, any person serving on or assisting a multidisciplinary intervention team or other investigating or treatment team, is immune from civil liability for the act of reporting or participating in the investigation or proceeding in good faith. Good faith does not include instances when a false report is made and the reporting person knows or should know the report is false. *[Note: Disparity in paragraph numbering in the original text]*

MAINE

Citation	Requirements

H. Access to Hospital and Provider Records

The Department shall have access to health records containing or related to health information, or abstracts of these records, for the purpose of investigating cases, outbreaks, epidemics, exposures, or potential epidemics or exposures of notifiable conditions and diseases.

I. Notifiable Diseases and Conditions List

While the Maine Center for Disease Control and Prevention encourages the immediate reporting of all notifiable diseases and conditions, this rule has specific requirements for reporting of all diseases or conditions and requirements for laboratory submissions or clinical isolates as shown by the symbols below:

* Category I Diseases must be reported immediately

** Category II Diseases must be reported in 48 hours

\# Directors of laboratories are to submit clinical cultures, including cultures of these organisms, to the Maine Health and Environmental Testing Laboratory for confirmation, typing and/or antibiotic sensitivity:

Notifiable Diseases and Conditions			
Disease or Condition			Agent
**		Acquired Immunodeficiency Syndrome (AIDS)	*Human Immunodeficiency Virus*
*	#	Anthrax	*Bacillus anthracis*
**		Arboviral Infection	*West Nile Virus, Eastern Equine Encephalitis, St. Louis Virus and Powassan*
**		Babesiosis	*Babesia microti*
*	#	Botulism	*Clostridium botulinum*
*	#	Brucellosis	*Brucella species*
**		Campylobacteriosis	*Campylobacter species*
**		Carbon Monoxide Poisoning †	*Carbon monoxide*
**		Chancroid	*Haemophilus ducreyl*
**		Chlamydia	*Chlamydia trachomatis*
**		Chickenpox	*Varicella-zoster virus*
**		Creutzfeldt-Jakob disease, < 55 years of age	*Creutzfeldt-Jakob agent*
**		Cryptosporidiosis	*Cryptosporidium parvum*

MAINE			
Citation	**Requirements**		
**		Dengue	*Dengue Fever Virus*
*	#	Diphtheria	*Corynebacterium diptheriae*
**	#	*E. coli*, Shiga toxin-producing(STEC) disease Including *E. coli*: 0157:H7	*Escherichia coli*, Shiga toxin-producing
**		Ehrlichiosis	*Anaplasma Phagocytophilum*
**		Giardiasis	*Giardia duodenalis lamblia*
**		Gonorrhea	*Neisseria gonorrhoeae*
**	#	*Haemophilus influenza* disease, invasive, all serotypes	*Haemophilus influenzae*
**		Hantavirus, pulmonary syndrome	*Hantavirus*
**		Hemolytic-uremic syndrome (post-diarrheal)	*Escherichia coli O157*
*		Hepatitis A, B, C, D, E (acute)	*Hepatitis A* B, C, D, E
**		Hepatitis B (chronic, perinatal)	*Hepatitis B virus*
**		Hepatitis C (chronic)	*Hepatitis C virus*
*		Hepatitis, acute (etiologic tests pending or etiology unknown	
**	#	Human Immunodeficiency Virus (HIV) , including: Confirmed, positive antibody tests Viral load tests, all results (reference laboratories only) CD4 *Lymphocyte* counts, all results (reference laboratories only)	*Human Immunodeficiency virus*
**		Influenza-associated Pediatric death	*Influenza virus*
**		Influenza-like illness outbreaks	*Influenza virus, all types*
*	#	Influenza A, Novel	*Influenza virus*
**		Legionellosis	*Legionella* sp.
**		Leptospirosis	*Leptospira interrogans*
**	#	Listeriosis	*Listeria monocytogenes*
**		Lyme Disease	*Borrelia burgdorferi*
**		Malaria	*Plasmodium* species
*	#	Measles	Rubeolla*virus*
**		Meningitis (bacterial)	
*	#	Meningococcal Invasive Disease	*Neisseria meningitides*

MAINE			
Citation	**Requirements**		
*	#	Mumps	*Mumps virus*
**		Paralytic Shellfish Poisoning	*Alexandrium species*
*	#	Pertussis	*Bordetella pertussis*
*	#	Plague	*Yersinia Pestis*
*		Poliomyelitis	*Polio virus*
**		Psittacosis	*Chlamydia psittaci*
*	#	Q Fever	*Coxiella burnettii*
*	#	Rabies (human and animal)	*Rabies virus*
**		Rabies Post-Exposure Prophylaxiis	
*	#	Ricin Poisoning	
**		Rocky Mountain Spotted Fever	*Rickettsia rickettsii*
*	#	Rubella (including congenital)	*Rubella virus*
**	#	Salmonellosis	*Salmonella* species
*	#	Severe Acute Respiratory Syndrome (SARS)	*SARS coronavirus*
**	#	Shigellosis	*Shigella Toxin Producing*
*	#	Smallpox	*Variola virus*
**		*Staphylococcus aureus*, Methicillin-Resistant (M.R.S.A.) invasive	*Staphylococcus aureua*
*		*Staphylococcus aureus* with resistance (VRSA) or intermediate resistance (VISA) to Vancomycin isolated from any site	*Staphylococcus aureus*
*		Staphyloccal enterotoxin B	*Staphylococcal enterotoxin B*
**		Streptococcal invasive disease, Group A	*Streptococcus pyogenes* (Group A Beta Hemolytic Strep)
**		Streptococcal invasive disease, Group B	*Streptococcus agalactiae* (Group B strep)
**		*Streptococcus pneumoniae*, invasive disease	*Streptococcus pneumoniae*
**		Syphilis	*Treponema pallidum*
*	#	Tetanus	*Clostridium tetani*
**	#	Toxoplasmosis	*Toxoplasma gondii*
**		Trichinosis	*Trichinella* species
*	#	Tuberculosis (active and presumptive cases)	*Mycobacterium tuberculosis*

MAINE				
Citation	**Requirements**			
	*		Tularemia	*Francisella tularensis*
	*		Unusual or increased case incidence, critical illness, unexplained death (s) of any suspect infectious disease	
	**	#	*Vibrio* species, including Cholera	*Vibrio Species*
	*		Viral Hemorrhagic Fever	*Arenaviruses (Lassa and Junin)*
	*		Venezuelan equine encephalitis	*Venzuelan equine encephalitis virus*
	**		Yellow Fever	*Yellow Fever virus*
	**		Yersiniosis	*Yersinia pseudotuberculosis and Yersinia entercolitica*
	† All cases with clinical signs, symptoms or known exposure consistent with diagnosis of carbon monoxide poisoning, and/or: a carboxyhemoglobin (COHb) level equal to or above 5%			
10-144 C. M. R. Chapter 258 **Section 3** **Laboratory Examinations**	In keeping with scientific progress, or the needs of specific cases, the Department may specify from time to time those methods which are acceptable for the collection, handling, preservation and examination of specimens for the finding and control of cases of notifiable diseases and conditions. Specimens submitted in order to determine eligibility for release from isolation or quarantine requirements, and also specimens arranged for by a representative of the Department as part of the investigation of a case or outbreak of a notifiable disease or condition, shall be submitted to the Public Health Laboratory or another laboratory specially certified for that purpose by the Public Health Laboratory. A laboratory so designated shall promptly report to the Department the result of examination of all such specimens, and shall promptly forward to the Public Health Laboratory all positive cultures/serum or suspicious cultures from such specimens for confirmation. Medical laboratories shall submit isolates of selected organisms to the Public Health Laboratory, as specified in Section 2-I, so that further evaluation of such isolates can be performed.			

Maryland

MARYLAND	
Citation	**Requirements**
Statutes	
Maryland Code Health-General §18-205 **Laboratory examination reports**	(a) Clinical material. -- In this section, "clinical material" means: (1) An organism isolated from a clinical specimen; (2) Material derived or prepared from a clinical specimen in which evidence of a communicable disease has been identified or detected; or (3) If the organism or material described in subparagraph (i) or (ii) of this paragraph is not available, material from an individual that has already been obtained by the medical laboratory, in the following order of preference: (i) A patient specimen; (ii) Microbial genetic material; or (iii) Other laboratory material. (b) Report required. -- (1) Except for the director of the State's public health laboratory system, the director of a medical laboratory located in this State shall submit a report to the health officer for the county where the laboratory is located after an examination of a human specimen shows evidence of any infectious or contagious disease or condition that has been designated by the Secretary as reportable. (2) The director of the State's public health laboratory system shall submit a report to the Secretary if an examination of a human specimen shows evidence of any infectious or contagious disease or condition that has been designated by the Secretary as reportable. (3) The director of a medical laboratory located outside of this State that performs a medical laboratory test on a human specimen acquired from a person in this State shall submit a report to the Secretary after an examination of that specimen shows evidence of any infectious or contagious disease or condition that has been designated by the Secretary as reportable. (4) A director of a medical laboratory shall submit clinical material to the Secretary as directed by the Secretary. (c) Multiple specimens. -- (1) When more than 1 specimen is taken from a patient during 1 disease episode, the director of the medical laboratory need not report every test result of a specimen that shows evidence of the same disease in that patient if:

MARYLAND	
Citation	**Requirements**
	(i) At least 1 positive test result is reported; and (ii) The health officer has approved the reporting of less than all test results. (2) The director of the medical laboratory need not report vibriosis, noncholera, if the disease is found in a specimen obtained from the patient's teeth, gingival tissues, or oral mucosa. (d) Form and contents. -- The report shall: (1) Contain the information and be in a format specified or approved by the Secretary; and (2) Be transmitted as directed by the Secretary. (e) Duty to report. -- This section does not relieve a person of the duty to report under § 18-201, § 18-201.1, § 18-202, or § 18-202.1 of this subtitle. (f) Report to Secretary. -- (1) A health officer shall inform the Secretary of each laboratory examination report received under subsection (b)(1) of this section. (2) The Secretary shall inform the health officer of the jurisdiction where the patient resides of a laboratory examination report received under this section from a medical laboratory located outside this State. (g) Communications with patient. -- The Secretary, a health officer, or an agent of the Secretary or health officer may discuss a laboratory report with the attending physician or another health care provider caring for a patient, but, if the physician or another health care provider caring for a patient is not reasonably available, may communicate with a patient directly in a manner prescribed by the Secretary. (h) Confidentiality. -- (1) Except as provided in paragraphs (2) through (5) of this subsection, all reports and all information collected in connection with a report from a health care provider, the subject of the report, or other individuals who might be affected by the condition or disease in the report are: (i) Confidential; (ii) Not medical records under Title 4, Subtitle 3 of this article; (iii) Not open to public inspection; and (iv) Not discoverable or admissible in evidence in any civil or criminal matter except in accordance with a court order sealing the court record.

MARYLAND	
Citation	**Requirements**
	(2) This subsection does not apply to reports, information, and records otherwise available to the public or required to be publicly disclosed. (3) The Secretary may prepare and disseminate nonindividually identifiable information about one or more cases of a condition or a disease based on any report made under this section, for any purpose consistent with the Secretary's lawful duties as authorized by an act of the Maryland General Assembly. (4) This subsection does not apply to a disclosure by the Secretary to another governmental agency performing its lawful duties as authorized by an act of the Maryland General Assembly or the United States Congress where the Secretary determines that: (i) The agency to whom the information is disclosed will maintain the confidentiality of the disclosure; and (ii) The disclosure is necessary to protect the public health or to prevent the spread of an infectious or contagious disease. (5) This subsection does not apply to or restrict the use or publication of any statistics, information, or other material that summarizes or refers to confidential records in the aggregate, without disclosing the identity of any individual who is the subject of the confidential record. (i) Inspection of laboratory records. -- To assure compliance with this section, the Secretary, a health officer, or an agent of the Secretary or health officer may inspect pertinent laboratory records. (j) Regulations. -- The Secretary shall adopt regulations that designate the diseases or conditions that are reportable by a director of a medical laboratory under this section.
Regulations	
Code of Maryland Regulations (COMAR) 10.06.01.03 **Reportable Diseases, Conditions, Outbreaks, and Unusual Manifestations; Submitting Clinical Materials**	A. A person, as set forth in Regulation .04 of this chapter, shall report the diseases or conditions listed in §C of this regulation, or any other condition as requested by the Secretary. B. Within 1 working day of a positive laboratory finding for a disease or condition listed in §C of this regulation, or upon request of the Secretary, the director of a medical laboratory shall: (1) Submit clinical material to the Department's public health laboratory; and (2) Include information about the clinical material on a form provided by the Secretary. C. List of Reportable Diseases and Conditions.

MARYLAND

Citation	Requirements

HEALTH CARE PROVIDERS, INSTITUTIONS, AND OTHER[1] LABORATORIES TIMEFRAME FOR REPORTING[2]

Diseases and Conditions	Laboratory Evidence of	Submit Clinical Materials to the Department[3]	Immediate	Within 1 Working Day
(1) An outbreak of a disease of known or unknown etiology that may be a danger to the public health[4]	Similar etiological agents from a grouping or clustering of patients		X	
(2) A single case of a disease or condition not otherwise included in this table of known or unknown etiology, that may be a danger to the public health	An etiologic agent suspected to cause that disease or condition			X
(3) An unusual manifestation of a communicable disease in an individual	An etiologic agent suspected to cause that disease			X
(4) Acquired immunodeficiency syndrome (AIDS)[5]	Refer to COMAR 10.18		Refer to COMAR 10.18	
(5) Amebiasis	*Entamoeba histolytica*			X
(6) Anaplasmosis	*Anaplasma phagocytophilum*			X
(7) Animal bites	Not Applicable		X	
(8) Anthrax	*Bacillus anthracis*	X	X	
(9) Arboviral infections including, but not limited to: (a) Dengue fever; (b) Eastern equine encephalitis; (c) La Crosse virus infection; (d) St. Louis encephalitis; (e) Western equine encephalitis; (f) West Nile virus infection; (g) Yellow fever	Any associated arbovirus including, but not limited to: (a) Dengue virus; (b) Eastern equine encephalitis virus; (c) La Crosse virus; (d) St. Louis encephalitis virus; (e) Western equine encephalitis virus; (f) West Nile virus; (g) Yellow fever virus	X	X	
(10) Babesiosis	*Babesia* species			X
(11) Botulism	*Clostridium botulinum*, botulinum toxin, or other botulism producing *Clostridia*	X	X	
(12) Brucellosis	*Brucella* species	X	X	
(13) Campylobacteriosis	*Campylobacter* species	X		X
(14) Chancroid	*Haemophilus ducreyi*			X
(15) *Chlamydia trachomatis* infection, including lymphogranuloma venereum (LGV)	*Chlamydia trachomatis*	X (if LGV strain)		X

MARYLAND					
Citation	**Requirements**				
	(16) Cholera	*Vibrio cholerae*	X	X	
	(17) Coccidioidomycosis	*Coccidioides immitis*			X
	(18) Creutzfeldt-Jakob disease	14-3-3 protein from CSF or any brain pathology suggestive of CJD			X
	(19) Cryptosporidiosis	*Cryptosporidium* species			X
	(20) Cyclosporiasis	*Cyclospora cayatensis*			X
	(21) Diphtheria	*Corynebacterium diphtheriae*	X	X	
	(22) Ehrlichiosis	*Ehrlichia* species			X
	(23) Encephalitis, infectious	Isolation from or demonstration in brain tissue, central nervous system tissue, or cerebrospinal fluid, of any pathogenic organism	X (Infectious agents as indicated elsewhere in §C of this regulation and viral agents except for HSV)		X
	(24) Epsilon toxin of Clostridium perfringens	*Clostridium perfringens*, epsilon toxin		X	
	(25) *Escherichia coli* O157:H7 infection	*Escherichia coli* O157:H7	X	X	
	(26) Giardiasis	*Giardia* species			X
	(27) Glanders	*Burkholderia mallei*	X	X	
	(28) Gonococcal infection	*Neisseria gonorrhoeae*			X
	(29) *Haemophilus influenzae* invasive disease	*Haemophilus influenzae*, isolated from a normally sterile site	X	X	
	(30) Hantavirus infection	Hantavirus	X	X	
	(31) Harmful algal bloom related illness	Not Applicable			X
	(32) Hemolytic uremic syndrome, post-diarrheal	Not Applicable			X
	(33) Hepatitis A acute infection	Hepatitis A virus IgM		X	
	(34) Hepatitis, viral (B, C, D, E, G, all other types, and undetermined)	Hepatitis B, C, D, E, and G virus, other types			X
	(35) Human immunodeficiency virus (HIV)[5]	Refer to COMAR 10.18		Refer to COMAR 10.18	

MARYLAND					
Citation	**Requirements**				
	(36) Influenza- associated pediatric mortality	Influenza virus-associated pediatric mortality in persons younger than 18 years old (if known)			X
	(37) Influenza: novel influenza A virus infection	Isolation of influenza virus from humans of a novel or pandemic strain	X	X	
	(38) Isosporiasis	*Cystoisospora belli* (synonym *Isospora belli*)			X
	(39) Kawasaki syndrome	Not Applicable			X
	(40) Legionellosis	*Legionella* species	X (if isolate from human)	X	
	(41) Leprosy	*Mycobacterium leprae*	X		X
	(42) Leptospirosis	*Leptospira interrogans*	X		X
	(43) Listeriosis	*Listeria monocytogenes*	X		X
	(44) Lyme disease	*Borrelia burgdorferi*			X
	(45) Malaria	*Plasmodium* species	X		X
	(46) Measles (rubeola)	Measles virus		X	
	(47) Melioidosis	*Burkholderia pseudomallei*	X	X	
	(48) Meningitis, infectious	Isolation or demonstration of any bacterial, fungal, or viral species in cerebrospinal fluid	X (Infectious agents as indicated elsewhere in §C of this regulation and viral agents except for HSV)		X
	(49) Meningococcal invasive disease	*Neisseria meningitidis* (including serogroup, if *known), isolated* from a normally sterile site	X	X	
	(50) Microsporidiosis	Various microsporidian protozoa, including but not limited to Encephalitozoon species			X
	(51) Mumps (infectious parotitis)	Mumps virus			X
	(52) Mycobacteriosis, other than tuberculosis and leprosy	*Mycobacterium* spp., other than *Mycobacterium tuberculosis* complex or *Mycobacterium leprae*			X
	(53) Pertussis	*Bordetella pertussis*		X	

MARYLAND					
Citation	**Requirements**				
	(54) Pertussis vaccine adverse reactions	Not Applicable			X
	(55) Pesticide related illness	Cholinesterase below the normal laboratory range			X
	(56) Plague	*Yersinia pestis*	X	X	
	(57) Pneumonia in a health care worker resulting in hospitalization	Various organisms			X
	(58) Poliomyelitis	Poliovirus	X	X	
	(59) Psittacosis	*Chlamydophila psittaci* (formerly *Chlamydia psittaci)*			X
	(60) Q fever	*Coxiella burnetii*	X	X	
	(61) Rabies (human)	Rabies virus		X	
	(62) Ricin toxin poisoning	Ricin toxin (from Ricinus communis castor beans)		X	
	(63) Rocky Mountain spotted fever	*Rickettsia rickettsii*			X
	(64) Rubella (German measles) and congenital rubella syndrome	Rubella virus		X	
	(65) Salmonellosis (nontyphoidal)	*Salmonella* species, including serogroup, if known	X		X
	(66) Severe acute respiratory syndrome (SARS)	SARS-associated coronavirus (SARS-CoV)	X	X	
	(67) Shiga-like toxin producing enteric bacterial infections	Shiga toxin, shiga-like toxin, or the toxin-producing bacterium	X	X	
	(68) Shigellosis	*Shigella* species, including species or serogroup, if known	X		X
	(69) Smallpox and other orthopoxvirus infections	Variola virus, vaccinia virus, and other orthopox viruses	X	X	
	(70) Staphylococcal enterotoxin B poisoning	Staphylococcus enterotoxin B		X	
	(71) Streptococcal invasive disease, Group A	*Streptococcus pyogenes*, Group A, isolated from a normally sterile site	X		X
	(72) Streptococcal invasive disease, Group B	*Streptococcus agalactiae*, Group B, isolated from a normally sterile site	X		X
	(73) *Streptococcus pneumoniae* invasive disease	*Streptococcus pneumoniae,* isolated from a normally sterile site	X		X

MARYLAND	
Citation	**Requirements**

(74) Syphilis	*Treponema pallidum*			X
(75) Tetanus	*Clostridium tetani*			X
(76) Trichinosis	*Trichinella spiralis*			X
(77) Tuberculosis and suspected tuberculosis[6]	*Mycobacterium tuberculosis* complex	X	X	
(78) Tularemia	*Francisella tularensis*	X	X	
(79) Typhoid fever (case, carrier, or both, of *Salmonella* Typhi)	*Salmonella* Typhi	X	X	
(80) Vancomycin-intermediate *Staphylococcus aureus* (VISA) infection or colonization	Intermediate resistance of the *S. aureus* isolate to vancomycin	X		X
(81) Vancomycin-resistant Staphylococcus aureus (VRSA) infection or colonization	Resistance of the *S. aureus* isolate to vancomycin	X		X
(82) Varicella (chicken pox), fatal cases only	Varicella-zoster virus (Human herpesvirus 3)			X
(83) Vibriosis, non-cholera[7]	All non-cholera *Vibrio* species[7]	X		X
(84) Viral hemorrhagic fevers (all types)	All hemorrhagic fever viruses, including but not limited to Crimean-Congo, Ebola, Marburg, Lassa, Machupo viruses		X	
(85) Yersiniosis	*Yersinia* species	X		X

Footnotes:

1. As required to report in Regulation .04A(1)—(3), (5), and (6) of this chapter.
2. The timeframe for reporting is specified in Regulation .04C of this chapter.
3. Clinical material shall be submitted according to §B of this regulation.
4. Any grouping or clustering of patients having similar disease, symptoms, or syndromes that may indicate the presence of a disease outbreak.
5. Acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV), including CD4+ lymphocyte count and viral load, are reportable under COMAR 10.18.
6. Tuberculosis confirmed by culture and suspected tuberculosis as indicated by:
   (a) A laboratory confirmed acid-fast bacillus on smear;
   (b) An abnormal chest radiograph suggestive of active tuberculosis;
   (c) A laboratory confirmed biopsy report consistent with active tuberculosis; or
   (d) Initiation of two or more anti-tuberculosis medications.
7. Vibriosis, non-cholera, identified in any specimen taken from teeth, gingival tissues, or oral mucosa is not reportable.

MARYLAND	
Citation	**Requirements**
COMAR 10.06.01.04 **Reporting Procedures**	A. Sources of Reports and to Whom to Report. (1) An institution, as specified in Health-General Article, §18-202, Annotated Code of Maryland, and a health care provider who knows of a case of a reportable disease, condition, outbreak, or unusual manifestation shall report it to the health officer. (2) A teacher at any public, private, or parochial school or a child care provider at any child care facility shall report an occurrence of a reportable disease or condition, an outbreak, or an unusual manifestation as set forth in Regulation .03 of this chapter to the principal, school nurse, or superintendent or assistant superintendent or designee, who shall transmit to the health officer a report of the name and address of a child who appears to have a reportable communicable disease or who has been exposed to a reportable communicable disease. (3) The master or person in charge of a vessel or aircraft within the territory of the State shall report to the Secretary or the health officer at the nearest port of landing or entry, all known facts relating to the illness and physical condition of an individual aboard the vessel or aircraft who may have a reportable disease or condition, an outbreak, or an unusual manifestation. (4) Directors of Medical Laboratories. (a) The director of a medical laboratory shall report: (i) Laboratory evidence of a reportable condition as specified in Regulation .03C of this chapter from examination of a human specimen acquired from an individual in this State; and (ii) Evidence of any other condition as requested by the Secretary. (b) The director of a medical laboratory located in a Maryland jurisdiction shall report to the health officer of that jurisdiction. (c) The director of a medical laboratory located outside of Maryland shall report to the Secretary. (d) If a medical laboratory forwards clinical materials out of State for testing, the originating medical laboratory shall comply with this subsection by: (i) Reporting the results and submitting the clinical materials; or (ii) Ensuring that the results are reported and materials submitted. (e) When more than one specimen is taken from a patient during one disease episode, the director of a medical laboratory need not report every test result of a specimen that shows evidence of the same disease in that patient if: (i) At least one positive test result is reported; and (ii) The health officer has agreed that all test reports do not need to be reported.

MARYLAND	
Citation	**Requirements**
	(5) Any individual having knowledge of an animal bite shall report the bite according to the requirements of COMAR 10.06.02. (6) The owner or operator of a food establishment (see Health-General Article, §21-301, Annotated Code of Maryland) shall report to the health officer an occurrence of a reportable disease or condition, an outbreak, or an unusual manifestation. B. Method and Content of Reports. (1) A person, as listed in §A(1)—(4) of this regulation, shall report: (a) In writing on a form provided by the Secretary; or (b) In a format approved by the Secretary, when electronic submittal is available. (2) The report shall include at a minimum the: (a) Date of the report; (b) Patient's name including first and last names and middle initial; (c) Residence address of the patient including: (i) House or apartment number; (ii) Street; (iii) City or town; (iv) State; and (v) Zip code; (d) Telephone number including area code; (e) Date of birth; (f) Sex; (g) Race; (h) Ethnicity; (i) Pregnancy status if applicable; and (j) Other epidemiologic information as specified by the Secretary or the health officer.

MARYLAND	
Citation	**Requirements**
	(3) In addition to what is specified in §B(2) of this regulation, institutions and health care providers, school and child care facility personnel, and masters of vessels or aircraft as listed in §A(1)—(3) of this regulation shall report: (a) The date of onset of symptoms; (b) The diagnosis; (c) For syphilis, gonococcal infection, and *Chlamydia trachomatis* infection, the treatment given; and (d) Any laboratory information supporting the diagnosis of the disease or condition, as requested. (4) A director of a medical laboratory, in addition to what is specified in §B(2) of this regulation, shall report the: (a) Name, address, telephone number, and federal Clinical Laboratory Improvement Amendments (CLIA) certificate number of the laboratory performing the test; (b) Date the specimen was received by the laboratory; (c) Accession number or other unique identifier for the specimen; (d) Type of test performed and the results, including: (i) Reference range; (ii) Quantitative results; and (iii) Results of speciating, grouping, or typing of organisms; (e) Date of specimen collection; (f) Type of specimen, for example, blood, urine, stool, or mucus, and the site of specimen collection, for example, cervix, eye; (g) Date of the laboratory result; (h) Name, address including number and street, city, state, and zip code, and phone number including area code of the health care provider who ordered the test; (i) Name, address including number and street, city, state, and zip code, and phone number including area code of the facility that ordered the test; and (j) For hepatitis C infection: (i) Signal-to-cut-off ratios and critical values; (ii) Hepatitis A IgM results; and (iii) Hepatitis B IgM test results.

MARYLAND	
Citation	**Requirements**
	C. Timing of Reports. (1) If the Secretary requires an immediate report, the person making the report: (a) Shall communicate directly with an individual in person or by telephone; and (b) May not leave a message on an answering device. (2) A health care provider and a director of a medical laboratory shall report according to the timeframe in Regulation .03C of this chapter. (3) School and child care facility personnel, a master of a vessel or aircraft, and the owner or operator of a food establishment shall report immediately. (4) The health officer shall transmit to the Secretary, by mail or as otherwise specified by the Secretary, all information obtained: (a) Within 24 hours after receiving notice of a disease or condition listed in Regulation .03C of this chapter; or (b) Within a shorter amount of time than 24 hours as specified by the Secretary. (5) The Secretary shall transmit to the health officer of the jurisdiction where the patient resides, by mail or as otherwise specified by the Secretary, all information related to the notice of a reportable condition provided by a director of a medical laboratory located outside of Maryland: (a) Within 24 hours after receiving notice of a disease or condition listed in Regulation .03C of this chapter; or (b) Within a shorter amount of time than 24 hours as specified by the Secretary.

Massachusetts

MASSACHUSETTS	
Citation	**Requirements**
Statutes	
Mass. General Laws Chapter 111D Section 6 **Infectious disease reports; confidential information**	The department may require the reporting of any infectious disease found in the examination of specimens at clinical laboratories if, in its opinion, reporting of such disease is necessary to protect or promote the public health. Every person who and every agency which maintains a clinical laboratory shall report evidence of any infectious disease found in the course of the examination of specimens, if so required by the department, in such form, manner, and detail and within such time as the department shall prescribe. Reports made under this section shall not be considered as constituting a diagnosis nor shall any person making a report pursuant to this section be held liable in a civil proceeding for having violated a trust or confidential relationship. Notwithstanding section ten of chapter sixty-six, every such report shall be kept confidential by the department and its employees and agents and shall not be subject to the inspection, examination, or copying by any other agency of government or by any other person.
Regulations	
105 Code of Massachusetts Regulations (CMR) 300.170 **Laboratory Findings Indicative of Infectious Disease Reportable Directly to the Department by Laboratories**	In addition to the requirements of 105 CMR 300.100, 300.171, 300.180(A) and 300.180(C) all laboratories, including those outside of Massachusetts, performing examinations on any specimens derived from Massachusetts residents that yield evidence of infection due to the organisms listed below shall report such evidence of infection directly to the Department through secure electronic laboratory reporting mechanisms, or other method, as defined by the Department, within 24 hours. A laboratory contact must be included with each report in addition to the test results, date of specimen collection, case's full name, date of birth, sex, race/ethnicity, address, and name of principal health care provider, when available. Upon receipt of a laboratory report, the Department shall notify the local board of health in the town in which the case resides within one day via the MAVEN surveillance and case management system. • *Anaplasma* sp. • Arboviruses, including but not limited to, eastern equine encephalitis virus, dengue fever virus, West Nile virus and yellow fever virus • *Babesia* sp. • *Bacillus anthracis* • *Bordetella bronchiseptica* • *Bordetella holmseii* • *Bordetella parapertussis* • *Bordetella pertussis* • *Borrelia burgdorferi* • *Borrelia miyamotoi* • *Brucella* sp. • *Burkholderia mallei* • *Burkholderia pseudomallei* • *Calymmatobacterium (Donovania) granulomatis* • *Campylobacter sp.* • *Chlamydia trachomatis* (ophthalmic, genital and neonatal infections, lymphogranuloma venereum) • *Chlamydophila psittaci* • *Clostridium botulinum Clostridium difficile* • *Clostridium perfringens* • *Clostridium tetani* • *Corynebacterium diphtheriae* • *Coxiella burnetii* • *Cryptococcus gatii* • *Cryptococcus neoformans* • *Cryptosporidium* sp. • *Cyclospora cayetanensis* • *Ehrlichia* sp. • *Entamoeba histolytica* • Enteroviruses • *Escherichia coli* O157:H7 • *Francisella tularensis* • *Giardia* sp.

MASSACHUSETTS	
Citation	**Requirements**
	• Group A streptococcus, from a usually sterile site • Group B streptococcus, from a usually sterile site • *Haemophilus ducreyi* • *Haemophilus influenzae,* from a usually sterile site • Hantavirus • Hemorrhagic fever viruses, including but not limited to Ebola virus, Marburg virus, and other filoviruses, arenaviruses, bunyaviruses and flaviviruses • Hepatitis A virus • Hepatitis B virus • Hepatitis C virus • Hepatitis D virus • Hepatitis E virus • Herpes simplex virus, neonatal infection (in child less than 60 days old) • Human immunodeficiency virus (HIV) • Evidence of human prion disease • Influenza A and B viruses • *Legionella* sp. • *Leptospira* sp. • *Listeria* sp. • Lymphocytic choriomeningitis virus • Measles virus • Mumps virus • *Myeobacterium leprae* • *Mycobacterium tuberculosis, M. africanum, M. bovis* • *Neisseria gonorrhoeae* • *Neisseria meningitidis,* from a usually sterile site • Noroviruses • Novel coronaviruses causing severe disease • Novel influenza A viruses • *Plasmodium sp. including P. falciparum, P. malariae, P. ovale. P. vivax* • Poliovirus • Pox viruses, including but not limited to variola, vaccinia, and other orthopox and parapox viruses, but excluding molluscum contagiosum viruses • Rabies virus • *Rickettsia akari* • *Rickettsia prowazekii* • *Rickettsia rickettsii* • Rubella virus • *Salmonella* sp. • Evidence of shiga toxin-producing organisms • *Shigella* sp. • Simian herpes virus • *Staphylococcus aureus* enterotoxin producing organisms • *Streptococcus pneumoniae,* from a usually sterile site • *Treponemal fjallidum* • *Trichinella spiralis* • *Varicella* zoster virus • *Vibrio* sp. • *Yersinia pestis* • *Yersinia* sp.

MASSACHUSETTS

Citation	Requirements
105 CMR 300.172 **Submission of Selected Isolates and Diagnostic Specimens to the Hinton State Laboratory Institute**	All laboratories performing examinations on any specimens derived from Massachusetts residents shall submit the following directly to the Hinton State Laboratory Institute for further examination. • *Bacillus anthracis* isolates and suspect isolates • *Brucella* sp. isolates and suspect isolates • *Burkholderia mallei* isolates and suspect isolates • *Burkholderia pseudomallei* isolates and suspect isolates • *Clostridium botulinum* isolates and suspect isolates • Specimens obtained from human sources with indication or suspicion of eastern equine encephalitis (EEE) virus infection • *Francisella tularensis* isolates and suspect isolates • *Haemophilus influenzae* isolates from a usually sterile site • Influenza viruses diagnostic specimens or isolates known or suspected to contain antiviral resistant virus • *Legionalla* sp., isolates and suspect isolates • *Listeria monocytogenes* isolates • Specimens with indication or suspicion of measles virus infection • Specimens with indication or suspicion of mumps virus infection • *Mycobacterium tuberculosis* • *Neisseria gonorrhoeae* isolates • *Neisseria meningitidis* isolates from a usually sterile site • *Salmonella* sp. isolates • Shiga toxin producing organism isolates including *E. coli* 0157, and any broths which test positive for shiga toxin producing organisms where the organism has not been isolated • *Shigella* sp. isolates • *Staphylococcus aureus,* vancomycin-intermediate and vancomycin-resistant isolates only • *Streptococcus pneumoniae* isolates from a usually sterile site and only from individuals aged less than 18 years • *Vibrio* sp. isolates • Specimens obtained from human sources with indication or suspicion of West Nile virus infection • *Yersinia pestis* isolates and suspect isolates • *Yersinia* sp. (non pestis) isolates • Organisms with antimicrobial resistance of a novel nature

Michigan

MICHIGAN	
Citation	**Requirements**
Statutes	
Michigan Compiled Laws §333.5111 **List of reportable diseases, infections, and disabilities; rules**	(1) In carrying out its authority under this article, the department shall maintain a list of reportable diseases, infections, and disabilities that designates and classifies communicable, serious communicable, chronic, or noncommunicable diseases, infections, and disabilities. The department shall review and revise the list under this subsection at least annually. (2) In carrying out its authority under this article, the department may promulgate rules to do any of the following: (a) Establish requirements for reporting and other surveillance methods for measuring the occurrence of diseases, infections, and disabilities and the potential for epidemics. Rules promulgated under this subdivision may require a licensed health professional or health facility to submit to the department or a local health department, on a form provided by the department, a report of the occurrence of a communicable disease, serious communicable disease or infection, or disability. The rules promulgated under this subdivision may require a report to be submitted to the department not more than 24 hours after a licensed health professional or health facility determines that an individual has a serious communicable disease or infection. (b) Investigate cases, epidemics, and unusual occurrences of diseases, infections, and situations with a potential for causing diseases. (c) Establish procedures for control of diseases and infections, including, but not limited to, immunization and environmental controls. (d) Establish procedures for the prevention, detection, and treatment of disabilities and rehabilitation of individuals suffering from disabilities or disease, including nutritional problems. (e) Establish procedures for control of rabies and the disposition of nonhuman agents carrying disease, including rabid animals. (f) Establish procedures for the reporting of known or suspected cases of lead poisoning or undue lead body burden. (g) Designate communicable diseases or serious communicable diseases or infections for which local health departments are required to furnish care including, but not limited to, tuberculosis and venereal disease. (h) Implement this part and parts 52 and 53 including, but not limited to, rules for the discovery, care, and reporting of an individual having or suspected of having a communicable disease or a serious communicable disease or infection, and to establish approved tests under section 5123 and approved prophylaxes under section 5125. (3) The department shall promulgate rules to provide for the confidentiality of reports, records, and data pertaining to testing, care, treatment, reporting, and research associated with communicable diseases and serious communicable diseases or infections.

MICHIGAN	
Citation	**Requirements**
Regulations	
Michigan Administrative Code R 325.172 **Disease reporting**	(1) The department, as required in MCL 333.5111 (1), annually reviews, maintains, and publishes a list of reportable diseases, infections, and disabilities on the department's website. (2) Physicians and laboratories shall report the unusual occurrence, outbreak, or epidemic of any condition, including healthcare-associated infections, to the local health department and to the department as required in R 325.173.
Mich. Admin. Code R 325.173 **Reporting and surveillance requirements**	(1) A physician shall report each case of a serious communicable disease that is listed and maintained by the department as required in, MCL 333.5111(1), except for human immunodeficiency virus infection and acquired immunodeficiency syndrome, within 24 hours of diagnosis or discovery, to the appropriate health department. Reporting requirements for human immunodeficiency virus infection and acquired immunodeficiency syndrome are set out in MCL 333.5114 and subrules (12) to (14) of this rule. (2) A physician shall report the unusual occurrence of any disease, infection, or condition that threatens the health of the public, within 24 hours of diagnosis or discovery, to the appropriate local health department. (3) A physician shall report noncommunicable diseases that are listed and maintained by the department as required in MCL 333.5111(1) within 3 days of diagnosis or discovery, to the appropriate local health department. (4) A physician may report any disease, infection, or condition that is not included in subrule (1), (2), or (3) of this rule to the appropriate local health department according to the physician's medical judgment. (5) A laboratory shall report, within 24 hours of discovery, both of the following to the appropriate local health department: (a) Laboratory evidence of any serious infection that is listed and maintained by the department as required in MCL333.5111(1), except for human immunodeficiency virus which is governed by MCL 333.5114. (b) Laboratory evidence of any other disease, infection, or condition that is judged by the laboratory director to indicate that the health of the public is threatened. A laboratory in this state that receives or processes specimens to be tested for the listed agents shall report a result confirming presence of a listed agent, even if the testing is not done on-site, for example, the specimen is shipped to an out-of-state reference laboratory for testing. (6) When a physician or laboratory director suspects the presence of a designated condition, but does not have sufficient information to confirm its presence, the physician or laboratory shall report the designated condition as suspect to the appropriate local health department. Upon confirmation of the designated condition, a physician or laboratory director shall report the condition as confirmed to the appropriate local health department. (7) A health facility infection control committee shall develop policies and procedures to ensure the appropriate reporting of designated conditions by physicians who treat individuals at that facility and by laboratories at that facility.

MICHIGAN	
Citation	**Requirements**
	(8) All of the following individuals may report to the appropriate local health department any designated condition or any other disease, infection, or condition which comes to their professional attention and which poses a threat to the health of the public: (a) An administrator, epidemiologist, or infection control professional from a health care facility or other institution (b) A dentist (c) A nurse (d) A pharmacist (e) A physician's assistant (f) A veterinarian (g) Any other health care professional (9) A primary or secondary school, child day care center, or camp shall report, within 24 hours of suspecting, both of the following to the appropriate local health department: (a) The occurrence among those in attendance of any of the serious communicable diseases listed and maintained by the department as required in MCL 333.5111(1), except for human immunodeficiency virus and acquired immunodeficiency syndrome which are governed by MCL 333.5131. (b) The unusual occurrence, outbreak, or epidemic of any disease, infection, or condition among those in attendance (10) A report shall be directed to the appropriate local health department. A report may be written, oral, or transmitted by electronic media. A report shall be transmitted in a manner prescribed or approved by the appropriate local health department. (11) Except as provided in subrules (13) and (14) of this rule, a required report by a physician shall contain all of the following information: (a) The patient's full name. (b) The patient's residential address, including street, city, village or township, county, and zip code. (c) The patient's telephone number. (d) The patient's date of birth, age, sex, race, and ethnic origin. (e) The name of the disease, infection, or condition reported. (f) The estimated date of the onset of the disease, infection, or condition, where applicable. (g) The identity of the reporting person. (h) Pertinent laboratory results. (i) Any other information considered by the physician to be related to the health of the public. (12) Acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) infection, tuberculosis, and venereal disease shall be reported by completing forms provided by the department. (13) In addition to reporting requirements under section 5114 of the code for acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) infection, a physician shall report, if available, the ethnicity and country of birth, if known, of the test subject.

MICHIGAN	
Citation	**Requirements**
	(14) Nothing in these rules is intended to limit use or disclosure of information needed by the department or local health department to carry out its responsibilities under the code as authorized by, but not limited to, MCL 333.5131. (15) Viral influenza need only be reported by the number of cases identified during a specified time period or when influenza is suspected to have caused or contributed to mortality in a person aged less than 18 years, or if the infected individual traveled outside of North America within the 2 weeks prior to symptom onset. (16) A required report by a laboratory shall contain all of the following information, except for human immunodeficiency virus and acquired immunodeficiency syndrome, which are governed by MCL 333.5114: (a) The patient's full name. (b) The patient's residential address, including street, city, village or township, county, and zip code. (c) The patient's telephone number. (d) The patient's date of birth or age. (e) The patient's sex. (f) The specific laboratory test, date performed, and the results. (g) The name and address of the reporting laboratory. (h) The name, address, and telephone number of the ordering person. (17) To the extent that the information is readily available, a report of an unusual occurrence, outbreak, or epidemic of a disease, infection, or other condition shall include all of the following information: (a) The nature of the confirmed or suspected disease, infection, or condition. (b) The approximate number of cases. (c) The approximate illness onset dates. (d) The location of the outbreak. (18) Within 24 hours of receiving a report, a local health department shall communicate the report of an individual who has a serious communicable disease listed and maintained by the department as required in MCL 333.5111(1) or a serious infection listed and maintained by the department as required in MCL 333.5111(1) to the department and any other Michigan jurisdiction if the individual resides in that other jurisdiction. (19) Within 3 days of receiving a report, a local health department shall communicate the report of an individual who has a noncommunicable disease listed and maintained by the department as required in MCL 333.5111(1) to the department and another Michigan jurisdiction if the individual resides in that other jurisdiction. (20) Within 24 hours of receiving a report that concerns an individual who resides outside of this state, a local health department shall forward the report to the department. (21) Reports of designated conditions acquired by residents of a local health department's jurisdiction shall be recorded by the local health officer and shall be forwarded to the department in a format specified by the department.

MICHIGAN

Citation	Requirements
Mich. Admin. Code R 325.179a **Submission of other designated conditions specimens**	A laboratory shall submit to the department the first isolate or subculture thereof, or specimen where appropriate, from the patient being tested, any of the following: (a) Specimens suspected to contain and suspect isolates of any of the following: (i) *Bacillus anthracis*. (ii) *Brucella* species. (iii) *Burkholderia pseudomallei.* (iv) *Burkholderia mallei*. (v) *Clostridridium botulinum.* (vi) *Coxiella burnetii.* (vii) *Francisella tularensis.* (viii) Orthopox viruses, including smallpox and monkey pox. (ix) *Yersinia pestis*. (b) Specimens that contain and isolates any of the following: (i) *Corynebacterium diphtheriae*. (ii) *Escherichia coli* 0157:H7 and all other shiga toxin positive serotypes. (iii) *Haemophilus influenza*, only if isolate collected from a normally sterile site or if patient is less than 15 years of age. (iv) *Legionella* species. (v) *Listeria monocytogenes.* (vi) *Neisseria meningtidis*, only if isolate collected from a normally sterile site. (vii) Novel influenza. (viii) *Salmonella* species including Typhi. (ix) Severe Acute Respiratory Syndrome (SARS) coronavirus. (x) *Shigella* species. (xi) *Staphylococcus aureus*, only vancomycin intermediate and resistant. (xii) *Vibrio cholera*. (xiii) *Vibrio* paphemolyticus. (xiv) *Vibrio* vulnificus.

Minnesota

MINNESOTA	
Citation	**Requirements**
Statutes	
Minnesota Statutes 144.05 Subdivision 1. **General Duties of Commissioner; Reports**	The state commissioner of health shall have general authority as the state's official health agency and shall be responsible for the development and maintenance of an organized system of programs and services for protecting, maintaining, and improving the health of the citizens. This authority shall include but not be limited to the following: (a) Conduct studies and investigations, collect and analyze health and vital data, and identify and describe health problems; (b) Plan, facilitate, coordinate, provide, and support the organization of services for the prevention and control of illness and disease and the limitation of disabilities resulting therefrom; (c) Establish and enforce health standards for the protection and the promotion of the public's health such as quality of health services, reporting of disease, regulation of health facilities, environmental health hazards and personnel; (d) Affect the quality of public health and general health care services by providing consultation and technical training for health professionals and paraprofessionals; (e) Promote personal health by conducting general health education programs and disseminating health information; (f) Coordinate and integrate local, state and federal programs and services affecting the public's health; (g) Continually assess and evaluate the effectiveness and efficiency of health service systems and public health programming efforts in the state; and (h) Advise the governor and legislature on matters relating to the public's health. .... *[Remaining text omitted]*

MINNESOTA	
Citation	**Requirements**
Minnesota Statutes 144.12 **Subdivision 1** **Regulation, Enforcement, Licenses, Fees**	The commissioner may adopt reasonable rules pursuant to chapter 14 for the preservation of the public health. The rules shall not conflict with the charter or ordinance of a city of the first class upon the same subject. The commissioner may control, by rule, by requiring the taking out of licenses or permits, or by other appropriate means, any of the following matters: .... (7) the treatment, in hospitals and elsewhere, of persons suffering from communicable diseases, including all manner of venereal disease and infection, the disinfection and quarantine of persons and places in case of those diseases, and the reporting of sicknesses and deaths from them; Neither the commissioner nor any community health board as defined in section 145A.02, subdivision 5, nor director of public health may adopt any rule or regulation for the treatment in any penal or correctional institution of any person suffering from any communicable disease or venereal disease or infection, which requires the involuntary detention of any person after the expiration of the period of sentence to the penal or correctional institution, or after the expiration of the period to which the sentence may be reduced by good time allowance or by the lawful order of any judge or the Department of Corrections; .... (10) the collection, recording, and reporting of vital statistics by public officers and the furnishing of information to them by physicians, undertakers, and others of births, deaths, causes of death, and other pertinent facts; .... (12) the general sanitation of tourist camps, summer hotels, and resorts in respect to water supplies, disposal of sewage, garbage, and other wastes and the prevention and control of communicable diseases; and, to that end, may prescribe the respective duties of agents of a community health board as authorized under section 145A.04; and all boards of health shall make such investigations and reports and obey such directions as the commissioner may require or give and, under the supervision of the commissioner, enforce the rules; .... (15) the establishment, operation and maintenance of all clinical laboratories not owned, or functioning as a component of a licensed hospital. These laboratories shall not include laboratories owned or operated by five or less licensed practitioners of the healing arts, unless otherwise provided by federal law or regulation, and in which these practitioners perform tests or procedures solely in connection with the treatment of their patients. Rules promulgated under the authority of this clause, which shall not take effect until federal legislation relating to the regulation and improvement of clinical laboratories has been enacted, may relate at least to minimum requirements for external and internal quality control, equipment, facility environment, personnel, administration and records. These rules may include the establishment of a fee schedule for clinical laboratory inspections. The provisions of this clause shall expire 30 days after the conclusion of any fiscal year in which the federal government pays for less than 45 percent of the cost of regulating clinical laboratories. *[Remaining text omitted]*

MINNESOTA	
Citation	**Requirements**
Regulations	
Minnesota Administrative Rules 4605.7030 **Persons Required to Report Disease**	Subpart 1. Physicians. When attending a case, suspected case, carrier, or death from any of the diseases in part 4605.7040 or a pregnancy under part 4605.7044, a physician shall report to the commissioner according to part 4605.7040 or 4605.7044, unless previously reported, the information specified in part 4605.7090. Subp. 2. Health care facilities. Hospitals, nursing homes, medical clinics, or other health care facilities shall designate that all individual physicians report as specified in subpart 1; or the health care facility shall designate an infection control practitioner or other person as responsible to report to the commissioner, according to part 4605.7040 or 4605.7044, knowledge of a case, suspected case, carrier, or death from any of the diseases and syndromes in part 4605.7040 or a pregnancy under part 4605.7044, and the information specified in part 4605.7090. Subp. 3. Medical laboratories. A. All medical laboratories shall provide to the commissioner, within one working day of completion, the results of microbiologic cultures, examinations, immunologic assays for the presence of antigens and antibodies, and any other laboratory tests, which are indicative of the presence of any of the diseases in part 4605.7040 and the information specified in part 4605.7090 as is known. B. All medical laboratories shall forward to the Minnesota Department of Health, Public Health Laboratory, all clinical materials specified in this chapter upon a positive laboratory finding for the disease or condition, or upon request of the commissioner in relation to a case or suspected case reported under this chapter. C. All laboratories must report to the Minnesota Department of Health the results of all CD4+ lymphocyte counts and percents and the results of all HIV viral detection laboratory tests. D. If a medical laboratory forwards clinical materials out of state for testing, the originating medical laboratory retains the duty to comply with this subpart, either by: (1) reporting the results and submitting the clinical materials to the commissioner; or (2) ensuring that the results are reported and materials submitted to the commissioner. Subp. 4. Comprehensive reports. Any institution, facility, or clinic, staffed by physicians and having medical laboratories which are required to report, as in subparts 1, 2, and 3, except subpart 3, item C, may upon written notification to the commissioner designate a single person or group of persons to report cases, suspected cases, carriers, deaths, or results of medical laboratory cultures, examinations, and assays for any of the diseases listed in part 4605.7040 or a pregnancy under part 4605.7044 to the commissioner.

MINNESOTA	
Citation	**Requirements**
	Subp. 5. Veterinarians and veterinary medical laboratories. The commissioner of health shall, under the following circumstances, request certain reports of clinical diagnosis of disease in animals, reports of laboratory tests on animals, and clinical materials from animals: A. the disease is common to both animals and humans; B. the disease may be transmitted directly or indirectly to and between humans and animals; C. the persons who are afflicted with the disease are likely to suffer complications, disability, or death as a result; and D. investigation based upon veterinarian and veterinary medical laboratory reports will assist in the prevention and control of disease among humans. Subp. 6. Others. Unless previously reported, it shall be the duty of every other licensed health care provider who provides care to any patient who has or is suspected of having any of the diseases listed in part 4605.7040 or a pregnancy under part 4605.7044 to report to the commissioner, according to part 4605.7040 or 4605.7044, as much of the information specified in part 4605.7090 as is known. Subp. 7. Out of state testing. Persons and entities that are required to report under subpart 1, 2, or 6 and that send clinical materials out of state for testing are responsible for ensuring that results are reported and clinical materials are submitted to the commissioner as required under this chapter.
Minn. Admin. Rules 4605.7040 **Disease and Reports; Clinical Materials Submissions**	Cases, suspected cases, carriers, and deaths due to the following diseases and infectious agents shall be reported. When submission of clinical materials is required under this part, submissions shall be made to the Minnesota Department of Health, Public Health Laboratory. A. Diseases reportable immediately by telephone to the commissioner: (1) anthrax (*Bacillus anthracis*). Submit clinical materials; (2) botulism (*Clostridium botulinum*); (3) brucellosis (*Brucella* spp.). Submit clinical materials; (4) cholera (*Vibrio cholerae*). Submit clinical materials; (5) diphtheria (*Corynebacterium diphtheriae*). Submit clinical materials; (6) hemolytic uremic syndrome. Submit clinical materials; (7) measles (rubeola). Submit clinical materials; (8) meningococcal disease (*Neisseria meningitidis*) (all invasive disease). Submit clinical materials;

MINNESOTA	
Citation	**Requirements**
	(9) orthopox virus. Submit clinical materials; (10) plague (*Yersinia pestis*). Submit clinical materials; (11) poliomyelitis. Submit clinical materials; (12) Q fever (*Coxiella burnetii*). Submit clinical materials; (13) rabies (animal and human cases and suspected cases); (14) rubella and congenital rubella syndrome. Submit clinical materials; (15) severe acute respiratory syndrome (SARS). Submit clinical materials; (16) smallpox (variola). Submit clinical materials; and (17) tularemia *(Francisella tularensis*). Submit clinical materials. B. Diseases reportable within one working day: (1) amebiasis (*Entamoeba histolytica/dispar*); (2) anaplasmosis (*Anaplasma phagocytophilum*); (3) arboviral disease, including, but not limited to, La Crosse encephalitis, eastern equine encephalitis, western equine encephalitis, St. Louis encephalitis, and West Nile virus disease; (4) babesiosis *(Babesia* spp.); (5) blastomycosis (*Blastomyces dermatitidis*); (6) campylobacteriosis (*Campylobacter* spp.). Submit clinical materials; (7) cat scratch disease (infection caused by *Bartonella* species); (8) chancroid (*Haemophilus ducreyi*); (9) *Chlamydia trachomatis i*nfections; (10) Coccidioidomycosis; (11) cryptosporidiosis (*Cryptosporidium* spp.). Submit clinical materials; (12) cyclosporiasis (*Cyclospora* spp.). Submit clinical materials; (13) dengue virus infection; (14) *Diphyllobothrium latum* infection; (15) ehrlichiosis (*Ehrlichia* spp.); (16) encephalitis (caused by viral agents); (17) enteric *Escherichia coli* infection (*E. coli* O157:H7, other enterohemorrhagic (Shiga toxin-producing) *E. coli*, enteropathogenic *E. coli*, enteroinvasive *E. coli,* and enterotoxigenic *E. coli*). Submit clinical materials; (18) *Enterobacter sakazakii* in infants under one year of age. Submit clinical materials; (19) giardiasis (*Giardia lamblia*);

MINNESOTA	
Citation	**Requirements**
	(20) gonorrhea (*Neisseria gonorrhoeae* infections); (21) *Haemophilus influenzae* disease (all invasive disease). Submit clinical materials; (22) hantavirus infection; (23) hepatitis (all primary viral types including A, B, C, D, and E); (24) histoplasmosis (*Histoplasma capsulatum)*; (25) human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS). Submit clinical materials; (26) influenza (unusual case incidence, critical illness, or laboratory confirmed cases). Submit clinical materials; (27) Kawasaki disease; (28) *Kingella* spp. (invasive only). Submit clinical materials; (29) legionellosis *(Legionella* spp.). Submit clinical materials; (30) leprosy (Hansen's disease) (*Mycobacterium leprae*); (31) leptospirosis (*Leptospira interrogans*); (32) listeriosis (*Listeria monocytogenes*). Submit clinical materials; (33) Lyme disease (*Borrelia burgdorferi*); (34) malaria (*Plasmodium* spp.); (35) meningitis (caused by viral agents); (36) mumps; (37) neonatal sepsis (bacteria isolated from a sterile site, excluding coagulase-negative Staphylococcus) less than seven days after birth. Submit clinical materials; (38) pertussis (*Bordetella pertussis*). Submit clinical materials; (39) psittacosis (*Chlamydiophila psittaci*); (40) retrovirus infections; (41) Reye syndrome; (42) rheumatic fever (cases meeting the Jones criteria only); (43) Rocky Mountain spotted fever (*Rickettsia rickettsii, R. canada*); (44) salmonellosis, including typhoid (*Salmonella* spp.). Submit clinical materials; (45) shigellosis (*Shigella* spp.). Submit clinical materials; (46) *Staphylococcus aureus* (only vancomycin-intermediate *Staphylococcus aureus* (VISA), vancomycin-resistant *Staphylococcus aureus* (VRSA), and death or critical illness due to community-associated *Staphylococcus aureus* in a previously healthy individual). Submit clinical materials; (47) streptococcal disease (all invasive disease caused by Groups A and B streptococci and *S. pneumoniae*). Submit clinical materials; (48) syphilis *(Treponema pallidum*);

MINNESOTA	
Citation	**Requirements**
	(49) tetanus (*Clostridium tetani*); (50) toxic shock syndrome. Submit clinical materials; (51) toxoplasmosis (*Toxoplasma gondii*); (52) transmissible spongiform encephalopathy; (53) trichinosis (*Trichinella spiralis*); (54) tuberculosis (*Mycobacterium tuberculosis* complex) (pulmonary or extrapulmonary sites of disease, including laboratory confirmed or clinically diagnosed disease). Latent tuberculosis infection is not reportable. Submit clinical materials; (55) typhus (*Rickettsia* spp.); (56) varicella zoster disease: (a) primary (chickenpox): unusual case incidence, critical illness, or laboratory-confirmed cases. Submit clinical materials; and (b) recurrent (shingles): unusual case incidence or critical illness. Submit clinical materials; (57) varicella zoster disease in addition to reportable disease under subitem (56), effective upon the commissioner's determination that the disease is reportable under part 4605.7042; (58) *vibrio* spp. Submit clinical materials; (59) yellow fever; and (60) yersiniosis, enteric (*Yersinia* spp.). Submit clinical materials.
Minn. Admin. Rules 4605.7050 **Unusual Case Incidence**	Subpart 1. Cases, suspected cases, or increased incidence. Any pattern of cases, suspected cases, or increased incidence of any illness beyond the expected number of cases in a given period, which may indicate a newly recognized infectious agent, an outbreak, epidemic, emerging drug resistance, or public health hazard, including suspected or confirmed outbreaks of food or waterborne disease, epidemic viral gastroenteritis, and any disease known or presumed to be transmitted by transfusion of blood or blood products, shall be reported immediately by telephone, by the person having knowledge, to the commissioner. Subp. 2. Unexplained death or critical illness. Any unexplained death or unexplained critical illness in a previously healthy individual which may be caused by an infectious agent shall be reported by the attending physician, medical examiner or coroner, or by the person having knowledge about the death or illness to the commissioner within one day. Subp. 3. Submissions. Upon request of the commissioner, medical laboratories shall submit test results and clinical materials for cases and suspected cases reported under subparts 1 and 2 to the Minnesota Department of Health, Public Health Laboratory.

MINNESOTA	
Citation	**Requirements**
Minn. Admin. Rules 4605.7080 **New Diseases and Syndromes; Reporting And Submissions**	Subpart 1. Disease selection. The commissioner shall, by public notice, require reporting of newly recognized or emerging diseases and syndromes suspected to be of infectious origin or previously controlled or eradicated infectious diseases if: A. the disease or syndrome can cause serious morbidity or mortality; and B. report of the disease or syndrome is necessary to monitor, prevent, or control the disease or syndrome to protect public health. Subp. 2. Surveillance mechanism. The commissioner shall describe a specific, planned mechanism for surveillance of the disease or syndrome including persons and entities required to report, a time frame for reporting, and protocols for the submission of test results and clinical materials from cases and suspected cases to the Minnesota Department of Health, Public Health Laboratory.

Mississippi

MISSISSIPPI	
Citation	**Requirements**
Statutes	
Mississippi Code § 41-3-17 **Power to make and publish rules and regulations**	The State Board of Health is authorized to make and publish all reasonable rules and regulations necessary to enable it to discharge its duties and powers and to carry out the purposes and objectives of its creation. It is further authorized to make reasonable sanitary rules and regulations, to be enforced in the several counties by the county health officer under the supervision and control of the State Board of Health. The State Board of Health shall not make or enforce any rule or regulation that prohibits consumers from providing their own containers for the purpose of purchasing or accepting water from any vending machine or device which filters or treats water that has already been tested and determined to meet or exceed the minimum health protection standards prescribed for drinking water under the Mississippi Safe Drinking Water Law, if that vending machine or device meets or exceeds United States Environmental Protection Agency or national automatic merchandising standards.
Regulations	
15 Mississippi Administrative Code Part 2, Rule 1.1.1 **Duty to Report**	Each clinician including each physician, pathologist, nurse practitioner, medical examiner; and coroner, laboratory director and veterinarian, in epizootic diseases, shall report to the Department of Health any diagnosed case or suspected case of a reportable disease or condition, including those hereinafter listed, which he or she is attending, has examined, or of which he or she has knowledge. Reports on patients originating from institutions (including but not limited to hospitals and nursing homes) may be coordinated through a designated person, such as an infection control practitioner, provided there is prior arrangement with the Mississippi State Department of Health, Epidemiology Program. Such report shall include, unless otherwise specified, the patient's name, address, age and/or date of birth, race, sex, the disease or suspected disease or condition, the date of onset of the disease, method of diagnosis, and name of attending clinician. 1. All reports so made are confidential. Reports shall be made as required for each class. Case Report Cards for written reports are supplied through the local health department. When a report to the local health department is made by telephone or in person, the local health officer or his or her designee shall be responsible for preparing the Case Report Card, and forwarding it to the Epidemiology Program. 2. The designated diseases and conditions listed in Appendix A to the Rules and Regulations Governing Reportable Diseases and Conditions shall be reported using the following classifications. The list designating the reportable diseases and conditions shall be published annually in the Mississippi Morbidity Report and is also available upon request to the Epidemiology Program.

MISSISSIPPI	
Citation	**Requirements**
15 Miss. Admin. Code Part 2, Rule 1.1.2 **Definitions**	1. Class 1: Diseases of major public health importance which shall be reported directly to the Department of Health by telephone within 24 hours of first knowledge or suspicion. Class 1 diseases and conditions are dictated by requiring an immediate public health response. Laboratory directors have an obligation to report laboratory findings for selected diseases (Refer to Appendix B in the Rules and Regulations Governing Reportable Diseases and Conditions). 2. Class 2: Diseases or conditions of public health importance of which individual cases shall be reported by mail, telephone or electronically, within 1 week of diagnosis. In outbreaks or other unusual circumstances they shall be reported the same as Class 1. Class 2 diseases and conditions are those for which an immediate public health response is not needed for individual cases. Laboratory directors have an obligation to report laboratory findings for selected diseases (Refer to Appendix B in the Rules and Regulations Governing Reportable Diseases and Conditions). 3. Class 3: Laboratory based surveillance. Reported by laboratory only. Diseases or conditions of public health importance of which individual laboratory findings shall be reported by mail, telephone, or electronically within one week of completion of laboratory test (refer to Appendix B of the Rules and Regulations Governing Reportable Diseases and Conditions.). Types of results deemed reportable may be updated due to changes in technology by the State Epidemiologist upon advice of the Director of the Public Health Laboratory. 4. Class 4: Diseases of public health importance for which immediate reporting is not necessary for surveillance or control efforts. Diseases and conditions in this category shall be reported to the Mississippi Cancer Registry within 6 months of the date of first contact for the reportable condition. i. All Class 4 reports should be submitted to: Mississippi Cancer Registry Cancer Research and Registries University of Mississippi Medical Center 2500 North State Street Jackson, MS39216 Phone: 601-815-5482 Fax: 601-815-5483
15 Miss. Admin. Code Part 2, Rule 1.3.1 **Duty of Laboratory Directors to Report**	It shall be the duty of the director or other person in charge of any clinical laboratory in the State of Mississippi or serving Mississippi clinicians or institutions to notify the Mississippi State Department of Health of any laboratory finding as provided for in Appendix A of the Rules and Regulations Governing Reportable Diseases and Conditions for all classes of diseases or conditions. The report shall in all cases include the name and location of the physician or other health care provider ordering the test in addition to the patient identifying information specified in Subchapter 1. Tests considered reportable shall be those listed in Appendix B to the Rules and Regulations Governing Reportable Diseases and Conditions.

MISSISSIPPI

Citation	Requirements
15 Miss. Admin. Code Part 2, Appendix B **Laboratory Results That Must be Reported to the Mississippi State Department of Health**	Laboratories shall report these findings to the Mississippi State Department of Health at least WEEKLY. Diseases in bold type shall be reported immediately by telephone. Isolates of organisms marked with a dagger (†) shall be sent to the Mississippi State Department of Health Public Health Laboratory. All referring laboratories should call the Public Health Laboratory prior to shipping any isolate (601-576-7582).

Positive Bacterial Cultures or Direct Examinations

Result	Reportable Disease
Any bacterial agent in CSF	Bacterial meningitis
Bacillus anthracis †	**Anthrax**
Bordetella pertussis	**Pertussis**
Borrelia burgdorferi†	Lyme disease
Brucella species †	**Brucellosis**
Burkholderia mallei †	**Glanders**
Burkholderia pseudomallei †	**Melioidosis**
Campylobacter species	Campylobacteriosis
Chlamydia psittaci	**Psittacosis**
Chlamydia trachomatis	*Chlamydia trachomatis* genital infection
Clostridium botulinum †**	**Botulism**
Clostridium tetani	Tetanus
Corynebacterium diphtheriae †	**Diphtheria**
Coxiella burnetii †	**Q fever**
Enterococcus species,* vancomycin resistant	*Enterococcus* infection, invasive vancomycin resistant
Escherichia coli O157:H7 and any shiga toxin-producing *E. coli* (STEC) †	***Escherichia coli* O157:H7 and any shiga toxin-producing *E. coli* (STEC)**
Francisella tularensis †	**Tularemia**
Grimontia hollisae	Noncholera *Vibrio* disease
Haemophilus ducreyi	**Chancroid**
Haemophilus influenzae †*	**H. influenzae infection, invasive**
Legionella species	Legionellosis
Listeria monocytogenes †	Listeriosis
Mycobacterium species	Nontuberculous mycobacterial disease

MISSISSIPPI	
Citation	**Requirements**

Mycobacterium tuberculosis †	**Tuberculosis**
Neisseria gonorrhea	Gonorrhea
Neisseria meningitidis †*	**Meningococcal infection, invasive**
Photobacterium damselae	Noncholera *Vibrio* disease
Rickettsia prowazekii	**Typhus Fever**
Rickettsia rickettsii	Rocky Mountain spotted fever
Salmonella species, not *S. Typhi*	Salmonellosis
Salmonella Typhi †	**Typhoid fever**
Shigella species	Shigellosis
Staphylococcus aureus, vancomycin resistant or vancomycin intermediate	***Staphylococcus aureus* vancomycin resistant (VRSA) or vancomycin intermediate (VISA)**
*Streptococcus pneumoniae**	*Streptococcus pneumoniae*, invasive infection
Vibrio cholerae 01†	**Cholera**
Vibrio species †	Noncholera *Vibrio* disease
Yersinia pestis †	**Plague**

† Isolates of organism should be sent to the MSDH PHL. All referring laboratories should call the PHL at (601) 576-7582 prior to shipping any isolate.

*Specimen obtained from a normally sterile site (usually blood or cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid). **Do not report throat or sputum isolates.**

**Contact the MSDH Epidemiology Program at (601) 576-7725 or the PHL at (601) 576-7582 for appropriate tests when considering a diagnosis of botulism.

[Remaining text only]

Missouri

MISSOURI	
Citation	**Requirements**
Statutes	
Missouri Revised Statutes 192.020 **To safeguard the health of the people of Missouri–certain diseases to be included on communicable or infectious disease list**	1. It shall be the general duty and responsibility of the department of health and senior services to safeguard the health of the people in the state and all its subdivisions. It shall make a study of the causes and prevention of diseases. It shall designate those diseases which are infectious, contagious, communicable or dangerous in their nature and shall make and enforce adequate orders, findings, rules and regulations to prevent the spread of such diseases and to determine the prevalence of such diseases within the state. It shall have power and authority, with approval of the director of the department, to make such orders, findings, rules and regulations as will prevent the entrance of infectious, contagious and communicable diseases into the state. 2. The department of health and senior services shall include in its list of communicable or infectious diseases which must be reported to the department methicillin-resistant *staphylococcus aureus* (MRSA) and vancomycin-resistant enterococcus (VRE).
Regulations	
19 Missouri Code of State Regulations 20-20.020 **Reporting Communicable, Environmental and Occupational Diseases**	(1) The diseases within the immediately reportable disease category pose a risk to national security because they: can be easily disseminated or transmitted from person to person; result in high mortality rates and have the potential for major public health impact; might cause public panic and social disruption; and require special action for public health preparedness. Immediately reportable diseases or findings shall be reported to the local health authority or to the Department of Health and Senior Services immediately upon knowledge or suspicion by telephone (1 (800) 392-0272), facsimile or other rapid communication. Immediately reportable diseases or findings are— (A) Selected high priority diseases, findings or agents that occur naturally, from accidental exposure, or as the result of a bioterrorism event: • Anthrax • Botulism • Plague • Rabies (Human) • Ricin toxin • Severe Acute Respiratory syndrome-associated Coronavirus (SARS-CoV) Disease • Smallpox • Tularemia (pneumonic) • Viral hemorrhagic fevers (filoviruses (e.g., Ebola, Marburg) and arenaviruses (e.g., Lassa, Machupo)) (B) Instances, clusters, or outbreaks of unusual diseases or manifestations of illness and clusters or instances of unexplained deaths which appear to be a result of a terrorist act or the intentional or deliberate release of biological, chemical, radiological, or physical agents, including exposures through food, water, or air. (C) Instances, clusters, or outbreaks of unusual, novel, and/or emerging diseases or findings not otherwise named in this rule, appearing to be naturally occurring, but posing a substantial risk to public health and/or social and economic stability due to their ease of dissemination or transmittal, associated mortality rates, or the need for special public health actions to control.

MISSOURI	
Citation	**Requirements**
	(2) Reportable within one (1) day diseases or findings shall be reported to the local health authority or to the Department of Health and Senior Services within one (1) calendar day of first knowledge or suspicion by telephone, facsimile or other rapid communication. Reportable within one (1) day diseases or findings are— (A) Diseases, findings or agents that occur naturally, or from accidental exposure, or as a result of an undetected bioterrorism event: • Acute respiratory distress syndrome (ARDS) in patients under fifty (50) years of age (without a contributing medical history) • Animal (mammal) bite, wound, humans • Brucellosis • Cholera • Dengue fever • Diphtheria • Glanders • *Haemophilus influenzae*, invasive disease • Hantavirus pulmonary syndrome • Hemolytic uremic syndrome (HUS), post-diarrheal • Hepatitis A • Influenza-associated pediatric mortality (eighteen (18) years of age or younger) • Influenza-associated public and/or private school closures • Lead (blood) level greater than or equal to forty-five micrograms per deciliter (>45 M-g/dl) in any person equal to or less than seventy-two (<72) months of age • Measles (rubeola) • Meningococcal disease, invasive • Novel Influenza A virus infections, human • Outbreaks (including nosocomial) or epidemics of any illness, disease or condition that may be of public health concern, including any illness in a food handler that is potentially transmissible through food • Pertussis • Poliomyelitis • Poliovirus infection, nonparalytic • Q fever • Rabies (animal)

MISSOURI	
Citation	**Requirements**
	• Rubella, including congenital syndrome • Shiga toxin-producing *Escherichia coli* (STEC) • Shiga toxin positive, unknown organism • Shigellosis • Staphylococcal enterotoxin B • *Streptococcus pneumoniae*, drug resistant invasive disease • Syphilis, including congenital syphilis • T-2 mycotoxin • Tetanus • Tuberculosis disease • Tularemia (non-pneumonic) • Typhoid fever (*Salmonella* Typhi) • Vancomycin-intermediate *Staphylococcus aureus* (VISA), and Vancomycin-resistant *Staphylococcus aureus* (VRSA) • Venezuelan equine encephalitis virus neuroinvasive disease • Venezuelan equine encephalitis virus non-neuroinvasive disease • Yellow fever (B) Diseases, findings or adverse reactions that occur as a result of inoculation to prevent smallpox, including but not limited to the following: • Accidental administration • Contact transmission (i.e., vaccinia virus infection in a contact of a smallpox vaccinee) • Eczema vaccinatum • Erythema multiforme (roseola vaccinia, toxic urticaria) • Fetal vaccinia (congenital vaccinia) Generalized vaccinia • Inadvertent autoinoculation (accidental implantation) • Myocarditits, pericarditis, or myopericarditis • Ocular vaccinia (can include keratitis, conjunctivitis, or blepharitis) • Post-vaccinial encephalitis or encephalamyelitis • Progressive vaccinia (vaccinia necrosum, vaccinia gangrenosa, disseminated vaccinia) • Pyogenic infection of the vaccination site Stevens-Johnson Syndrome

MISSOURI	
Citation	**Requirements**
	(3) Reportable within three (3) days diseases or findings shall be reported to the local health authority or the Department of Health and Senior Services within three (3) calendar days of first knowledge or suspicion. These diseases or findings are— • Acquired immunodeficiency syndrome (AIDS) • Arsenic poisoning • California serogroup virus neuroinvasive disease • California serogroup virus non-neuroinvasive disease • Campylobacteriosis • Carbon monoxide poisoning • CD4+ T cell count • Chancroid • Chemical poisoning, acute, as defined in the most current ATSDR CERCLA Priority List of Hazardous Substances; if terrorism is suspected, refer to subsection (1)(B) • *Chlamydia trachomatis*, infections • Coccidioidomycosis • Creutzfeldt-Jakob disease • Cryptosporidiosis • Cyclosporiasis • Eastern equine encephalitis virus neuroinvasive disease • Eastern equine encephalitis virus non-neuroinvasive disease • Ehrlichiosis, human granulocytic, monocytic, or other/ unspecified agent • Giardiasis • Gonorrhea • Hansen's disease (Leprosy) • Heavy metal poisoning including, but not limited to, cadmium and mercury • Hepatitis B, acute • Hepatitis B, chronic • Hepatitis B surface antigen (prenatal HBsAg) in pregnant women • Hepatitis B Virus Infection, perinatal (HBsAg positivity in any infant aged equal to or less than twenty-four (<24) months who was born to an HBsAg-positive mother) • Hepatitis C, acute • Hepatitis C, chronic • Hepatitis non-A, non-B, non-C • Human immunodeficiency virus (HIV)-exposed newborn infant (i.e., newborn infant whose mother is infected with HIV) • Human immunodeficiency virus (HIV) infection, as indicated by HIV antibody testing (reactive screening test followed by a positive confirmatory test), HIV antigen testing (reactive screening test followed by a positive confirmatory test), detection of HIV nucleic acid (RNA or DNA), HIV viral culture, or other testing that indicates HIV infection • Human immunodeficiency virus (HIV) test results (including both positive and negative results) for children less than two (2) years of age whose mothers are infected with HIV Human immunodeficiency virus (HIV) viral load measurement (including non-detectable results) • Hyperthermia • Hypothermia • Lead (blood) level less than forty-five micrograms per deciliter (<45 |J.g/dl) in any person equal to or less than seventy-two (<72) months of age and any lead (blood) level in persons older than seventy-two (>72) months of age • Legionellosis • Leptospirosis • Listeriosis • Lyme disease • Malaria

MISSOURI	
Citation	**Requirements**
	• Methemoglobinemia, environmentally-induced • Mumps • Mycobacterial disease other than tuberculosis (MOTT) • Occupational lung diseases including silicosis, asbestosis, byssinosis, farmer's lung and toxic organic dust syndrome • Pesticide poisoning • Powassan virus neuroinvasive disease • Powassan virus non-neuroinvasive disease • Psittacosis • Rabies Post-Exposure Prophylaxis (Initiated) • Respiratory diseases triggered by environmental contaminants including environmentally or occupationally induced asthma and bronchitis • Rocky Mountain spotted fever • Saint Louis encephalitis/virus neuroinvasive disease • Saint Louis encephalitis virus non-neuroinvasive disease • Salmonellosis • Streptococcal disease, invasive, Group A • *Streptococcus pneumoniae*, invasive in children less than five (5) years • Toxic shock syndrome, staphylococcal or streptococcal • Trichinellosis • Tuberculosis infection • Varicella (Chickenpox) • Varicella deaths • Vibriosis (non-cholera *Vibrio* species infections) • West Nile virus neuroinvasive disease • West Nile virus non-neuroinvasive disease Western equine encephalitis virus neuroinvasive disease • Western equine encephalitis virus non-neuroinvasive disease • Yersiniosis (4) Reportable weekly diseases or findings shall be reported directly to the Department of Health and Senior Services weekly. These diseases or findings are: • Influenza, laboratory-confirmed (5) Reportable quarterly diseases or findings shall be reported directly to the Department of Health and Senior Services quarterly. These diseases or findings are: • Methicillin-resistant *Staphylococcus aureus* (MRSA), nosocomial • Vancomycin-resistant enterococci (VRE), nosocomial (6) A physician, physician's assistant, nurse, hospital, clinic, or other private or public institution providing diagnostic testing, screening or care to any person with any disease, condition or finding listed in sections (1)-(4) of this rule or who is suspected of having any of these diseases, conditions or findings, shall make a case report to the local health authority or the Department of Health and Senior Services, or cause a case report to be made by their designee, within the specified time. (A) A physician, physician's assistant, or nurse providing care in an institution to any patient with any disease, condition or finding listed in sections (1)-(4) of this rule may authorize, in writing, the administrator or designee of the institution to submit case

MISSOURI	
Citation	**Requirements**
	reports on patients attended by the physician, physician's assistant, or nurse at the institution. But under no other circumstances shall the physician, physician's assistant, or nurse be relieved of this reporting responsibility. (B) Duplicate reporting of the same case by health care providers in the same institution is not required. (7) Except for influenza, laboratory-confirmed and Varicella (Chickenpox); a case report as required in section (6) of this rule shall include the patient's name, home address with zip code, date of birth, age, sex, race, home phone number, name of disease, condition or finding diagnosed or suspected, the date of onset of the illness, name and address of the treating facility (if any) and the attending physician, any appropriate laboratory results, name and address of the reporter, treatment information for sexually transmitted diseases, and the date of report. (A) A report of an outbreak or epidemic as required in subsections (1)(B) and (1)(C) of this rule shall include the diagnosis or principal symptoms, the approximate number of cases, the local health authority jurisdiction within which the cases occurred, the identity of any cases known to the reporter, and the name and address of the reporter. (B) Influenza, laboratory-confirmed reporting as required in section (4) of this rule shall include the patient's age group (i.e., 0-4, 5-24, 25-64, and 65+ years) and serology/serotype (i.e., A, B, and unknown), the local health authority jurisdiction within which the cases occurred, and the date of report. Aggregate patient data shall be reported weekly. (C) Varicella (Chickenpox) reporting as required in section (3) of this rule shall include the patient's name, date of birth, vaccination history, and severity of illness; the local health authority jurisdiction within which the cases occurred, and the date of report. (8) Any person in charge of a public or private school, summer camp or child or adult care facility shall report to the local health authority or the Department of Health and Senior Services the presence or suspected presence of any diseases or findings listed in sections (1)-(4) of this rule according to the specified time frames. (9) All local health authorities shall forward to the Department of Health and Senior Services reports of all diseases or findings listed in sections (1)-(4) of this rule. All reports shall be forwarded according to procedures established by the Department of Health and Senior Services director as listed in sections (1)-(4). Reports will be forwarded immediately if a terrorist event is suspected or confirmed. The local health authority shall retain from the original report any information necessary to carry out the required duties in 19 CSR 20-20.040(2) and (3). (10) Information from patient medical records received by local public health agencies or the Department of Health and Senior Services in compliance with this rule is to be considered confidential records and not public records. (11) Reporters specified in section (6) of this rule will not be held liable for reports made in good faith in compliance with this rule.

MISSOURI	
Citation	**Requirements**
	(12) The following material is incorporated into this rule by reference: (A) 2005 Agency for Toxic Substances and Disease Registry (ATSDR) 1825 Century Blvd., Atlanta, GA 30345, Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) Priority List of Hazardous Substances, available at: http://www.atsdr.cdc.gov/cercla. This rule does not incorporate any subsequent amendments or additions. (13) Each hospital and ambulatory surgical center shall report on a quarterly basis antibiogram data for infection, not colonization, from all body sites monitored by that health care facility. Antibiogram data to be reported shall include nosocomial methicillin sensitive *Staphylococcus aureus* (*S. aureus*), nosocomial *S. aureus*, nosocomial vancomycin sensitive enterococci, and nosocomial enterococci isolates. Data shall be reported directly to the Department of Health and Senior Services. Reporting shall include only a patient's first diagnostic nosocomial isolate per admission of *Staphylococcus aureus* (*S. aureus*) and enterococci and the isolates corresponding methicillin or vancomycin sensitivity; irrespective of location or of other antimicrobial sensitivity(ies). Intermediate methicillin or vancomycin sensitivity shall be reported as resistant (i.e., methicillin-resistant *Staphylococcus aureus* (MRSA) or vancomycin-resistant enterococci (VRE), respectively). (A) Isolates from cultures performed for routine surveillance purposes are excluded from the requirement to report. Methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant enterococci (VRE) nosocomial infections to be reported to the Department of Health and Senior Services are limited to those body sites monitored by the individual hospital or ambulatory surgical center. (B) Aggregate antibiogram data for patients' non-duplicative isolates, per admission, of nosocomial MRSA and VRE infections shall reflect susceptibility patterns and shall be reported as the: 1. Number of nosocomial isolates of *S. aureus* sensitive to methicillin (oxacillin, etc.); 2. Number of nosocomial isolates *S. aureus*; 3. Number of nosocomial isolates of enterococci sensitive to vancomycin; and 4. Number of nosocomial isolates enterococci. (C) Aggregate data shall be reported for the quarters January-March, April-June, July-September, and October-December within ten (10) days of the end of the quarter. Each quarter's aggregate report shall include only those data that are available within a ten (10)-day reporting period from the end of that quarter.

MISSOURI	
Citation	**Requirements**
19 Missouri C.S.R. 20-20.080 **Duties of Laboratories**	(1) The director, person in charge of any laboratory, or designee of the director or person in charge of any laboratory shall report to the local health authority or the Missouri Department of Health and Senior Services the result of any test that is positive for, or suggestive of, any disease or condition listed in 19 CSR 20-20.020. These reports shall be made according to the time and manner specified for each disease or condition following completion of the test and shall designate the test performed, all results of the test, including numeric results, if applicable, units of measure of the results, and reference ranges for normal and abnormal results, the name and address of the attending physician, the name of the disease or condition diagnosed or suspected, the date the test results were obtained, the name and home address (with zip code) of the patient and the patient's age, date of birth, sex, race, and ethnicity. (2) In reporting findings for diseases or conditions listed in 19 CSR 20-20.020, laboratories shall report- • Arsenic—results of all biological specimens including time frame of urine specimen collection, if applicable; • Cadmium—results of all biological specimens including time frame of urine specimen collection, if applicable; • Carboxyhemoglobin proportion—all results; • Chemical/pesticide (blood or serum)—all results, including if none detected; • Lead level—results of all biological specimens; • Mercury—results of all biological specimens including time frame of urine specimen collection, if applicable; and • Methemoglobin proportion—all results. (3) Isolates or specimens positive for the following reportable diseases or conditions must be submitted to the State Public Health Laboratory for epidemiological or confirmation purposes: • Anthrax (*Bacillus anthracis*) • Cholera (*Vibrio cholerae*) • Diphtheria (*Corynebacterium diphtheriae*) • *Escherichia coli* O157:H7 • *Haemophilus influenzae,* invasive disease • Influenza Virus-associated pediatric mortality • Listeriosis • Malaria *(Plasmodium* species) • Measles (rubeola) • *Mycobacterium tuberculosis* • *Neisseria meningitidis,* invasive disease

MISSOURI	
Citation	**Requirements**
	• Orthopoxvirus (smallpox/cowpox-vaccinia/monkeypox) • Other Shiga Toxin positive organisms • Pertussis (*Bordetella pertussis*) • Plague (*Yersinia pestis*) • *Salmonella* species • Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease • *Shigella* species • Tularemia, pneumonic • Vancomycin-intermediate *Staphylococcus aureus* (VISA) • Vancomycin Resistant *Staphylococcus aureus* (4) Every laboratory performing culture and sensitivity testing on human specimens in Missouri for health care facilities shall annually report these results to the Missouri Department of Health and Senior Services (MDHSS) for each facility provided this service. The data submitted should be in the format of antibiograms as defined by the Clinical and Laboratory Standards Institute (CLSI), M39-A2, Analysis and Presentation of Cumulative Antimicrobial Susceptibility Test Data. Only data from the first unique isolate from each patient should be included. Duplicate cultures must be excluded when compiling these antibiograms. The antibiograms for the preceding year are to be sent to MDHSS by July 1 of the following year.

Montana

MONTANA	
Citation	**Requirements**
Statutes	
Montana Code 50-1-202 **General powers and duties**	(1) In order to carry out the purposes of the public health system to protect and promote the public health, the department, in collaboration with federal, state, and local partners, shall: (a) make inspections for conditions of public health importance and issue written orders for correction, destruction, or removal of the condition; (b) disseminate information and make recommendations for control of diseases and other conditions of public health importance; (c) at the request of the governor, accept funds for and administer any federal health program for which responsibilities are delegated to states; (d) identify, assess, prevent, and mitigate conditions of public health importance through: (i) epidemiological tracking and investigation; (ii) screening and testing programs; (iii) isolation and quarantine measures; (iv) treatment; (v) abatement of public health nuisances; (vi) inspections; (vii) collecting and maintaining health information; or (viii) other public health measures as allowed by law; ... (n) provide consultation to local boards of health; (o) promote cooperation and formal collaborative agreements between the state and tribes, tribal organizations, and the Indian health service regarding public health planning, priority setting, information and data sharing, reporting, resource allocation, funding, service delivery, jurisdiction, and other public health matters addressed in this title; (p) adopt and enforce rules regarding: (i) the reporting and control of communicable diseases and other conditions of public health importance; (ii) the imposition of fees for testing, screening, and other services performed by the state laboratory; (iii) the transportation of dead human bodies;

MONTANA	
Citation	**Requirements**
	(iv) the issuance of licenses to laboratories that conduct analysis of public water supply systems; and (v) public health requirements for school sites, including water supply and quality, sewage and waste disposal, and any other matters pertinent to the health and physical well-being of pupils, teachers, and others; and (q) take measures to prevent and alleviate threats to the public health from the release of biological, chemical, or radiological agents capable of causing imminent infection, disability, or death. (2) The department: (a) has the power to use personnel of local public health agencies to assist in the administration of laws relating to public health services and functions; and (b) may provide, implement, facilitate, or encourage other public health services and functions as considered reasonable and necessary. *[Remaining text omitted]*
Regulations	
Administrative Rules of Montana (ARM) 37.114.201 **Reporters**	(1) With the exception noted in (3) and (4), any person, including, but not limited to a physician, dentist, nurse, medical examiner, other health care practitioner, administrator of a health care facility or laboratory, public or private school administrator, or laboratory professional who knows or has reason to believe that a case exists of a reportable disease or condition defined in ARM 37.114.203 must immediately report to the local health officer the information specified in ARM 37.114.205(1) and (2). (2) A local health officer must submit to the department, on the schedule noted in ARM 37.114.204, the information specified in ARM 37.114.205 concerning each confirmed or suspected case of which the officer is informed. (3) A state-funded anonymous testing site for HIV infection is not subject to the reporting requirement in (1) with regard to HIV testing. (4) With the exception of a licensed healthcare provider, reporters under (1) may report directly to the department at the department's request with approval of the local health authority.

MONTANA	
Citation	**Requirements**
ARM 37.114.203 **Reportable Diseases and Conditions**	(1) The following communicable diseases and conditions are reportable: (a) AIDS, as defined by the Centers for Disease Control and Prevention, and HIV infection, as determined by a positive result from a test approved by the Federal Food and Drug Administration for the detection of HIV, including, but not limited to, antibody, antigen, and all HIV nucleic acid tests; (b) Anaplasmosis; (c) Anthrax; (d) Arboviral Disease (California serogroup, Eastern equine encephalitis, Powassan, Saint Louis encephalitis, West Nile Virus, Western equine encephalitis); (e) Babesiosis; (f) Botulism (including infant botulism); (g) Brucellosis; (h) *Campylobacter*; (i) Chancroid; (j) Chlamydial trachomatis infection; (k) Cholera; (l) Coccidioidomycosis; (m) Colorado tick fever; (n) Cryptosporidiosis; (o) Cyclosporiasis; (p) Dengue virus infections; (q) Diphtheria; (r) Erlichiosis; (s) *Escherichia coli*, shiga toxin-producing (STEC); (t) Gastroenteritis outbreak; (u) Giardiasis; (v) Gonorrheal infection; (w) Granuloma inguinale; (x) *Haemophilus influenzae* invasive disease; (y) Hansen's disease; (z) Hantavirus pulmonary syndrome or infection; (aa) Hemolytic uremic syndrome, post diarrheal; (ab) Hepatitis A, acute; (ac) Hepatitis B, acute, chronic, perinatal; (ad) Hepatitis C, acute, infection, past or present; (ae) Influenza; (af) Lead poisoning (blood levels = than 5 micrograms per deciliter for children 13 years of age or younger); (ag) Legionellosis; (ah) Listeriosis; (ai) Lyme disease; (aj) Lymphogranuloma venereum; (ak) Malaria; (al) Measles (rubeola); (am) Meningococcal disease (*Neisseria meningitidis*); (an) Mumps; (ao) Pertussis; (ap) Plague; (aq) Poliomyelitis, paralytic or non-paralytic; (ar) Psittacosis; (as) Q-fever; (at) Rabies in a human or animal; exposure to a human by a species susceptible to rabies infection; (au) Rickettsiosis (spotted fever); (av) Rubella (including congenital); (aw) Salmonellosis; (ax) Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease; (ay) Shigellosis; (az) Smallpox; (ba) *Streptococcus pneumoniae*, invasive disease; (bb) Streptococcal toxic shock syndrome; (bc) Syphilis; (bd) Tetanus; (be) Tickborne relapsing fever; (bf) Toxic shock syndrome (nonstreptococcal); (bg) Transmissible spongiform encephalopathies; (bh) Trichinellosis (Trichinosis); (bi) Tuberculosis; (bj) Tularemia; (bk) Typhoid fever; (bl) Varicella; (bm) Vibriosis; (bn) Viral hemorrhagic fevers; (bo) Yellow fever; and (bp) Any unusual incident of unexplained illness or death in a human or animal with potential human health implications.

MONTANA	
Citation	**Requirements**
ARM 37.114.313 **Confirmation of Disease**	(1) Subject to the limitation in (2), if a local health officer receives information about a case of any of the following diseases, the officer must ensure that a specimen from the case is submitted to the department, when possible, which will be analyzed to confirm the existence or absence of the disease in question, or for use in surveillance: (a) Anthrax; (b) Botulism; (c) Brucellosis; (d) Campylobacteriosis; (e) Carbapenem-Resistant *Enterobacteriaceae* (CRE); (f) Cholera; (g) Diphtheria; (h) *Escherichia coli*, shiga toxin-producing (STEC); (i) Gastroenteritis outbreak; (j) Gonorrhea; (k) *Haemophilus influenzae* invasive disease; (l) Hantavirus pulmonary syndrome or infection; (m) Human immunodeficiency virus (HIV); (n) Influenza; (o) Listeriosis; (p) Measles (rubeola); (q) Meningococcal disease (*Neisseria meningitidis*); (r) Pertussis; (s) Plague; (t) Poliomyelitis, paralytic or non-paralytic; (u) Rabies (human); (v) Rubella (including congenital); (w) Salmonellosis; (x) Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease; (y) Shigellosis; (z) Smallpox; (aa) Syphilis; (ab) Trichinellosis (Trichinosis); (ac) Tuberculosis; (ad) Typhoid fever; (ae) Vancomycin-intermediate *Staphylococcus aureus* (VISA); (af) Vancomycin-resistant *Staphylococcus aureus* (VRSA); and (ag) Vibriosis. (2) In the event of an outbreak of gastroenteritis, influenza, measles, or pertussis, analysis of specimens from each case is unnecessary after the disease organism is determined by the department. (3) A laboratory professional or any other person in possession of a specimen from a case of a disease listed in (1)(a) through (af) must submit the specimen to the department upon request. (4) If no specimen from the case is otherwise available and the case refuses to allow a specimen to be taken for purposes of (1), the case will be assumed to be infected and must comply with whatever control measures are imposed by the department, or the local health officer.

Nebraska

NEBRASKA	
Citation	**Requirements**
Statutes	
Nebraska Revised Statutes §71-502 **Communicable diseases; rules and regulations; control; powers of Department of Health and Human Services**	The Department of Health and Human Services shall have supervision and control of all matters relating to necessary communicable disease control and shall adopt and promulgate such proper and reasonable general rules and regulations as will best serve to promote communicable disease control throughout the state and prevent the introduction or spread of disease. In addition to such general and standing rules and regulations, (1) in cases of emergency in which the health of the people of the entire state or any locality in the state is menaced by or exposed to any contagious, infectious, or epidemic disease, illness, or poisoning, (2) when a local board of health having jurisdiction of a particular locality fails or refuses to act with sufficient promptitude and efficiency in any such emergency, or (3) in localities in which no local board of health has been established, as provided by law, the department shall adopt, promulgate, and enforce special communicable disease control rules and regulations such as the occasion and proper protection of the public health may require. All necessary expenses incurred in the enforcement of such rules and regulations shall be paid by the city, village, or county for and within which the same have been incurred. All officers and other persons shall obey and enforce such communicable disease control rules and regulations as may be adopted and promulgated by the department.
Neb. Rev. Stat. §71-502.04 **Laboratory; test results; notification required**	Any person who is in charge of a clinical laboratory in which a laboratory examination of any specimen derived from the human body yields microscopical, cultural, immunological, serological, or other evidence of disease, illness, or poisoning as the Department of Health and Human Services may from time to time specify shall promptly notify the official local health department or the Department of Health and Human Services of such findings. Each notification shall give the date and result of the test performed, the name and, when available, the age of the person from whom the specimen was obtained, and the name and address of the physician for whom such examination or test was performed. A legible copy of the laboratory report shall be deemed satisfactory notification.
Regulations	
173 Nebraska Administrative Code Chapter 01, §1-003 **Who Must Report**	*1-003.01 Health Care Providers:* Physicians and hospitals must make reports of communicable diseases and poisonings as described in 173 NAC 1-003, 1-004, and 1-005, unless a report is made under 173 NAC 1-003.01A or 1-003.01B. *1-003.01A Reporting by Physician Assistants and Advanced Practice Registered Nurses:* A physician assistant or advanced practice registered nurse who in lieu of a physician attends to any patient suspected of having a reportable disease or poisoning must make the report as required by 173 NAC 1.

NEBRASKA	
Citation	**Requirements**
	1-003.01B Reporting Lead Analysis: If a laboratory performing lead analysis provides a report containing the required information to the Department, the physician is not required to make the report to the Department. *1-003.01C Electronic Ordering of Laboratory Tests:* For all laboratory tests which may identify a reportable disease (e.g., microbiology tests, hepatitis tests, etc.) and which are ordered through submission of an electronic requisition or other automated electronic mechanism, providers must include the following information at the time the test order is placed to the laboratory so that the laboratory may fulfill reporting requirements: 1. Patient first and last name; 2. Patient address including street, city, and zip; 3. Patient date of birth; 4. Patient gender; 5. Date of specimen collection; 6. Specimen source; 7. Ordered test; 8. Submitting provider's name; 9. Submitting provider's address and telephone number; 10. Pregnancy status, if available and if applicable; 11. Race, if available; and 12. Ethnicity (Hispanic / non-Hispanic), if available. *1-003.02 Laboratories:* Laboratories must make reports as described in 173 NAC 1-004, 1-005.02, and 1-006.
173 Neb. Admin. Code Ch. 01, §1-004 **Reportable Diseases, Poisonings, and Organisms; Lists and Frequency of Reports**	The following diseases, poisonings, and organisms are declared to be communicable or dangerous or both to the public. Incidents of diseases, poisonings, and organisms must be reported as described in 173 NAC 1-004.01 through 1-004.03, 1-005, and 1-006. *1-004.01 Immediate Reports* *1-004.01A The following diseases, poisonings, and organisms must be reported immediately:* • Anthrax (*Bacillus anthracis*^)* ‡ • Botulism (*Clostridium botulinum*^)* • Brucellosis (*Brucella abortus*^ *B. melitensis*^, *and B. suis*^* ‡ • Cholera (*Vibrio cholerae*^) ‡ • Coccidiodomycosis (*Coccidioides immitis/posodasil*^)* • Diphtheria (*Corynebacterium diphtheriae*) ‡ • Eastern equine encephalitis (EEE virus^)* • Food poisoning, outbreak-associated • Glanders *[Burkholderia (Pseudomonas) mallei^]** ‡ • *Haemophilus influenzae* infection (invasive disease only)^ ‡ • Hantavirus pulmonary syndrome (Sin Nombre virus) • Hemolytic uremic syndrome (post-diarrheal illness) • Hepatitis A (IgM antibody-positive or clinically diagnosed during an outbreak)

NEBRASKA	
Citation	**Requirements**
	• Influenza due to novel or pandemic strains (includes highly pathogenic avian influenza virus^)* • Measles (Rubeola) • Melioidosis *[Burkholderia (Pseudomonas) pseudomallei]** ‡ • Meningitis (*Haemophilus influenzae^ or Neisseria meningitidis^*) • Meningococcal disease, invasive (*Neisseria meningitidis^*) • Monkeypox virus infection* • Pertussis [whooping cough] (*Bordetella pertussis^*)$ • Plague (*Yersinia pestis^*)*‡ • Poliomyelitis, paralytic • Q *fever* (*Coxiella burnetii^*)* ‡ • Rabies (human and animal cases and suspects) • Ricin poisoning* • Rift Valley fever* • Rocky Mountain Spotted Fever (*Rickettsia rickettsii^*)* • Rubella and congenital rubella syndrome • Severe Acute Respiratory Syndrome [SARS] (SARS-associated coronavirus) Smallpox* • Staphylococcal enterotoxin B intoxication*‡ • *Staphylococcus aureus,* vancomycin-intermediate/resistant (MIC = 4 µg/mL) ‡ • Tick-borne encephalitis, virus complexes (Central European Tick-borne encephalitis virus, Far Eastern Tick-borne encephalitis virus, Kyasanur Forest disease virus, Omsk Hemorrhagic Fever virus, Russian Spring and Summer encephalitis virus)* • Tularemia (*Francisella tularensis^*)*‡ • Typhus Fever, louse-borne (*Rickettsia prowazekii^*)* and flea-borne / endemic murine (*Rickettsia typhi*) • Venezuelan equine encephalitis* • Viral hemorrhagic fever (including but not limited to Ebola virus, Marburg virus, and Lassa fever virus)* • Yellow Fever *Notes:* * Potential agents of bioterrorism (designated as select agents by CDC) ^ Laboratories must submit the isolate and/or specimen to the Nebraska Public Health Laboratory as specified in 173 NAC1-007.03 ‡ Laboratories performing electronic lab reporting as specified in 173 NAC 1 -005.02C must report any antibiotic susceptibility test results

NEBRASKA	
Citation	**Requirements**
	*1-004.01B Clusters, Outbreaks, or Unusual Events, Including Possible Bioterroristic Attacks**: Clusters, outbreaks, or epidemics of any health problem, infectious or other, including food poisoning, healthcare-associated outbreaks or clusters, influenza, or possible bioterroristic attack; increased disease incidence beyond expectations; unexplained deaths possibly due to unidentified infectious causes; and any unusual disease or manifestations of illness must be reported immediately. *1-004.02 Reports Within Seven Days:* The following diseases, poisonings, and organisms must be reported within seven days of detection or diagnosis: • *Acinetobacter* spp., all isolates (applies only to laboratories performing electronic lab reporting as described in 173 NAC 1-005.02C) ‡ • Acquired Immunodeficiency Syndrome (AIDS), as described in 173 NAC 1-005.01C2 Adenovirus infection (conjunctivitis, respiratory) • Amebae-associated infection *(Acanthamoeba* spp., *Entamoeba histolytica,* and *Naegleria fowleri* • Arboviral infections (including, but not limited to, West Nile virus, St. Louis encephalitis virus, Western Equine Encephalitis virus, and Dengue virus) • Babesiosis *(Babesia* species) • Campylobacteriosis *(Campylobacter^* species) ‡ • Carbon monoxide poisoning (use breakpoint for non-smokers) • Chancroid *(Haemophilus ducreyi)* ‡± • *Chlamydia trachomatis* infections (nonspecific urethritis, cervicitis, salpingitis, neonatal conjunctivitis, pneumonia) ‡± • *Clostridium difficile* (antibiotic-associated colitis and pseudomembranous colitis) Creutzfeldt-Jakob Disease (subacute spongiform encephalopathy [14-3-3 protein from CSF or any laboratory analysis of brain tissue suggestive of CJD]) • Cryptosporidiosis *(Cryptosporidium parvum)* • Cyclosporiasis *(Cyclospora cayetanensis)* • Ehrlichiosis, human monocytic *(Ehrlichia chaffeenis)* ‡ • Ehrlichiosis, human granulocytic *(Ehrlichia phagocytophila)* • Encephalitis (caused by viral agents) • *Enterococcus* spp., all isolates (applies only to laboratories performing electronic lab reporting as described in 173 NAC 1-005.02C) ‡ • *Escherichia coli* gastroenteritis (*E. coli* O157-H7^ and other Shigatoxin-positive *E. coli* from gastrointestinal infection^) • Giardiasis *(Giardia lamblia)* • Gonorrhea *(Neisseria gonorrhoeae):* venereal infection and ophthalmia neonatorum ‡± Hansen's Disease (Leprosy *[Mycobacterium leprae])* ‡ • Hepatitis B infection (positive surface antigen tests and all IgM core antibody tests, both positive and negative)± • Hepatitis C infection (all positive screening tests [e.g. EIA, ELISA, etc.] to include signal-to-cutoff ratio [S:CO] are reportable; all confirmatory tests [e.g. RIBA, NAT tests such as PCR for qualitative, quantitative, and genotype testing] are reportable regardless of result [i.e., both positive and negative tests]) • Hepatitis D and E infection • Herpes simplex, primary genital infection ± • Histoplasmosis *(Histoplasma capsulatum)* • Human immunodeficiency virus infection, as described in 173 NAC 1-005.01C2, Type 1 and suspected cases of HIV Type 2 ± • Influenza deaths, pediatric (< 18 years of age) • Influenza (Antigen or PCR positive or culture confirmed) • Influenza, all tests (applies only to laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C)

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	• Influenza, rapid tests summary report only (laboratories only) • Kawasaki disease (mucocutaneous lymph node syndrome) • *Klebsiella* sp., all isolates (applies only to laboratories performing electronic lab reporting as described in 173 NAC 1-005.02C) ‡ • Lead poisoning (all analytical values for blood lead analysis must be reported by the laboratory) • Legionellosis *(Legionella* species) ‡ • Leptospirosis *(Leptospira interrogans)* • Listeriosis *(Listeria monocytogenes*^) ‡ • Lyme disease *(Borrelia burgdorferi)* • Lymphocytic choriomeningitis virus infection • Lymphogranuloma venereum (LGV [*Chlamydia trachomatis*]) ± • Malaria *(Plasmodium* species) • Meningitis, including viral, bacterial, and fungal (all such cases must be reported within seven days except those caused by *Haemophilus influenzae and Neisseria meningitidis,* which must be reported immediately) • Methemoglobinemia / nitrate poisoning (methemoglobin greater than 5% of total hemoglobin) • Mumps • *Mycobacteria* spp. (including *M. tuberculosis* complex organism^ [for genotyping] and all "atypical" species, to include culture, nucleic acid tests, or positive histological evidence indicative of tuberculosis infection or disease) ‡ • Necrotizing fasciitis • Norovirus infection (laboratories only) • Poisoning or illness due to exposure to agricultural chemicals (herbicides, pesticides, and fertilizers), industrial chemicals, mercury, or radiologic exposures • Psittacosis *(Chlamydophilia psittaci)* • Respiratory syncytial virus infection (laboratories only) • Retrovirus infections (other than HIV) • Rheumatic fever, acute (cases meeting the Jones criteria only) • Rotavirus infection ([all positive and negative tests] applies only to laboratories performing electronic lab reporting as described in 173 NAC 1-005.02C) Salmonellosis, including typhoid fever *(Salmonella* serogroup^) ‡ • Salmonellosis, including typhoid fever (*Salmonella* serogroup^) ‡ • Shiga toxin-positive gastroenteritis (enterhemorrhagic E coli and other shiga toxin-producing bacteria^) • Shigellosis *(Shigella* species^) ‡ • *Staphylococcus aureus* (applies only to laboratories performing electronic lab reporting as specified in 1-005.02C) • Streptococcal disease (all invasive disease caused by Groups A and B streptococci) ‡ • *Streptococcus pneumoniae,* all isolates (applies only to laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C) ‡ • Syphilis *(Treponema pallidum)* RPR and FTA reactive ± • Syphilis, congenital • Tetanus *(Clostridium tetani)* ‡ • Toxic shock syndrome • Toxoplasmosis, acute *(Toxoplasma gondii)* • Transmissible spongiform encephalopathies • Trichinosis *(Trichinella spiralis)* • Tuberculosis (see *Mycobacteria)* • Varicella primary infections (chicken pox) • Varicella death (all ages) • Yersiniosis *(Yersinia* species not *Y. pestis)* ‡

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	Notes: ^ Laboratories must submit the isolate and/or specimen to the Nebraska Public Health Laboratory as specified in 173 NAC 1-007.03 ‡ Laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C must report any antibiotic susceptibility test results ± STD in accordance with Neb. Rev. Stat. § 71-502.01 *1-004.03 Reports Once a Month:* Laboratories unable to submit individual antibiotic susceptibility date via automated electronic laboratory reporting (ELR) must submit monthly tabular summaries of antibiotic-resistant organisms. Reports must be submitted no later than one week after the end of the reporting month. Reports must be submitted electronically to the ORNAO system. If Internet access is not available, reports may be submitted via postal service, telephone, facsimile, or other secure electronic mail system. Reports must be submitted on or include the same information as Attachment E, incorporated in these regulations by this reference. See 173 NAC 1-006, Where to Report. The following antibiotic-resistant organisms must be reported: • *Enterococcus* spp., vancomycin-resistant (MIC = 32 µg/mL and/or resistant by disk diffusion) and intermediate (MIC= 8-16 µg/mL) • *Staphylococcus aureus,* methicillin-resistant (MIC = 4 µg/mL to oxacillin, = 8 µg/mL to cefoxitin, and/or resistant by disk diffusion); • *Staphylococcus aureus,* vancomycin-intermediate/resistant (MIC = 4 µg/mL); *Streptococcus pneumoniae* **Non-CSF** • Penicillin-intermediate (MIC= 4 µg/mL) and • Penicillin-resistant (MIC = 8 µg/mL) **CSF** • Penicillin-resistant (MIC = 0.12 µg/mL) *1-004.04 Reporting of Antibiotic Susceptibility:* All laboratories reporting via automated electronic laboratory reporting (ELR) must report all antimicrobial susceptibility results, if performed for bacterial isolates listed in 173 NAC 1-004.01 and 1-004.02 (indicated by a ‡). Laboratories not reporting via automated ELR are exempt from this requirement. *1-004.05 New or Emerging Diseases and Other Syndromes and Exposures; Reporting and Submissions* *1-004.05A Criteria:* The Director of the Division of Public Health or the Chief Medical Officer may require reporting, or a change in method or frequency of reporting, of newly recognized or emerging diseases, syndromes suspected to be of infectious origin, or exposures of large numbers or specific groups of persons to known or suspected public health hazards if: 1. The disease, syndrome, or exposure can cause or is suspected to cause serious morbidity or mortality; and 2. Reporting of the disease, syndrome, or exposure is necessary to monitor, prevent, or control the disease, syndrome, or exposure and to protect public health.

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Citation	**Requirements**
	1-004.05B Surveillance Mechanism: The Director of the Division of Public Health or the Chief Medical Officer may describe a specific mechanism for surveillance of the disease, syndrome, or exposure including persons and entities required to report, a time frame for reporting, and protocols for the submission of clinical specimens collected from cases, suspected cases, or exposed persons to referral laboratories designated by the DHHS Division of Public Health. *1-004.06 Sexually Transmitted Diseases:* For the purpose of implementing Neb. Rev. Stat. § 71-502.01, sexually transmitted diseases include, but are not limited to, the following diseases: 1. Bacterial vaginosis; 2. Candidiasis; 3. Chancroid; 4. *Chlamydia trachomatis* infection; 5. Genital herpes infection; 6. Gonorrhea; 7. Granuloma inquinale; 8. Hepatitis B infection; 9. Human immunodeficiency virus (HIV) infection; 10. Human papilloma virus (HPV) infection; 11. Lymphogranuloma venereum; 12. Syphilis; and 13. Trichomoniasis.

Nevada

NEVADA	
Citation	**Requirements**
Statutes	
Nevada Revised Statutes 441A.120 **Regulations of State Board of Health; performance of duties set forth in regulations**	1. The Board shall adopt regulations governing the control of communicable diseases in this State, including regulations specifically relating to the control of such diseases in educational, medical and correctional institutions. The regulations must specify: (a) The diseases which are known to be communicable. (b) The communicable diseases which are known to be sexually transmitted. (c) The procedures for investigating and reporting cases or suspected cases of communicable diseases, including the time within which these actions must be taken. (d) For each communicable disease, the procedures for testing, treating, isolating and quarantining a person or group of persons who have been exposed to or have or are suspected of having the disease. (e) A method for ensuring that any testing, treatment, isolation or quarantine of a person or a group of persons pursuant to this chapter is carried out in the least restrictive manner or environment that is appropriate and acceptable under current medical and public health practices. 2. The duties set forth in the regulations adopted by the Board pursuant to this section must be performed by: (a) In a district in which there is a district health officer, the district health officer or the district health officer's designee; or (b) In any other area of the State, the Chief Medical Officer or the Chief Medical Officer's designee.
Nev. Rev. Stat. 441A.150 **Reporting occurrences of communicable diseases to health authority**	1. A provider of health care who knows of, or provides services to, a person who has or is suspected of having a communicable disease shall report that fact to the health authority in the manner prescribed by the regulations of the Board. If no provider of health care is providing services, each person having knowledge that another person has a communicable disease shall report that fact to the health authority in the manner prescribed by the regulations of the Board. 2. A medical facility in which more than one provider of health care may know of, or provide services to, a person who has or is suspected of having a communicable disease shall establish administrative procedures to ensure that the health authority is notified. 3. A laboratory director shall, in the manner prescribed by the Board, notify the health authority of the identification by his or her medical laboratory of the presence of any communicable disease in the jurisdiction of that health authority. The health authority shall not presume a diagnosis of a communicable disease on the basis of the notification received from the laboratory director. 4. If more than one medical laboratory is involved in testing a specimen, the laboratory that is responsible for reporting the results of the testing directly to the provider of health care for the patient shall also be responsible for reporting to the health authority.

NEVADA	
Citation	**Requirements**
Regulations	
Nevada Administrative Code 441A.235 **Duty of director or other person in charge of medical laboratory to report findings of communicable disease, causative agent of communicable disease or immune response to causative agent; etc.**	1. Except as otherwise provided in NAC 441A.240, the director or other person in charge of a medical laboratory in which a test or examination of any specimen derived from the human body yields evidence suggesting the presence of a communicable disease, a causative agent of a communicable disease or an immune response to a causative agent of a communicable disease shall: (a) If the medical laboratory is in this State, report the findings to the health authority having jurisdiction where the office of the health care provider who ordered the test or examination is located or to an electronic clearinghouse approved by the health authority. (b) If the medical laboratory performed the test or examination on specimens obtained in this State or from residents of this State, and the medical laboratory is located outside of this State, report the findings to the State Health Officer. The report must be made in the manner provided in NAC 441A.225. 2. The report must include: (a) The date and result of the test or examination performed. (b) The name, address and, if available, telephone number of the person from whom the specimen was obtained. (c) The age or date of birth of the person from whom the specimen was obtained, if available. (d) The name of the health care provider who ordered the test or examination. (e) The name and the address or telephone number of the medical laboratory making the report. (f) Any other information requested by the health authority, if available. 3. The director or other person in charge of the medical laboratory shall also submit microbiologic cultures, subcultures, or other specimens or clinical material, if available, to the State Public Health Laboratory or other laboratory designated by the health authority for diagnosis, confirmation or further testing if: (a) Requested by the health authority; (b) The communicable disease is included on the list of diseases published by the health authority pursuant to subsection 4 and the health authority has provided the director or other person in charge of the medical laboratory with a copy of the list; or

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	(c) The microbiologic cultures, subcultures, or other specimens or clinical material consist of: (1) Isolates of *Bordetella pertussis* or *Bordetella parapertussis*; (2) Isolates of non-motile and non-hemolytic *Bacillus* spp.; (3) Isolates of *Brucella* spp.; (4) Isolates of *Burkholderia mallei* or *Burkholderia pseudomallei*; (5) Isolates of *Campylobacter* spp.; (6) Isolates of *Clostridium botulinum*; (7) Isolates of *Clostridium tetani*; (8) Isolates of *Corynebacterium diptheriae*; (9) Isolates of *Coxiella burnetii*; (10) Isolates of *E. coli* O157:H7; (11) Isolates of *Francisella tularensis*; (12) Isolates of *Haemophilus influenza* (invasive only); (13) Isolates of *Legionella* spp.; (14) Isolates of *Listeria monocytogenes*; (15) Isolates of *Mycobacterium* spp.; (16) Isolates of *Neisseria meningitidis* from a sterile site; (17) Blood smears containing *Plasmodium* spp.; (18) Isolates of *Salmonella* spp.; (19) Isolates of, or broth positive results for, Shiga-toxin producing *E. coli*; (20) Isolates of *Shigella* spp.; (21) Isolates of *Vibrio* spp.; (22) Isolates of Vancomycin-intermediate *Staphylococcus aureus*; (23) Isolates of Vancomycin-resistant *Staphylococcus aureus*; (24) Isolates of *Yersinia pestis*; or (25) Isolates of *Yersinia* spp., other than *Yersinia pestis*. 4. The health authority shall annually publish and post on its Internet website a list of communicable diseases for which microbiologic cultures, subcultures, or other specimens or clinical material, if available, must be submitted pursuant to subsection 3. For each communicable disease included on the list, the health authority must specify: (a) The microbiologic cultures, subcultures, or other specimens or clinical material to be submitted; (b) The justification for requiring the microbiologic cultures, subcultures, or other specimens or clinical material to be submitted; (c) The name of the medical laboratory to which the microbiologic cultures, subcultures, or other specimens or clinical material must be submitted; and (d) The process by which the microbiologic cultures, subcultures, or other specimens or clinical material must be submitted. 5. A test or examination that is performed by a medical laboratory and reveals CD4 lymphocyte counts of less than 500 cells per microliter constitutes evidence suggesting the presence of a communicable disease and must be reported as required by this section.

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Citation	**Requirements**
Nev. Admin. Code 441A.225 **General requirements for certain reports to health authority and rabies control authority; establishment of after-hours reporting system**	1. Except as otherwise provided in this section, a report of a case or suspected case, which is required to be made pursuant to the provisions of this chapter, must be made to the health authority during the regular business hours of the health authority on the first working day following the identification of the case or suspected case. The report may be made by: (a) Telephone; (b) Telecopy, in the form prescribed by the health authority; or (c) Any form of electronic communication identified by the health authority, in the form and manner specified by the health authority. 2. A report must be made immediately after identifying a case having or a suspected case considered to have: (a) Anthrax; (b) Foodborne botulism; (c) Botulism, other than foodborne botulism, infant botulism or wound botulism; (d) Extraordinary occurrence of illness; (e) Influenza that is known or suspected to be of a viral strain that the Centers for Disease Control and Prevention or the World Health Organization has determined poses a risk of a national or global pandemic; (f) Meningococcal disease; (g) Plague; (h) Rabies, human; (i) Poliovirus infection; (j) Severe acute respiratory syndrome (SARS); (k) Smallpox (variola); (l) Tularemia; (m) Viral hemorrhagic fever; or (n) Any infection or disease that is known or suspected to be related to an act of intentional transmission or biological terrorism, or that is or is considered possibly to be part of an outbreak or a suspected outbreak. 3. A report must be made to the health authority within 24 hours after identifying a case having: (a) Infant botulism; (b) Wound botulism; (c) Brucellosis; (d) Cholera; (e) Diphtheria; (f) *Haemophilus influenzae* type b; (g) Hepatitis A; (h) Hepatitis E; (i) Measles; (j) Mumps; (k) Pertussis; (l) Rubella; (m) Typhoid fever; or (n) Tuberculosis. 4. A report must be made to the health authority within 24 hours after identifying a suspected case considered possibly to have: (a) Diphtheria; (b) Measles; (c) Rubella; or (d) Tuberculosis.

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	5. A report to the health authority made pursuant to subsection 2, 3 or 4 must be made by telephone if it is made during the regular business hours of the health authority or using the after-hours reporting system if the report is made at any other time. 6. A report of animal rabies or an animal bite by a rabies-susceptible animal must be made to the health authority or to the rabies control authority, if designated by the health authority, within 24 hours after identifying the case. The report must be made by telephone if it is made during the regular business hours of the health authority or rabies control authority, as applicable, or using the after-hours reporting system if the report is made at any other time. 7. Each health authority and rabies control authority shall establish and maintain an after-hours reporting system.

New Hampshire

NEW HAMPSHIRE	
Citation	**Requirements**
Statutes	
New Hampshire Statutes 141-C:7 **Reporting of Communicable Disease**	I. Upon becoming aware of any communicable disease or communicable disease syndrome listed under RSA 141-C:8, any health care provider, clinical laboratory director, the superintendent or other person in charge of any hospital, or other health care facility, or any other person having under his or her care or observation a person afflicted with a communicable disease or communicable disease syndrome, or who has reason to believe that a person was or might have been afflicted with a communicable disease at the time of death, shall report to the commissioner the communicable disease or communicable disease syndrome and shall provide social security numbers, if persons were given the option at the original point of collection to provide social security numbers voluntarily, and such additional information and periodic reports as required under RSA 141-C:9, I. II. Any veterinarian, livestock owner, veterinary diagnostic laboratory director, or other person engaged in the care of animals shall report animals having or suspected of having any disease that may cause a communicable disease in humans. III. Any clinical laboratory director shall forward to the department's public health laboratory isolates of reportable infectious microorganisms as specified by the commissioner. In addition, any clinical laboratory director performing any testing for reportable diseases shall retain the original patient specimens for 7 days after issuing a final test result for diseases specified by the commissioner and shall submit such specimens to the public health laboratories upon request. IV. In addition to the foregoing requirements for health care providers, a pharmacist shall report, if required under rulemaking procedures by the commissioner, any unusual or increased types of prescriptions, or unusual trends in pharmacy visits that may be caused by a communicable disease. Prescription-related events that require a report may include, but are not limited to: (a) An unusual increase in the number of prescriptions to treat fever, respiratory, or gastrointestinal complaints. (b) An unusual increase in the number of prescriptions for antibiotics. (c) An unusual increase in the number of requests for information on over-the-counter pharmaceuticals to treat fever, respiratory, or gastrointestinal complaints.
NH Stat. 141-C:8 **List of Diseases; Report Forms**	The commissioner shall compile a list of reportable communicable diseases necessary to protect the citizenry. The commissioner shall develop and provide a form for the reporting of communicable diseases under this section. The form shall include, at a minimum, the name, age, address, occupation, and place of occupation of the person. Reportable information shall not include psychiatric, psychological, or other mental health records or information.

NEW HAMPSHIRE	
Citation	**Requirements**
Regulations	
N.H. Code of Administrative Rules He-P 301.02 **Reportable Diseases**	(a) Health care providers shall report to the department the following diseases, including suspect cases, in accordance with He-P 301.03, in the following time frames: (1) Within 24 hours following diagnosis or suspicion of diagnosis of: a. Anthrax; b. Arboviral infection; including but not limited to West Nile Virus, Eastern Equine Encephalitis Virus and St. Louis Encephalitis; c. Botulism d. Brucellosis e. Cholera; f. Creutzfeld-Jacob disease g. Diphtheria; h. *Haemophilus influenzae*, invasive disease; i. Hantavirus Pulmonary Syndrome; j. Hepatitis, viral: A; k. Measles; l. Neisseria *meningitidis*, invasive disease; m. Mumps; n. Pertussis; o. Psittacosis; p. Plague; q. Poliomyelitis; r. Rabies in Humans or Animals; s. Rubella, including Congenital Rubella Syndrome; t. Tuberculosis Disease; u. Tularemia; v. Typhoid Fever, w. Typhus x. Varicella; y. *Vibrio* species including *V. cholerae;* and z. Any suspect outbreak, cluster of illness, or unusual occurrence of disease that may pose a threat to the public's health.

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Citation	**Requirements**
	(2) Within 72 hours following diagnosis or suspicion of diagnosis of: a. Acquired Immune Deficiency Syndrome (AIDS); b. Anaplasmosis; c. Babesiosis; d. Campylobacteriosis; e. Chlamydia; f. Coccidioidomycosis; g. Cyclospora infection; h. Cryptosporidiosis; i. Ehrlichiosis; j. *Escherichia coli O157* infection and other shiga toxin producing *E. coli*; k. Giardiasis; l. Gonorrhea; m. Hemolytic Uremic Syndrome; n. Hepatitis, viral: B, E, G; o. Hepatitis, viral: positive B surface antigen in a pregnant woman; p. HIV, including HIV exposure in infants; q. Invasive Group A/B Streptococcus disease; r. Legionellosis; s. Leprosy, Hansen's Disease; t. Listeriosis; u. Lyme Disease; v. Malaria; w. Pneumococcal disease, invasive; x. Pneumocystis Pneumonia; y. Rocky Mountain Spotted Fever; z. Salmonellosis; aa. Shigellosis; ab. Syphilis, including Congenital Syphilis Syndrome; ac. Tetanus; ad. Toxic-Shock Syndrome (TSS), Streptococcal or Staphylococcal; ae. Trichinosis; af. Latent Tuberculosis infection; and ag. Yersiniosis. (b) Laboratories shall report to the department any laboratory test indicative of or highly correlated with infection of the following microorganisms in accordance with He-P 301.03(h): (1) Within 24 hours: a. Arboviral infection, including but not limited to West Nile Virus, Eastern Equine Encephalitis Virus and St. Louis Encephalitis; b. *Bacillus anthracis;* c. *Bordetella pertussis*; d. *Clostridium botulinum*; e. *Corynebacterium diphtheriae*; f. *Francisella tularensis*; g. *Haemophilus influenzae*, sterile site; h. Hantavirus; i. Hepatitis, viral: A; j. Mumps; k. *Mycobacterium tuberculosis*; l. *Neisseria meningitidis*, sterile site; m. Polio; n. Rabies; o. Rubella; p. Rubeola; q. *Salmonella* Typhii; r. Vancomycin resistant *Staphylococcus aureus* (VRSA); s. *Vibrio* species including *V. cholerae*; and t. *Yersinia pestis*.

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Citation	**Requirements**
	(2) Within 72 hours: a. *Anaplasmosis phagocytophilum*; b. *Babesia microti;* c. *Borrelia burgdorferi*; d. *Brucella abortus*; e. *Campylobacter* species; f. *Chlamidophila psittaci*; g. *Chlamydia trachomatis*; h. *Clostridium tetani*; i. *Coccidioides immitis*; j. *Cryptosporidium parvum;* k. *Cyclospora cayetanensis*; l. *Ehrlichia species*; m. *Escherichia coli O157* and other shiga toxin producing *E. coli*; n. *Giardia lamblia*; o. Hepatitis, viral: B, E, G; p. Hepatitis, viral: positive B surface antigen in a pregnant woman; q. HIV, including HIV exposure in infants; r. *Legionella pneumophila*; s. *Listeria monocytogenes*; t. *Mycobacterium leprae*; u. *Neisseria gonorrhoeae*; v. *Plasmodium* species; w. *Pneumocystis carinii*; x. *Rickettsia prowazekii*; y. *Rickettsia rickettsii*; z. *Salmonella* species other than *Salmonella* Typhii; aa. *Shigella* species; ab. Streptococcus Group A/B (*Streptococcus pyogenes/ agalactiae*), sterile site; ac. *Streptococcus pneumoniae*, sterile site; ad. *Treponema pallidum*; ae. *Trichinella spiralis;* af. Vancomycin Resistant Enterococci (VRE); and ag. *Yersinia enterocolitica*. (c) Laboratories shall report to the department within 72 hours the results of all CD4+ lymphocyte laboratory tests. (d) Laboratories shall report any tests indicative of HIV infection including antibody, antigen PCR based, and all viral load tests, including those with no virus detectable.
N.H. Code Admin. R. He-P 301.03 **Reporting of Communicable Diseases**	(a) Any physician or other health care provider who assesses, diagnoses, or treats a person believed by him to be a case or suspect case of a reportable disease shall immediately report the same to the department by telephone, mail or electronic transmission on forms provided by the commissioner. (b) Reports provided pursuant to (a) above shall include: (1) The full name, age, date of birth, sex, race, ethnicity, address, telephone number, occupation and place of occupation of the patient; (2) The name of the disease; (3) The date of onset; (4) Diagnostic test(s) performed, specimen type(s), date(s), and result(s); (5) The name of the person reporting; and (6) Treatment information including the name and amount of the medication prescribed.

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Citation	**Requirements**
	(c) When no physician or other health care provider is in attendance, the person in charge of any institution, public or non-public school, child care agency, hotel, restaurant, boarding house, labor camp or other camp, vessel, workplace, hospital, dispensary, pharmacy, or charitable, penal, or other institution or place of detention in which there is a case or suspect case of a reportable disease, shall report the same immediately to the department. (d) Reports provided pursuant to (c) above shall include: (1) The full name, age, date of birth, sex, race, ethnicity, address, telephone number, occupation and place of occupation of the patient; (2) The name of the disease; (3) The date of onset; and (4) The name of the person reporting. (e) Local boards of health shall report immediately to the department those cases or suspect cases of reportable diseases of which they have knowledge. (f) Reports required pursuant to (e) above shall include: (1) The full name, age, date of birth, sex, race, ethnicity, address, telephone number, occupation and place of occupation of the patient; (2) The name of the disease; (3) The date of onset; (4) The name of the original reporting source; and (5) The name of the person reporting. (g) The person in charge of any diagnostic laboratory testing human or animal specimens shall report immediately to the department: (1) The isolation or identification of causative agents, positive diagnostic acute immunological responses to causative agents, or any other positive diagnostic test results for any of the conditions listed in He-P 301.02(b); (2) If the laboratory test was conducted on a human specimen: a. The full name, age, date of birth, sex, race, ethnicity, address, telephone number, occupation and place of occupation of the person from whom the specimen was taken; b. The date the specimen was received; c. The name of the care provider; and d. The name of the person reporting; and

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	(3) If the laboratory test was conducted on an animal specimen: a. The full name, address and telephone number of the owner of the animal from whom the specimen was taken; and b. The species of animal from which the animal specimen originated; c. The date the specimen was received; d. The name of the veterinarian; and e. The name of the person reporting. (h) Every physician or other health care provider, or the person in charge of any hospital, institution, dispensary, public or non-public school, child care agency, hotel, restaurant, boarding house, labor camp or other camp, vessel, workplace or charitable, penal, or other institution or place of detention who shall have knowledge of the occurrence of case(s) or suspect case(s) of illness within the workplace or institution believed to have been due to consumption of food or water shall report the same immediately to the department. (i) Hospitals with emergency departments shall report all emergency department visits data to the department, for the purpose of early detection of reportable diseases or outbreaks using syndromic surveillance methods. Emergency department visits data shall be used for epidemiological investigation by the commissioner or the commissioner's designee. (j) Investigations by the department shall include obtaining other clinical data necessary for case ascertainment including but not limited to the chief complaint. The findings of the investigation shall be used to identify communicable diseases and to institute control measures to reduce the risk of disease spread or to reduce exposures in a public health emergency. (k) All emergency department visits data shall be reported as follows: (1) Through electronic transfer HL7 messaging as defined in He-P 301.01(t); (2) Immediately at the time of the visit but no later then 24 hours from the time of the visit. (l) Hospitals unable to comply with the electronic transfer requirements of this section shall become compliant by January 1, 2010. (m) Hospitals shall make use of fully automated systems that require no manual intervention to conduct electronic transfers where possible.

New Jersey

NEW JERSEY	
Citation	**Requirements**
Statutes	
New Jersey Statutes 45:9-42.34 **Rules and regulations; operation of clinical laboratories; standards**	The Public Health Council of the department shall promulgate rules and regulations for operation of clinical laboratories which shall be incorporated in and made a part of the State Sanitary Code. Where feasible such rules and regulations shall equal or exceed minimum standards for laboratory certification contained in Federal rules and regulations promulgated pursuant to the "Clinical Laboratories Improvement Act of 1967" (Public Law 90-174) 42 U.S.C. 263a. The rules and regulations so promulgated shall include but shall not be limited to standards for: a. Construction of new, or modification of existing clinical laboratories. b. Sanitary and safe conditions within the clinical laboratory and its surroundings, including adequate working space, lighting, fire prevention and safety measures. c. Clinical laboratory equipment, maintenance procedures for such equipment and personnel essential to proper conduct and operation of a clinical laboratory, including standards for education, experience, continuing education, and periodic proficiency testing for laboratory directors, supervisors, technicians, and other personnel which the department may deem necessary for adequate laboratory staffing. d. The acceptance, collection, transportation, identification and examination of clinical laboratory specimens and reporting of results by clinical laboratories. e. Reporting by laboratories of diseases for the protection of the public health. The department shall furnish forms for this purpose. Such reports shall not be construed as constituting a diagnosis nor shall any clinical laboratory making such report be held liable under the laws of this State for having violated a trust or confidential relationship. f. Submitting such reports concerning clinical laboratory operations as may be necessary to administer this act. Each laboratory shall maintain a manual of procedures followed in that laboratory, which shall be reviewed and updated annually. Such manual shall also include, but not be limited to, a list of equipment used for each procedure. g. Exemptions of specific types of clinical laboratories from the provisions of section 7 of P.L.1971, c. 136 (C. 26:2H-7).
Regulations	
New Jersey Administrative Code 8:57-1.1 **Purpose and scope**	(a) The rules are designed to promote the identification and reporting of specified communicable diseases so that public health officials can take appropriate action to prevent the further spread of those diseases to other persons and thereby preserve, maintain, or improve the public health. (b) This subchapter establishes requirements for: 1. Reporting of communicable diseases by physicians, physician assistants, advanced practice nurses, health officers, veterinarians, certified animal control officers, managers of animal facilities, and administrators of health care facilities, correctional facilities, youth camps, child care centers, preschools, schools and institutions of higher education;

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Citation	**Requirements**
Regulations	
	2. Reporting of laboratory tests indicative of communicable diseases by clinical laboratory directors; and 3. Specimen submission of isolates of communicable disease organisms by clinical laboratory directors. (c) This subchapter also covers investigation requirements and regulatory actions to be taken by the local health officer or the Department when notified of a communicable disease, isolation and quarantine restrictions, medical examination and specimen submission requirements that may be placed upon a person ill with a communicable disease, restrictions that may be placed upon a food handler ill or infected with a communicable disease, and requirements for confidentiality and enforcement. (d) The Commissioner may amend the reportable communicable diseases specified at N.J.A.C. 8:57-1.5, 1.7 and 1.8 for such periods of time as may be necessary to control disease, in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. for purposes of research, surveillance, and/or in response to technological developments in disease detection or control. (e) The Commissioner may amend any provision of this chapter during a public health emergency by order of the Commissioner pursuant to the Emergency Health Powers Act, N.J.S.A. 26:13-1 et seq. 1. The Department will provide public notice of any amendment made pursuant to (e) above through the New Jersey Local Information Network and Communications System (NJLINCS). (f) The Department's Communicable Disease Service is a public health entity with public health oversight functions pursuant to the Health Insurance Portability and Accountability Act of 1996, 45 CFR 164.501 and 512(b), referred to as HIPAA.
NJ Admin. Code 8:57-1.7 **Reporting of positive laboratory results denoting diseases**	(a) A clinical laboratory director shall immediately report by telephone the information set forth at (c) below on any positive culture, test or assay result specific for the following organisms to the local health officer of the jurisdiction where the person lives, or if unknown, to the local health officer in whose jurisdiction the health care provider or health care facility requesting the laboratory examination is located: • Arboviruses; • *Bacillus anthracis*; • *Bordetella pertussis*; • *Brucella* spp.; • *Clostridium botulinum*; • *Corynebacterium diphtheriae*; • Ebola virus; • Foodborne intoxications, including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning; • *Francisella tularensis*; • *Haemophilus influenzae* isolated from cerebrospinal fluid, blood, or any other normally sterile body site; • Hantavirus; • Hepatitis A, (IgM tests only); • Influenza virus, novel strains only; • Lassa virus; • Marburg virus; • *Neisseria meningitidis* isolated from cerebrospinal fluid, blood, or any other normally sterile site; • Polio virus; • Rabies virus; • Rubella virus; • SARS-CoV; and • *Yersinia pestis.*

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	1. If the health officer is unavailable, the clinical laboratory director shall make the report to the Department by telephone to 609-588-7500, between 8:00 A.M. and 5:00 P.M. on non-holiday weekdays or to 609-392-2020 during all other days and hours. 2. In addition to the telephone report, the clinical laboratory director shall report the information set forth at (c) below by electronic reporting, by electronic laboratory reporting or by mail within 72 hours of obtaining the result. i. The clinical laboratory director may use the Directory of Local Health Departments in New Jersey to locate health officers and local health departments in New Jersey. 3. Effective September 1, 2010, in addition to the telephone report, the clinical laboratory director shall report the information set forth at (c) below through electronic laboratory reporting within 24 hours of obtaining the result. i. The clinical laboratory director may substitute electronic reporting if electronic laboratory reporting is not available. ii. The clinical laboratory director may substitute reporting by mail upon approval of the Department for equipment failure or other circumstances, which prevent electronic communications with the Department. iii. Clinical laboratory directors shall utilize the Electronic Laboratory Reporting Technical Manual available at subchapter Appendix A to establish electronic laboratory reporting. (b) A clinical laboratory director shall report by electronic laboratory reporting, by electronic reporting, or by mail within 72 hours of obtaining the result the information set forth at (c) below on any positive culture, test, or assay result specific for one of the following organisms to the local health officer of the jurisdiction where the person lives, or if unknown, to the local health officer in whose jurisdiction the health care provider or health care facility requesting the laboratory examination is located, except that the clinical laboratory director shall report positive results for hepatitis C, tuberculosis and sexually transmitted diseases directly to the Department: • Acid fast bacilli; • Antibiotic-resistant organisms (hospital-based laboratories only); • *Babesia* spp.; • *Borrelia burgdorferi*; • *Campylobacter* spp.; • *Chlamydia psittaci;* • *Chlamydia trachomatis*; • *Clostridium tetani*; • *Coxiella burnetti*; • *Cryptosporidium* spp.; • *Cyclospora* spp; • *Entamoeba histolytica*; • *Ehrlichia* spp.; • *Escherichia coli*, shiga toxin producing strains (STEC) only; • *Giardia lamblia*; • *Haemophilus ducreyi;* • Hepatitis B; • Hepatitis C; • Influenza, all isolates (only for laboratories reporting electronically, or by electronic laboratory reporting); • *Klebsiella granulomatis*; • *Legionella* spp.; • *Listeria monocytogenes*; • Mumps virus; • *Mycobacterium*, atypical; • *Mycobacterium leprae*; • *Mycobacterium tuberculosis*, including antibiotic sensitivity tests for M. tuberculosis; • *Neisseria gonorrhoeae*; • *Plasmodium* spp.; • *Rickettsia rickettsii*; • Rubeola virus;

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	• *Salmonella* spp.; • *Shigella* spp.; • *Staphylococcus aureus*, with intermediate- (VISA) or high-level-resistance (VRSA) to vancomycin only; • *Streptococcus agalactiae*, Group B, neonatal; • *Streptococcus pneumoniae* isolated from cerebrospinal fluid, blood, or any other normally sterile site, and antimicrobial susceptibility test results, if performed; • *Streptococcus pyogenes,* Group A, isolated from cerebrospinal fluid, blood, or other normally sterile site; • *Treponema pallidum*; • *Trichinella spiralis*; • Varicella virus (except IgG tests); • *Vibrio* spp.; and • *Yersinia* spp. 1. The clinical laboratory director may use the Directory of Local Health Departments in New Jersey to locate health officers and local health departments in New Jersey. 2. The clinical laboratory director may mail reports to the Department at the following address: Communicable Disease Service, New Jersey Department of Health and Senior Services, PO Box 369, Trenton, NJ 08625-0369. 3. Effective September 1, 2010, the clinical laboratory director shall report the information set forth at (c) below by electronic laboratory reporting within 24 hours of obtaining the result. i. The clinical laboratory director may substitute electronic reporting if electronic laboratory reporting is not available. ii. The clinical laboratory director may substitute reporting by mail upon approval of the Department for equipment failure or other circumstances, which prevent electronic communications with the Department. iii. Clinical laboratory directors shall utilize the Electronic Laboratory Reporting Technical Manual, available at subchapter Appendix A, to establish electronic laboratory reporting. (c) The report shall contain the reporting laboratory's name, address, and telephone number; the name, age, date of birth, gender, race, ethnicity, home address and telephone number of the person tested; the test performed; the source or type of specimen tested, the date the specimen was collected, and the date of testing; the test results; and the health care provider's name, address, and telephone number. (d) A clinical laboratory director may delegate reporting and specimen submission requirements, as delineated in (a) and (b) above, and (e) below, to a staff member, but this delegation does not relieve the clinical laboratory director of the ultimate reporting responsibility.

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	(e) A clinical laboratory director shall submit within three days of identification, to the New Jersey Department of Health and Senior Services, Division of Public Health and Environmental Laboratories, John Fitch Plaza, Market and Warren Streets, Trenton, NJ 08625-0361, all microbiologic culture isolates obtained from human or food specimens of the following organisms: • *Escherichia coli* 0157: H7 and enrichment broths containing shiga-toxin producing *E. coli*; • *Haemophilus influenzae* isolated from cerebrospinal fluid or blood; • *Legionella pneumophila*; • *Listeria monocytogenes*; • Multidrug-resistant organisms upon the request of the Department; • *Neisseria meningitidis*; • *Salmonella* spp.; • *Shigella* spp.; and • Vancomycin-intermediate *Staphylcoccus aureus* (VISA) and vancomycin-resistant *Staphylococcus aureus* (VRSA) from any body site. (f) A clinical laboratory director shall submit all initial Tuberculosis isolates to the Public Health and Environmental Laboratories or a designated entity for the purpose of universal genotyping. (g) A clinical laboratory director for a clinical laboratory, operated by or located within a hospital licensed under N.J.A.C. 8:43G, performing culture and sensitivity testing on isolates from human specimens shall annually report a cumulative summary of the names of the species identified, the number of isolates tested per species, the names of antimicrobial agents tested and the percentage of microorganisms susceptible to the antimicrobial agents tested in the manner described below: 1. Submit the data in the format of antibiograms as defined by Analysis and Presentation of Cumulative Antimicrobial Susceptibility Test Data, Approved Guideline - Second Edition (M39-A2); 2. Include only data from the first unique isolate from each patient; 3. Exclude duplicate cultures when compiling these antibiograms; and 4. Send the antibiograms for the preceding year to the Communicable Disease Service, New Jersey Department of Health and Senior Services, PO Box 369, Trenton, NJ 08625-0369 by July 1 of the following year (for example, data for January 1, 2006 through December 31, 2006 is due on July 1, 2007). (h) A clinical laboratory director who sends a laboratory specimen to a referral laboratory for testing shall be responsible for: 1. Reporting to the Department any test result on that specimen as required under (a) and (b) above; and 2. Submitting to the Department any culture isolate from that specimen as required under (g) above. i. A clinical laboratory director may delegate the reporting and specimen submission requirements in this subsection to the referral laboratory, but this delegation does not relieve the clinical laboratory director of the ultimate reporting and submitting responsibility.

New Mexico

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Citation	**Requirements**
Statutes	
New Mexico Statutes 24-1-15 **Reporting of contagious diseases**	A. When a physician or other person knows that a person is infected with a threatening communicable disease, he shall promptly notify a public health official or his authorized agent. B. A public health official who has knowledge that a person is infected with a threatening communicable disease and has refused voluntary treatment, detention or observation shall petition the court for an order to detain the person who is infected with the threatening communicable disease until the person is no longer a contagious threat to the public or the person voluntarily complies with the appropriate treatment and contagion precautions. ... K. A person who in good faith reports another person infected with a threatening communicable disease shall not be held liable for civil damages as a result of the report; provided that the person reported as being infected with a threatening communicable disease shall have the right to sue for damages sustained as a result of negligent or intentional reporting of inaccurate information or the disclosure of information to an unauthorized person. L. For purposes of this section: (1) "court" means the district court of the judicial district where the person who is alleged to be infected with a threatening communicable disease resides or is found; (2) "public health official" means a district health officer, the director of the public health division of the department of health, a chief medical officer or a person designated by the secretary of health to carry out the duties provided in this section; and (3) "threatening communicable disease" means a disease that causes death or great bodily harm, passes from one person to another and for which there is no means by which the public reasonably can avoid the risk of contracting the disease.

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Citation	**Requirements**
Regulations	
New Mexico Administrative Code 7.4.3.8 **Notifiable Conditions**	A. Declaration of notifiable conditions: The division shall periodically issue a list of notifiable conditions according to reporting category designated as 7.4.3.13 NMAC. The list shall be reviewed on a regular basis and revised as necessary. Diseases shown in 7.4.3.13 NMAC are declared notifiable conditions as of the effective date. B. Official listing: The list of notifiable conditions shall be issued in a quick reference format and shall show that it is the current official list and shall specify its effective date. The division shall routinely supply the current official list to health care professionals and health facilities and to other persons or entities on request. C. Reporting of notifiable conditions: Reporting will be by means of the following: (1) the division's 24-hour telephone number as listed in the report, "*New Mexico epidemiology*," the division's newsletter or by direct telephone contact with the regional or local public health office; (2) the division's toll-free telephone receiving and recording system telephone number listed in the report "*New Mexico epidemiology*"; (3) for specified conditions, reporting to the address/phone number published on the printed form of the "list of notifiable conditions"; (4) written report to the division; or (5) electronic transmission, which includes facsimile and computer data transfers. D. Reporting requirements - health care professionals: Every health care professional treating any person or animal having or suspected of having any notifiable condition shall report the condition within the time and in the manner set out in the list of notifiable conditions. E. Reporting requirements - laboratories: All laboratories performing diagnostic tests for any notifiable condition shall report all positive findings within the time and in the manner set out in the list. Reports shall include the name of the reporting laboratory, the patient's name, date of birth/age, and address, the date of clinical diagnosis, if known, and the health care professional or hospital requesting the test. F. Reporting requirement - other persons: Any other person, including all persons listed in Subsection L of 7.4.3.7 NMAC of these rules, having knowledge of any person having or suspected of having a notifiable condition, shall immediately report the condition to the division. G. Conditions of public health significance: Any person, including health care professionals and persons listed in Subsection L of 7.4.3.7 NMAC of these rules, having knowledge of a notifiable condition shall immediately report the condition to the division.

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Citation	Requirements
N. M. Admin. Code 7.4.3.13 **Notifiable Diseases or Conditions in New Mexico**	A. All reports including electronic laboratory reports of notifiable conditions, must include: (1) the disease or condition being reported; (2) patient's name, date of birth/age, gender, race/ethnicity, address, patient telephone numbers, and occupation; (3) physician or licensed healthcare professional name and telephone number; and (4) healthcare facility or laboratory name and telephone number, if applicable. B. Laboratory or clinical samples for conditions marked with (*) are required to be sent to the scientific laboratory division. C. Emergency reporting of diseases or conditions: The following diseases, confirmed or suspected, require immediate reporting by telephone to the epidemiology and response division at (505) 827-0006. If no answer, call 1-866-885-6485. (1) Infectious diseases: (a) anthrax;* (b) avian or novel influenza;* (c) bordetella species;* (d) botulism (any type);* (e) cholera;* (f) diphtheria;* (g) *haemophilus influenzae* invasive infections;* (h) measles; (i) meningococcal infections, invasive;* (j) plague*; (k) poliomyelitis, paralytic and non-paralytic; (l) rabies; (m) rubella (including congenital); (n) severe acute respiratory syndrome (SARS);* (o) smallpox;* (p) tularemia;* (q) typhoid fever;* (r) yellow fever. (2) Other conditions: (a) suspected foodborne illness in two or more unrelated persons;* (b) suspected waterborne illness or conditions in two or more unrelated persons;* (c) illnesses or conditions suspected to be caused by the intentional or accidental release of biologic or chemical agents*; (d) acute illnesses or conditions of any type involving large numbers of persons in the same geographic area; (e) severe smallpox vaccine reaction; (f) other illnesses or conditions of public health significance.

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Citation	**Requirements**
	(3) Infectious diseases in animals: (a) anthrax; (b) plague; (c) rabies; (d) tularemia. D. Routine reporting of diseases or conditions: (1) Infectious diseases (report case within 24 hours to epidemiology and response division at 505-827-0006; or contact the local health office). (a) brucellosis; (b) *campylobacter* infections;* (c) clostridium difficile;* (d) coccidioidomycosis; (e) Colorado tick fever; (f) cryptosporidiosis; (g) cysticercosis; (h) cyclosporiasis; (i) dengue (j) *E. coli* 0157:H7 infections;* (k) *E. coli,* shiga-toxin producing (STEC) infections;* (l) encephalitis, other; (m) giardiasis; (n) Group A streptococcal invasive infections;* (o) Group B streptococcal invasive infections;* (p) hantavirus pulmonary syndrome; (q) hemolytic uremic syndrome; (r) hepatitis A, acute; (s) hepatitis B, acute or chronic; (t) hepatitis C, acute or chronic; (u) hepatitis E, acute; (v) influenza-associated pediatric death (w) influenza, laboratory confirmed hospitalization only; (x) legionnaires' disease; (y) leptospirosis; (z) listeriosis;* (aa) Lyme disease; (bb) malaria; (cc) mumps; (dd) necrotizing fasciitis;* (ee) psittacosis; (ff) Q fever; (gg) relapsing fever; (hh) Rocky Mountain spotted fever; (ii) salmonellosis;* (jj) shigellosis;* (kk) St. Louis encephalitis infections; (ll) *streptococcus pneumoniae*, invasive infections;* (mm) tetanus; (nn) trichinellosis; (oo) toxic shock syndrome; (pp) varicella; qq) *vibrio* infections;* (rr) west nile virus infections; (ss) western equine encephalitis infections; (tt) yersinia infections* (2) Infectious diseases in animals (report case within 24 hours to epidemiology and response division at 505-827-0006; or contact the local health office). (a) arboviral, other; (b) brucellosis; (c) psittacosis; (d) west nile virus infections. (3) Tuberculosis* or other nontuberculous mycobacterial infections (including *Mycobacterium avium* complex or leprosy). Report suspect or confirmed cases within 24 hours to tuberculosis program, NM Department of Health, P. O. Box 26110, Santa Fe, NM 87502-6110; or call (505-827-2471) or 505-827-2473.

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Citation	**Requirements**
	(4) Sexually transmitted diseases. Report to infectious disease bureau - STD program, NM Department of Health, P.O. Box 26110, Santa Fe, NM 87502-6110, fax 505-476-3638; or call 505-476-3636. (a) chancroid; (b) *chlamydia trachomatis* infections; (c) gonorrhea; (d) syphilis. (5) HIV (human immunodeficiency virus) and AIDS (acquired immunodeficiency syndrome). Report to HIV and hepatitis epidemiology program, 1190 St. Francis Dr., N1350, Santa Fe, NM 87502, fax 505-476-3544 or call 505-476-3515. (a) all confirmed positive HIV antibody tests (screening test plus confirmatory test); (b) all tests for HIV RNA or HIV cDNA ('-viral load tests-'); (c) all tests to detect HIV proteins; (d) all positive HIV cultures; (e) all HIV genotype tests; (f) all CD4 lymphocyte tests (count and percent); (g) opportunistic infections, cancers and any other test or condition indicative of HIV or AIDS. (6) Occupational illness and injury. Report to epidemiology and response division, NM Department of Health, P.O. Box 26110, Santa Fe, NM 87502-6110; or call 505-827-0006. (a) asbestosis; (b) coal worker's pneumoconiosis; (c) hypersensitivity pneumonitis; (d) mesothelioma; (e) noise induced hearing loss; (f) occupational asthma; (g) occupational burn hospitalization; (h) occupational injury death; (i) occupational pesticide poisoning; (j) occupational traumatic amputation; (k) silicosis; (l) other illnesses or injuries related to occupational exposure. (7) Health conditions related to environmental exposures and certain injuries. Report to epidemiology and response division, NM Department of Health, P.O. Box 26110, Santa Fe, NM 87502-6110; or call 505-827-0006. (a) Environmental exposures: (i) all pesticide poisoning; (ii) arsenic in urine greater than 50 micrograms/liter; (iii) carbon monoxide poisoning; (iv) infant methemoglobinemia; (v) lead (all blood levels); (vi) mercury in urine greater than 3 micrograms/liter or mercury in blood greater than 5 micrograms/liter; (vii) uranium in urine greater than 0.2 micrograms/liter or 0.2 micrograms/gram creatinine; (viii) other suspected environmentally-induced health conditions.

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Citation	**Requirements**
	(b) Injuries: (i) drug overdose; (ii) firearm injuries; (iii) traumatic brain injuries. (8) Adverse vaccine reactions. Report to vaccine adverse events reporting system, http://www.vaers.hhs.org. Send copy of report to immunization program vaccine manager, NM Department of Health, P.O. Box 26110, Santa Fe, NM 87502-6110; fax 505-827-1741. (9) Healthcare-associated infections. Central line-associated bloodstream infections (CLABSI) events. (10) Cancer. Report to designee. Report all malignant and in situ neoplasms and all intracranial neoplasms, regardless of the tissue of origin, using the prevailing standards promulgated by the national cancer institute, the centers for disease control and prevention, the North American association of central cancer registries, and the American college of surgeons. (11) Human papillomavirus (HPV). Laboratories report the following tests to designee: (a) papanicolaou test results (all results); (b) cervical, vulvar and vaginal pathology results (all results); (c) HPV test results (all results). (12) Birth defects. (a) Report to epidemiology and response division, NM Department of Health, P.O. Box 26110, Santa Fe, NM 87502-6110; or call 505-827-0006. (b) All birth defects diagnosed by age 4 years, including: (i) defects diagnosed during pregnancy; (ii) defects diagnosed on fetal deaths; (iii) defects found in chromosome testing on amniotic fluid, chorionic villus sampling and products of conception for Trisomy 13, Trisomy 18 and Trisomy 21. (13) Genetic and congenital hearing screening. Report to children's medical services, 2040 S. Pacheco, Santa Fe, NM 87505; or call 505-476-8868. (a) Neonatal screening for congenital hearing loss (all results). (b) Suspected or confirmed congenital hearing loss in one or both ears. (c) All conditions identified through statewide newborn genetic screening.

New York

NEW YORK	
Citation	**Requirements**
Statutes	
New York Public Health (PBH) Law 2102 **Communicable diseases; laboratory reports and records**	1. Whenever any laboratory examination discloses evidence of communicable disease, the results of such examination together with all required pertinent facts, shall be immediately reported by the person in charge of the laboratory or the person making such examination to the local or state health official to whom the attending physician is required to report such case. 2. The person in charge of such laboratory or the person making such examination shall keep for a period of time to be specified by the commissioner, a record of all the facts in connection with such examination, including the identity of the person from whom the specimen is taken and the name of the physician, if any, sending such specimen.
NY PBH Law 576-C **Electronic reporting of disease and specimen submission**	1. Whenever a clinical laboratory or blood bank is otherwise required by this chapter to report evidence of a disease or health condition to the commissioner or a local health officer, the laboratory director shall report the test results and such data elements as are determined by the commissioner to be necessary as authorized by law. All reports shall be sent electronically to the department in a standards based electronic format, using a network, communications protocol, clinical syntax and vocabulary all as determined by the commissioner to be compatible with national health information standards promulgated by the federal centers for disease control and prevention and the department of health and human services. Reports shall be submitted on a schedule determined by the commissioner. 2. Clinical laboratories and blood banks may continue to submit reports in paper copy to the commissioner and/or local health officer as otherwise required by this chapter until the earlier of the date the laboratory director receives notice that the laboratory has been certified to report electronically or one year after the effective date of this section. Thereafter, all reports shall be sent electronically to the department. 3. In the event the system for electronic reporting is unavailable for any reason, including lack of certification for electronic reporting, clinical laboratories and blood banks shall make reports to the local health officer of the county of the patient's residence and the commissioner using an alternate mechanism determined by the commissioner. 4. Whenever the commissioner or a local health officer determines that supplemental testing is necessary to confirm evidence of a disease or health condition otherwise required to be reported to the commissioner or a local health officer pursuant to this chapter, or to further identify the characteristics of a causative agent for reasons of public health protection, the laboratory shall submit all or part of the specimen or its derivatives with patient identifiers to the department or its designee, or the local health officer or his or her designee, in a manner and as directed by the commissioner. 5. The commissioner may adopt rules and regulations necessary to implement the provisions of this section.

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Citation	Requirements
Regulations	
NY Codes, Rules and Regulations (NYCRR)	*[NYCRR Title 10, Sections 2.10 – 2.18 addresses the reporting of communicable diseases by physicians and other specified persons. Laboratory reporting of communicable diseases and submission isolates is required in statute at NY PBH Law 2101 and NY PBH Law 576-C (listed above)].*
Other	
NYSDOH and NYCDOHMH **2010 Laboratory Reporting and Specimen Submission Requirements for Communicable Diseases**	[Excerpt from New York State Department of Health (NYSDOH) and New York City Department of Health and Mental Hygiene (NYC-DOHMH) *2010 Laboratory Reporting and Specimen Submission Requirements for Communicable Diseases*] Laboratory reporting of suspected or confirmed positive findings or markers of communicable diseases is mandated under the New York State Public Health Law 2102 (for residents of New York State outside of New York City) and in New York City, pursuant to the New York City Health Code Articles 11 and 13. [*p. 1*] … *A. Are laboratories and blood banks required to report communicable diseases?* New York State Public Health Law 2102 and New York City Health Code Articles 11 and 13 require laboratories and blood banks to report positive findings or markers of the specific communicable diseases indicated below to public health authorities. [*p. 1*] … *G. Do isolates or specimens have to be submitted for confirmation?* Under NYS Public Health Law Section 576-c(4) and Article 11 of the NYC Health Code, laboratories are required to submit isolates or specimens as determined by the NYS or NYC Commissioner. The last two columns of the Table indicate which isolates or specimens must be submitted to the Wadsworth Center or NYC Public Health Laboratory. [*p. 1*]

Agent	Disease	What to report to the Local Health Department	Are specimens/isolates required to be submitted?	
			NY State Wadsworth Center	NY City PH Lab
Anaplasma phagocytophilum	Anaplasmosis	Positive by any method, including serology when IgG antibody titer is > 64	Yes If serology performed, submit serum when IgG antibody titer >128	No

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Citation	**Requirements**				
	#Arboviruses: California serogroup virus (La Crosse, Jamestown Canyon, etc.), Eastern, Venezuelan or Western equine encephalitis virus, Japanese encephalitis virus, St. Louis encephalitis virus, Powassan virus, Yellow Fever virus	Arboviral infection (acute), viral encephalitis/ meningitis	For all residents, report positive culture or NAT.[1] For NYS residents outside of NYC, report positive IgM or IgG antibodies against any of the arboviruses. For NYC residents, report positive IgM antibodies.	Yes – Submit acute and convalescent sera and/or NAT[1] positive specimens	Yes – Submit directly to the Wadsworth Center
	Dengue virus	Dengue fever, Dengue hemorrhagic fever	Positive serologic evidence of IgM antibodies, culture or NAT[1]	Yes – Submit acute and convalescent sera	Yes – Submit directly to the Wadsworth Center
	#Rift Valley Fever virus	Hemorrhagic fever, encephalitis, ocular disease	Positive serologic evidence of IgM or IgG antibodies, culture, antigen test or NAT[1]	Yes – Submit acute and convalescent sera	Yes
	#West Nile (WN) virus	WN viral neuroinvasive disease, WN fever	For all residents, report positive NAT[1], immunohistochemical staining or viral culture. For NYS residents outside of NYC, report positive IgM or IgG for WN virus. For NYC residents, report positive WN IgM only.	Yes – Submit acute and convalescent sera. Submit NAT[1] positive specimens	Yes – Submit directly to the Wadsworth Center
	#Arenaviruses (Lassa, Junin)	Viral hemorrhagic fever	Positive by any method	Yes	Yes
	Babesia species	Babesiosis	Positive blood smear, NAT[1] or *Babesia*-specific antibody titer > 256 with an indirect fluorescent antibody (IFA) test for IgG or total antibody	Yes	Yes – Submit positive blood smears and lavender top tube within 24 hrs of collection
	# *Bacillus anthracis*	Anthrax	Positive by any method	Yes	Yes
	Bordetella pertussis	Pertussis	Positive by any method	No	No
	Borrelia burgdorferi	Lyme disease	For NYS residents outside of NYC, report positives by any method[2] For NYC residents, report positives by selected methods[2]	No	No

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Citation	**Requirements**				
	# *Brucella* species	Brucellosis	Positive by any method	Yes	Yes
	# *Burkholderia mallei*	Glanders	Positive by any method	Yes	Yes
	# *Burkholderia pseudomallei*	Melioidosis	Positive by any method	Yes	Yes
	Calymmatobacterium granulomatis (Klebsiella granulomatis) (NYC only)	Granuloma inguinale	Positive by any method	No	No
	Campylobacter species	Campylobacteriosis	Positive by any method	No[3]	No
	Chlamydia psittaci	Psittacosis	Positive by any method	No	No
	Chlamydia trachomatis	*C. trachomatis*, including lymphogranuloma venereum	Positive by any method	No	No
	# *Clostridium botulinum*	Botulism	Positive by any method	Yes	Yes
	Clostridium tetani	Tetanus	Positive culture	Yes	No
	# *Corynebacterium diphtheriae*	Diphtheria	Positive culture	Yes	Yes
	# *Coxiella burnettii*	Q fever	Positive by any method, including serology when IgG antibody titer is >64	Yes	Yes
	Creutzfeldt-Jakob agent[4]	Creutzfeldt-Jakob disease	Positive by any method	No	No
	Cryptosporidium species	Cryptosporidiosis	Positive by any method	Yes	No
	Cyclospora cayetanensis	Cyclosporiasis	Positive oocyst in stool noted by any method	Yes	Yes – Submit slide only
	Ehrlichia species	Ehrlichiosis	Positive by any method, including serology when IgG antibody titer is > 64	Yes If serology performed, submit serum when IgG antibody titer > 128	No
	Entamoeba histolytica/ dispar	Amebiasis	Positive cyst, trophozoite, or antigen noted by any method	No	No

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Citation	**Requirements**				
	Escherichia coli, Shiga toxin-producing	Shiga toxin-producing *E. coli* (STEC) disease (including hemolytic-uremic syndrome, HUS)	Positive culture or positive shiga toxin in stool	Yes – Submit EIA broth and stool or isolate	Yes – Submit stool in broth or isolate
	Escherichia coli O157	*E. coli* O157 disease	Positive *E. coli* O157 culture	Yes	Yes
	# Filoviruses (Ebola, Marburg)	Viral hemorrhagic fever	Positive by any method	Yes	Yes
	#Francisella tularensis	Tularemia	Positive by any method	Yes	Yes
	*Giardia intestinalis (*formerly *G. lamblia)*	Giardiasis	Positive by any method	No	No
	Haemophilus ducreyi	Chancroid	Positive by any method	No	No
	Haemophilus influenzae	Invasive *Haemophilus influenzae* disease	Positive culture from any sterile site, CSF antigen test	Yes – Submit isolate only	Yes – Submit isolate only
	# Hantavirus	Hantavirus Pulmonary Syndrome	Positive IgM or rising IgG titer or positive RNA by NAT[1] or positive immunohistochemistry	Yes	Yes
	Hepatitis A virus[5]	Hepatitis A	Positive IgM anti-HAV. Include results for all other viral hepatitis markers (positive or negative) and ALT results.	No	No
	Hepatitis B virus[5]	Hepatitis B	Positive serology for HBsAg, IgM anti-HBc, HBeAg, or HBV NAT[1] (including genotype). Include results for all other viral hepatitis markers (positive or negative) and ALT results.	No	No
	Hepatitis C virus[5]	Hepatitis C	Anti-HCV screening test positive with a signal-to-cut-off (s/co) ratio predictive of a true positive as determined for the particular assay and posted by CDC[6] and all positive confirmatory assays (e.g., RIBA or NAT[1]), including genotype. Include interpretation of the s/co ratio (high or low positive) and the ratio value in the results section of the laboratory report. Include results for all other viral hepatitis markers (positive or negative) and ALT results.	No	No
	Hepatitis D (Delta Agent)[5]	Hepatitis D	Hep D Ag or IgM. Include ALT results.	No	No

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Citation	**Requirements**				
	Hepatitis E virus[5]	Hepatitis E	Hep E IgM. Include ALT results.	No	No
	Herpes simplex virus	Neonatal herpes simplex infection, infants aged 60 days or younger	Positive by any method	No – save isolate for 3 months	No – save isolate for 3 months
	Human immunodeficiency virus	HIV infection, HIV-related illness, and AIDS	HIV results are reported to the NYSDOH, not the local health department. Clinical laboratories are required to report the following results using patient name and address: (1) Confirmed positive HIV antibody tests (2) Positive HIV detection tests (culture, P24 antigen) (3) All HIV nucleic acid (RNA and DNA) detection tests (qualitative and quantitative), including tests on individual specimens for confirmation of NAT[1] screening results (4) All CD4 lymphocyte counts and percentages, unless known to be ordered for a condition other than HIV illness (5) HIV subtype and antiviral resistance testing results; this reporting requirement should be met by electronic submission of the nucleotide sequence obtained through genotypic resistance testing.	Yes[7]	Yes[7]
	Influenza virus (including 2009 Influenza H1N1)	Influenza disease, laboratory confirmed	Positive by any method, excluding serology	No	No
	# Suspect novel Influenza virus with pandemic potential	Suspect novel Influenza virus with pandemic potential	Positive by any method	Yes – Submit swab in viral transport media	Yes - Submit swab in viral transport media
	Legionella species	Legionellosis	Positive culture, NAT[1], DFA or urine antigen or acute/ convalescent serology showing a rising titer to *L. pneumophila*	Yes – Submit isolate only	Yes – Submit isolate only
	Leptospira species (NYC only)	Leptospirosis	Positive by any method	No	No
	Listeria monocytogenes	Listeriosis	Positive culture from any sterile site[8]	Yes – Submit isolate only[8]	Yes – Submit isolate only

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Citation	**Requirements**				
	Lymphocytic choriomeningitis virus (NYC only)	Lymphocytic choriomeningitis	Positive IgM or NAT[1]	No	Yes – Submit IgM or NAT[1] positive specimens
	# Measles virus (Rubeola)	Measles	Positive by viral culture, NAT[1], single serum with IgM antibody or paired sera with rising IgG antibody	Yes – Submit isolate and IgM positive serum only	Yes
	# Monkeypox virus	Monkeypox	Positive by any method	Yes	Yes
	Mumps virus	Mumps	Positive by viral culture, NAT[1], single serum with IgM antibody or paired sera with rising IgG antibody	Yes – Submit isolate and IgM positive serum only	Yes
	Mycobacterium leprae (NYC only)	Leprosy (Hansen's disease)	Acid fast bacilli in skin biopsy, positive NAT[1] or serology for *M. leprae*	No	No
	# Mycobacterium tuberculosis, M. bovis, M. bovis BCG, and other members of the M. tuberculosis complex	Tuberculosis	Positive AFB smear (including subsequent culture result), NAT[1], culture for *M. tuberculosis, M. bovis* and other members of the *M. tuberculosis* complex from any site, susceptibility test results, or histologic evidence of disease. Negative culture and NAT[1] results on follow up specimens must also be reported.	Yes. All initial isolates of *M. tuberculosis* complex must be submitted to the Wadsworth Center. Save all other isolates for 1 year.	Yes. All initial isolates of *M. tuberculosis* complex must be submitted to the NYC Public Health Lab. Save all other isolates for 1 year.
	Neisseria gonorrhoeae	Gonorrhea	Positive by any method	Yes – Submit isolate only if decreased susceptibility to cephalosporins is identified.[9]	Yes – Submit isolate only if decreased susceptibility to cephalospor-ins is identified.[9]
	# *Neisseria meningitidis*	Meningococcal disease, invasive	Positive culture from any sterile site, positive CSF antigen test, positive NAT[1], or Gram stain showing Gram-negative diplococci in CSF or blood	Yes – Submit isolate only	Yes – Submit isolate only
	Norovirus (NYC only)	Noroviral gastroenteritis	NAT[1], positive culture, fourfold change in titer, or other evidence of disease	No	No

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Citation	**Requirements**				
	Plasmodium species	Malaria	Positive blood smear or NAT[1]	Yes – Submit blood smear and whole blood	No
	# Polio virus	Poliomyelitis	Positive culture or NAT[1]	Yes	Yes
	# Rabies virus	Rabies	Only the NYS Wadsworth Center Laboratory is approved for human rabies testing.	Yes	Yes – DOHMH will forward to the NYS Wadsworth Center
	Respiratory syncytial virus (NYC only)	Respiratory syncytial virus	Rapid antigen, NAT,[1] DFA, positive culture	No	No
	Rickettsia akari (NYC only)	Rickettsial pox	Positive serology for *R. akari* or non-specific rickettsiae	No	No
	Rickettsia rickettsii	Rocky Mountain Spotted Fever	Positive by any method including serology with IgG antibody titer >64	Yes If serology performed, submit serum when IgG antibody titer >128	No
	Rotavirus	Rotavirus	Positive rapid antigen, EIA, viral culture, or NAT[1]	No	No
	#Rubella virus	Rubella (German measles)	Positive culture, NAT,[1] single serum with IgM antibody, or paired sera with rising IgG antibody	Yes – Submit IgM positive serum only	Yes
	Salmonella species	Salmonellosis	Positive culture	Yes	Yes
	Salmonella Typhi (Report immediately in NYS only)	Typhoid fever	Positive culture	Yes	Yes
	Shigella species	Shigellosis	Positive culture	No[3]	Yes
	# SARS coronavirus	Severe acute respiratory syndrome (SARS)	Positive by any method	Yes	Yes
	#*Staphylococcus aureus*, intermediate or resistant to glycopeptides	Glycopeptide (e.g., vancomycin, teicoplanin) intermediate or resistant *S. aureus* (GISA/GRSA) infection	Isolate showing reduced susceptibility or resistance to glycopeptides (e.g., vancomycin, teicoplanin)	Yes	Yes

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Citation	**Requirements**				
	Staphylococcus aureus, methicillin-resistant (MRSA) (NYC only)[10]	Methicillin-resistant *Staphylococcus aureus* (MRSA)	Isolate showing resistance to methicillin – no need for immediate reporting	No	No
	# Staphylococcal enterotoxin B	Staphylococcal enterotoxin B poisoning	Positive for toxin in blood or urine by any method	Yes	Yes
	Streptococcus agalactiae (Group B Strep)	Group B streptococcal disease, invasive	Positive culture from any sterile site	No[3]	No
	Streptococcus pneumoniae	*Streptococcus pneumoniae* disease, invasive	Positive culture from any sterile site (penicillin MIC value or oxacillin inhibition zone diameter result must be included, if available)	Yes – Submit invasive isolates from patients <5 years of age only No[3]– for patients >5 years of age	Yes – Submit invasive isolates from patients <5 years of age only
	Streptococcus pyogenes (Group A Beta Hemolytic Strep)	Group A streptococcal disease, invasive	Positive culture from any sterile site, or any surgically-obtained site, or any site from a patient with necrotizing fasciitis or toxic shock syndrome.	No[3] – save isolate for 3 months	No
	Treponema pallidum # (Report immediately in NYS only)	Syphilis	Reactive/positive by any method.[11] Report negative or non-reactive results for any confirmatory testing associated with positive findings.	No	No
	Trichinella species	Trichinosis	Positive biopsy or serology	Yes	No
	# Vaccinia virus	Vaccinia infection	Positive by any method	Yes	Yes
	Varicella zoster virus	Chicken pox, zoster	Positive IgM, viral culture, DFA or NAT[1]	No	No
	# Variola virus	Smallpox	Positive by any method	Yes	Yes
	# *Vibrio cholerae* 01 or 0139	Cholera	Positive culture	Yes	Yes
	Vibrio non 01 species	Vibriosis	Positive culture	Yes	Yes
	Yersinia enterocolitica	Yersiniosis	Positive culture	Yes	Yes
	# *Yersinia pestis*	Plague	Positive by any method	Yes	Yes

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Citation	**Requirements**
	Notes: # Suspected or confirmed organisms/diseases must be immediately reported by phone to the local or city health department in which the patient resides. For residents of NYC, call the NYCDOHMH immediately for guidance on how and where to submit specimens. Specimens REQUIRED to be submitted for confirmation are listed in the table. Additional tests on non-required submissions are also available at public health laboratories. ... 1. NAT (Nucleic Acid Test) – an assay that detects specific nucleic acids. Examples include polymerase chain reaction (PCR), transcription-mediated amplification (TMA), nucleic acid sequence-based amplification (NASBA), and, for Hepatitis B and C, genotype tests. 2. For NYS residents outside of NYC, a positive or equivocal ELISA/IFA/EIA result needs to be reported when: 1) a second step assay (immunoblot/WB) is positive, 2) a second step assay (immunoblot/WB) is equivocal, or 3) a second step assay will not be performed. For residents of NYC, the following test results should be reported: positive culture or patients with positive IgM or IgG Western Blot. 3. The Emerging Infections Program (EIP) laboratories should submit isolates from residents of the following counties: Albany, Columbia, Greene, Genesee, Livingston, Monroe, Montgomery, Ontario, Orleans, Rensselaer, Schenectady, Saratoga, Schoharie, Wayne, and Yates. For Group B *Streptococcus*, only isolates from early and late neonatal onset cases should be submitted to the Wadsworth Center Laboratories. 4. Creutzfeldt-Jakob disease (and suspicion of) should be reported directly to the NYSDOH Alzheimer's Disease and Other Dementias Registry at (518) 473-7817 for residents outside NYC. For residents of NYC, report to the NYC DOHMH, Bureau of Communicable Disease at (212) 788-9830. 5. Reports shall also include the results of alanine aminotransferase testing (ALT) if performed on the same specimen that tests positive for any of the reportable viral hepatitides. 6. Hepatitis C antibody screening test signal-to-cutoff ratio information, listed by assay, can be found on the CDC website: http://www.cdc.gov/hepatitis/HCV/LabTesting.htm#section1. 7. Remnant specimens from confirmed positive HIV antibody test specimens ordered by New York State providers or on patients residing in New York State should be submitted for incidence surveillance. Please contact the HIV Incidence Coordinator at (518) 474-4284 in the Bureau of HIV/AIDS Epidemiology to arrange for specimen transfer to the Wadsworth Center. Remnant specimens from tests ordered by New York City providers or on patients residing in New York City may be submitted to the HIV Epidemiology Laboratory at the NYCDOHMH Public Health Laboratory, 455 First Avenue, New York, NY 10010. Please call 212-442-3416 for further information.

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Citation	**Requirements**
	8. In addition to reporting positive cultures taken from sterile sites, the EIP laboratories should also submit *Listeria* isolates from non-sterile sites for residents of the following counties: Albany, Allegany, Cattaraugus, Chautauqua, Chemung, Clinton, Columbia, Delaware, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Livingston, Monroe, Montgomery, Niagara, Ontario, Orleans, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Warren, Washington, Wayne, Wyoming, and Yates. 9. If antimicrobial susceptibility testing is performed, consult the Clinical and Laboratory Standards Institute (CLSI, formerly NCCLS) standards for definitions of resistance for *Neisseria gonorrhoeae*. 10. MRSA (NYC only) – Due to the expected high volume, reporting is required of laboratories via ECLRS. Laboratories do not need to separate hospital from community associated reports. Elements required in the reports are the same as those required on paper forms and must also include the results of antibiotic susceptibility testing. 11. For NYS residents outside New York City, report the following results immediately by telephone: non-treponemal test titer ≥ 16, any primary stage disease, any secondary stage disease, and any reactive non-treponemal titer encountered during prenatal or perinatal care. Report all reactive results via ECLRS within 24 hours. All reported non-treponemal results must include a titer value using standard notation (e.g., end-point reactivity at a serum dilution of 1:8 is reported as a titer of 8). All reactive nontreponemal screens should be confirmed with a standard treponemal test unless the patient had a known documented prior syphilis infection. Reports of reactive non-treponemal screens must also include either current treponemal test results (positive or negative) or prior confirmation information. Report negative or non-reactive results for any confirmatory testing associated with positive findings.

North Carolina

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Citation	**Requirements**
Statutes	
North Carolina General Statutes §130A-134 **Reportable diseases and conditions**	The Commission shall establish by rule a list of communicable diseases and communicable conditions to be reported.
NC Gen. Stat. §130A-139 **Persons in charge of laboratories to report**	A person in charge of a laboratory providing diagnostic service in this State shall report information required by the Commission to a public health agency specified by the Commission when the laboratory makes any of the following findings: (1) Sputa, gastric contents, or other specimens which are smear positive for acid fast bacilli or culture positive for *Mycobacterium tuberculosis*; (2) Urethral smears positive for Gram-negative intracellular diplococci or any culture positive for *Neisseria gonorrhoeae*; (3) Positive serological tests for syphilis or positive darkfield examination; (4) Any other positive test indicative of a communicable disease or communicable condition for which laboratory reporting is required by the Commission.
Regulations	
10A North Carolina Administrative Code (NCAC) 41A .0101 **Reportable Diseases and Conditions**	(a) The following named diseases and conditions are declared to be dangerous to the public health and are hereby made reportable within the time period specified after the disease or condition is reasonably suspected to exist: (1) acquired immune deficiency syndrome (AIDS) 24 hours; (2) anthrax immediately; (3) botulism immediately; (4) brucellosis 7 days; (5) *campylobacter* infection 24 hours; (6) chancroid 24 hours; (7) chikungunya virus infection 24 hours; (8) chlamydial infection (laboratory confirmed) 7 days; (9) cholera 24 hours; (10) Creutzfeldt-Jakob disease – 7 days; (11) cryptosporidiosis – 24 hours; (12) cyclosporiasis – 24 hours; (13) dengue 7 days; (14) diphtheria 24 hours; (15) *Escherichia coli*, shiga toxin-producing 24 hours; (16) ehrlichiosis – 7 days; (17) encephalitis, arboviral 7 days; (18) foodborne disease, including Clostridium perfringens, staphylococcal, Bacillus cereus, and other and unknown causes 24 hours; (19) gonorrhea 24 hours;

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Citation	**Requirements**
	(20) granuloma inguinale 24 hours; (21) *Haemophilus influenzae*, invasive disease 24 hours; (22) Hantavirus infection – 7 days; (23) Hemolytic-uremic syndrome – 24 hours; (24) Hemorrhagic fever virus infection – immediately; (25) hepatitis A 24 hours; (26) hepatitis B 24 hours; (27) hepatitis B carriage 7 days; (28) hepatitis C, acute – 7 days; (29) human immunodeficiency virus (HIV) infection confirmed 24 hours; (30) influenza virus infection causing death – 24 hours; (31) legionellosis 7 days; (32) leprosy – 7 days; (33) leptospirosis 7 days; (34) listeriosis – 24 hours; (35) Lyme disease 7 days; (36) lymphogranuloma venereum 7 days; (37) malaria 7 days; (38) measles (rubeola) 24 hours; (39) meningitis, pneumococcal 7 days; (40) meningococcal disease 24 hours; (41) Middle East respiratory syndrome (MERS) 24 hours; (42) monkeypox – 24 hours; (43) mumps 7 days; (44) nongonococcal urethritis 7 days; (45) novel influenza virus infection – immediately; (46) plague immediately; (47) paralytic poliomyelitis 24 hours; (48) pelvic inflammatory disease – 7 days; (49) psittacosis 7 days; (50) Q fever 7 days; (51) rabies, human 24 hours; (52) Rocky Mountain spotted fever 7 days; (53) rubella 24 hours; (54) rubella congenital syndrome 7 days; (55) salmonellosis 24 hours; (56) severe acute respiratory syndrome (SARS) – 24 hours; (57) shigellosis 24 hours; (58) smallpox immediately; (59) *Staphylococcus aureus* with reduced susceptibility to vancomycin – 24 hours; (60) streptococcal infection, Group A, invasive disease 7 days; (61) syphilis 24 hours; (62) tetanus 7 days; (63) toxic shock syndrome 7 days; (64) trichinosis 7 days; (65) tuberculosis 24 hours; (66) tularemia – immediately; (66) typhoid 24 hours; (67) typhoid carriage (*Salmonella* Typhi) 7 days; (68) typhus, epidemic (louse-borne) 7 days; (69) vaccinia – 24 hours; (70) *vibrio* infection (other than cholera) – 24 hours; (71) whooping cough – 24 hours; and (72) yellow fever 7 days. (b) For purposes of reporting, "confirmed human immunodeficiency virus (HIV) infection" is defined as a positive virus culture, repeatedly reactive EIA antibody test confirmed by western blot or indirect immunofluorescent antibody test, positive nucleic acid detection (NAT) test, or other confirmed testing method approved by the Director of the State Public Health Laboratory conducted on or after February 1, 1990. In selecting additional tests for approval, the Director of the State Public Health Laboratory shall consider whether such tests have been approved by the federal Food and Drug Administration, recommended by the federal Centers for Disease Control and Prevention, and endorsed by the Association of Public Health Laboratories.

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Citation	**Requirements**
	(c) In addition to the laboratory reports for *Mycobacterium tuberculosis*, *Neisseria gonorrhoeae*, and syphilis specified in G.S. 130A-139, laboratories shall report: (1) Isolation or other specific identification of the following organisms or their products from human clinical specimens: (A) Any hantavirus or hemorrhagic fever virus (B) Arthropod-borne virus (any type) (C) *Bacillus anthracis*, the cause of anthrax (D) *Bordetella pertussis*, the cause of whooping cough (pertussis) (E) *Borrelia burgdorferi*, the cause of Lyme disease (confirmed tests) (F) *Brucella* spp., the causes of brucellosis (G) *Campylobacter* spp., the causes of campylobacteriosis (H) *Chlamydia trachomatis*, the cause of genital chlamydial infection, conjunctivitis (adult and newborn) and pneumonia of newborns (I) *Clostridium botulinum*, a cause of botulism (J) *Clostridium tetani,* the cause of tetanus (K) *Corynebacterium diphtheriae*, the cause of diphtheria (L) *Coxiella burnetii*, the cause of Q fever (M) *Cryptosporidium parvum*, the cause of human cryptosporidiosis (N) Cyclospora cayetanesis, the cause of cyclosporiasis (O) *Ehrlichia* spp., the causes of ehrlichiosis. (P) Shiga toxin-producing *Escherichia coli*, a cause of hemorrhagic colitis, hemolytic uremic syndrome, and thrombotic thrombocytopenic purpura (Q) *Francisella tularensis*, the cause of tularemia (R) Hepatitis B virus or any component thereof, such as hepatitis B surface antigen (S) Human Immunodeficiency Virus, the cause of AIDS (T) *Legionella* spp., the causes of legionellosis (U) *Leptospira* spp., the causes of leptospirosis (V) *Listeria monocytogenes*, the cause of listeriosis (W) Middle East respiratory syndrome virus (X) Monkeypox (Y) *Mycobacterium leprae*, the cause of leprosy (Z) *Plasmodium falciparum, P. malariae, P. ovale,* and *P. vivax*, the causes of malaria in humans (AA) Poliovirus (any), the cause of poliomyelitis (BB) Rabies virus (CC) *Rickettsia rickettsii*, the cause of Rocky Mountain spotted fever (DD) Rubella virus (EE) *Salmonella* spp., the causes of salmonellosis (FF) *Shigella* spp., the causes of shigellosis (GG) Smallpox virus, the cause of smallpox. (HH) *Staphylococcus aureus* with reduced susceptibility to vanomycin (II) *Trichinella spiralis*, the cause of trichinosis (JJ) Vaccinia virus (KK) *Vibrio* spp., the causes of cholera and other vibrioses (LL) Yellow fever virus (MM) *Yersinia pestis*, the cause of plague

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Citation	**Requirements**
	(2) Isolation or other specific identification of the following organisms from normally sterile human body sites: (A) Group A *Streptococcus pyogenes* (group A streptococci) (B) *Haemophilus influenzae*, serotype b (C) *Neisseria meningitidis*, the cause of meningococcal disease (3) Positive serologic test results, as specified, for the following infections: (A) Fourfold or greater changes or equivalent changes in serum antibody titers to: (i) Any arthropod-borne viruses associated with meningitis or encephalitis in a human (ii) Any hantavirus or hemorrhagic fever virus (iii) Chlamydia psittaci, the cause of psittacosis (iv) *Coxiella burnetii*, the cause of Q fever (v) Dengue virus (vi) Ehrlichia spp., the causes of ehrlichiosis (vii) Measles (rubeola) virus (viii) Mumps virus (ix) *Rickettsia rickettsii,* the cause of Rocky Mountain spotted fever (x) Rubella virus (xi) Yellow fever virus (B) The presence of IgM serum antibodies to: (i) *Chlamydia psittaci* (ii) Hepatitis A virus (iii) Hepatitis B virus core antigen (iv) Rubella virus (v) Rubeola (measles) virus (vi) Yellow fever virus (4) Laboratory results from tests to determine the absolute and relative counts for the T-helper (CD4) subset of lymphocytes and all results from tests to determine HIV viral load.

NORTH CAROLINA	
Citation	**Requirements**
10A NCAC 41A .0102 **Method of Reporting**	(a) When a report of a disease or condition is required to be made pursuant to G.S. 130A-135 through 139 and 10A NCAC 41A .0101, with the exception of laboratories, which shall proceed as in Subparagraph (d), the report shall be made to the local health director as follows: (1) For diseases and conditions required to be reported within 24 hours, the initial report shall be made by telephone, and the report required by Subparagraph (2) of this Paragraph shall be made within seven days. (2) In addition to the requirements of Subparagraph (1) of this Paragraph, the report shall be made on the communicable disease report card or in an electronic format provided by the Division of Public Health and shall include the name and address of the patient, the name and address of the parent or guardian if the patient is a minor, and epidemiologic information. (3) In addition to the requirements of Subparagraphs (1) and (2) of this Paragraph, forms or electronic formats provided by the Division of Public Health for collection of information necessary for disease control and documentation of clinical and epidemiologic information about the cases shall be completed and submitted for the following reportable diseases and conditions identified in 10A NCAC 41A .0101(a): (A) acquired immune deficiency syndrome (AIDS); (B) brucellosis; (C) cholera; (D) cryptosporidiosis; (E) cyclosporiasis; (F) *E. coli* 0157:H7 infection; (G) ehrlichiosis; (H) *Haemophilus influenzae*, invasive disease; (I) Hemolytic-uremic syndrome/ thrombotic thrombocytopenic purpura; (J) hepatitis A; (K) hepatitis B; (L) hepatitis B carriage; (M) hepatitis C; (N) human immunodeficiency virus (HIV) confirmed; (O) legionellosis; (P) leptospirosis; (Q) Lyme disease; (R) malaria; (S) measles (rubeola); (T) meningitis, pneumococcal; (U) meningococcal disease; (V) mumps; (W) paralytic poliomyelitis; (X) psittacosis; (Y) Rocky Mountain spotted fever; (Z) rubella; (AA) rubella congenital syndrome; (BB) tetanus; (CC) toxic shock syndrome; (DD) trichinosis; (EE) tuberculosis; (FF) tularemia; (GG) typhoid; (HH) typhoid carriage (*Salmonella* Typhi); (II) *vibrio* infection (other than cholera); and (JJ) whooping cough. Communicable disease report cards, surveillance forms, and electronic formats are available from the Division of Public Health, 1915 Mail Service Center, Raleigh, North Carolina 27699-1915, and from local health departments. (b) Notwithstanding the time frames established in 10A NCAC 41A .0101, a restaurant or other food or drink establishment shall report all outbreaks or suspected outbreaks of foodborne illness in its customers or employees and all suspected cases of

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Citation	**Requirements**
	foodborne disease or foodborne condition in food-handlers at the establishment by telephone to the local health department within 24 hours in accordance with Subparagraph (a)(1) of this Rule. However, the establishment is not required to submit a report card or surveillance form pursuant to Subparagraph (a)(2) of this Rule. (c) For the purposes of reporting by restaurants and other food or drink establishments pursuant to G.S.130A-138, the following diseases and conditions listed in 10A NCAC 41A .0101(a) shall be reported: (1) anthrax; (2) botulism; (3) brucellosis; (4) campylobacter infection; (5) cholera; (6) cryptosporidiosis; (7) cyclosporiasis; (8) *E. coli* 0157:H7 infection; (9) hepatitis A; (10) salmonellosis; (11) shigellosis; (12) streptococcal infection, Group A, invasive disease; (13) trichinosis; (14) tularemia; (15) typhoid; (16) typhoid carriage (*Salmonella* Typhi); and (17) *vibrio* infection (other than cholera). (d) Laboratories required to report test results pursuant to G.S. 130A-139 and 10A NCAC 41A .0101(c) shall report as follows: (1) The results of the specified tests for syphilis, chlamydia and gonorrhea shall be reported to the local health department by the first and fifteenth of each month. Reports of the results of the specified tests for gonorrhea, chlamydia and syphilis shall include the specimen collection date, the patient's age, race, and sex, and the submitting physician's name, address, and telephone numbers. (2) Positive darkfield examinations for syphilis, all reactive prenatal and delivery STS titers, all reactive STS titers on infants less than one year old and STS titers of 1:8 and above shall be reported within 24 hours by telephone to the HIV/STD Prevention and Care Branch at (919) 733-7301, or the HIV/STD Prevention and Care Branch Regional Office where the laboratory is located. (3) With the exception of positive laboratory tests for human immunodeficiency virus, positive laboratory tests as defined in G.S. 130A-139(1) and 10A NCAC 41A .0101(c) shall be reported to the Division of Public Health electronically, by mail, by secure telefax or by telephone within the time periods specified for each reportable disease or condition in 10A NCAC 41A .0101(a). Confirmed positive laboratory tests for human immunodeficiency virus as defined in 10A NCAC 41A .0101(b) and for CD4 results defined in 10A NCAC 41A .0101(c)(4) shall be reported to the HIV/STD Prevention and Care Branch within 24 hours of obtaining reportable test results. Reports shall include as much of the following information as the laboratory possesses: (A) the specific name of the test performed; (B) the source of the specimen; (C) the collection date(s); (D) the patient's name, age, race, sex, address, and county; and (E) the submitting physician's name, address, and telephone number.

NORTH CAROLINA	
Citation	**Requirements**
10A NCAC 41A .0209 **Laboratory Testing**	All laboratories shall do the following: (1) When *Neisseria meningitidis* is isolated from a normally sterile site, test the organism for specific serogroup or send the isolate to the State Laboratory of Public Health for serogrouping; (2) When a stool culture is requested on a specimen from a person with bloody diarrhea, culture the stool for shiga-toxin producing *Escherichia coli* or send the specimen to the State Laboratory of Public Health; (3) When *Haemophilus influenzae* is isolated, test the organism for specific serogroup or send the isolate to the State Laboratory of Public Health for serogrouping; and (4) When *Mycobacterium tuberculosis* complex is isolated, test the organism for specific restriction fragment length polymorphism (RFLP) or send the isolate, or a subculture of the isolate, to the State Laboratory of Public Health for genotyping.

North Dakota

NORTH DAKOTA	
Citation	**Requirements**
Statutes	
North Dakota Century Code 23-07-02 **Who to report reportable diseases**	Except as otherwise provided by section 23-07-02.1, the following persons or their designees shall report to the state department of health any reportable disease coming to their knowledge: 1. All health care providers, including physicians, physician assistants, nurse practitioners, nurses, dentists, medical examiners or coroners, pharmacists, emergency medical service providers, and local health officers. 2. The director, principal manager, or chief executive officer of: a. Health care institutions, including hospitals, medical centers, clinics, long-term care facilities, assisted living facilities, or other institutional facilities; b. Medical or diagnostic laboratories; c. Blood bank collection or storage centers; d. Public and private elementary and secondary schools; e. Public and private universities and colleges; f. Health or correctional institutions operated or regulated by municipal, county or multicounty, state, or federal governments; g. Funeral establishments and mortuaries; and h. Child care facilities or camps. 3. The state veterinarian, if the disease may be transmitted directly or indirectly to or between humans and animals. 4. A person having knowledge that a person or persons are suspected of having a reportable disease may notify the department and provide all information known to the person reporting concerning the reportable disease or condition of the person or persons. If the person reporting is the attending physician or the physician's designee, the physician or the physician's designee shall report not less than twice a week, in the form and manner directed by the state department of health, the condition of the person afflicted and the state of the disease. A person making a report in good faith is immune from liability for any damages which may be caused by that act.

NORTH DAKOTA	
Citation	**Requirements**
Regulations	
North Dakota Administrative Code 33-06-02-01 **Reporting**	1. Morbidity reports. Reporting may be conducted by completion of reporting forms, telephonic, electronic, or through other means designated by the state department of health. All morbidity reports must be made as soon as a laboratory test result is positive or a clinical diagnosis is made. 2. Printed forms. Reporting forms will be provided by the state department of health. For those conditions which may require investigation to prevent spread of the condition, forms are available which specify the patient's name and address, age, sex, occupation, probable source of infection, date of exposure, date of onset, and name and address of the person making the report. For those conditions which do not require investigations, forms are available for reporting the conditions by number only. 3. Telephonic reports. Physicians shall notify the state health officer by telephone of any unusual outbreak of food infections and poisonings, and of any case of bubonic plague, rabies, anthrax, botulism, Rocky Mountain spotted fever, and such other conditions as the state department of health may from time-to-time designate. 4. Teacher must report suspected cases. Whenever any school principal or teacher in any private, public, or parochial school has reason to suspect that any pupil is suffering from or has been exposed to any communicable condition, such principal or teacher shall send the child home with instructions to see the child's family physician. Any pupil so excluded shall not be permitted to attend school again until the pupil shall present a certificate from a physician licensed to practice medicine in North Dakota or from the local health department stating that the child is not suffering from a communicable condition and that it is safe for the child to return to school. Such principal or teacher shall also report any such suspected case to the local health officer, who, upon receipt of such report, shall use the officer's best judgment as to the necessity for further investigating the case. 5. All medical diagnostic laboratories are required to report any laboratory test result (serological, culture, etc.) which may be interpreted as indicative of any of the reportable conditions to the state department of health. Test results from specimens sent by in-state laboratories to out-of-state laboratories are also required to be reported. 6. In addition to reporting requirements specified under subsection 5, mandatory reporters include: a. All physicians and other health care providers administering screening, diagnostic, or therapeutic services. b. Hospitals, including those providing inpatient or outpatient services, or both. c. Health care facilities, including basic care facilities and mobile units, providing screening, diagnostic, or therapeutic services.

NORTH DAKOTA	
Citation	**Requirements**
ND Admin. Code 33-06-01-01 **Reportable conditions**	All reports and information concerning reportable conditions are confidential and not open to inspection. The following designated reportable conditions must be reported to the state department of health by the persons designated in chapter 33-06-02. If any reportable condition is designated by an asterisk, an appropriate sample or isolate must be submitted to the division of microbiology (public health laboratory) in addition to the required report. 1. Anthrax* 2. Arboviral infection 3. Botulism* 4. Brucellosis* 5. *Campylobacter* enteritis* 6. Cancer, all malignant and in situ carcinomas; in addition, all benign cancers of the central nervous system, pituitary gland, pineal gland, and craniopharyngeal duct. Carcinoma in situ of the cervix is not collected. Basal or squamous cell carcinoma is not collected unless diagnosed in the labia, clitoris, vulva, prepuce, penis, or scrotum. 7. All CD4 test results 8. Chickenpox (varicella) 9. Chlamydial infections 10. Cholera* 11. *Clostridium perfringens* intoxication* 12. Coccidioidomycosis* 13. Creutzfeldt-Jakob disease 14. Cryptosporidiosis 15. Diphtheria* 16. *E. coli*, shiga toxin-producing* 17. *Enterococcus,* vancomycin resistant (VRE)* 18. Foodborne or waterborne outbreaks 19. Giardiasis 20. Glanders* 21. Gonorrhea 22. Hantavirus* 23. *Haemophilus influenzae* infection (invasive infection with *haemophilus influenzae* isolated from blood, cerebral spinal fluid, or other normal sterile site)* 24. Hemolytic uremic syndrome 25. Hepatitis (specify type) 26. Human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS)* (Any positive HIV test result) 27. Human immunodeficiency virus (HIV) nucleic acid test result (detectable or nondetectable) 28. Human immunodeficiency virus (HIV) rapid screens (positive only) 29. Influenza 30. Laboratory incidences involving the possible release of category A bioterrorism agents or novel influenza viruses into the laboratory environment 31. Lead blood level greater than or equal to 10 ug/dl 32. Legionellosis 33. Listeriosis* 34. Lyme disease 35. Malaria* 36. Measles (rubeola)* 37. Melioidosis* 38. Meningitis, bacterial (all bacterial species isolated from cerebrospinal fluid)* 39. Meningococcal disease (invasive infection with *neisseria meningitidis* isolated from blood, cerebral spinal fluid, or other normal sterile site)* 40. Mumps 41. Nipah viral infections* 42. Nosocomial outbreaks in institutions 43. Organisms with reduced susceptibility to carbapenem*(ex. klebsiella pneumonia carbapenemase [KPC], carbapenem-resistant enterobacteriaceae [CRE], etc.) 44. Pertussis* 45. Plague* 46. Poliomyelitis* 47. Pregnancy in a person infected with hepatitis B or HIV 48. Psittacosis 49. Q fever* 50. Rabies (animal or human*) 51. Rocky Mountain spotted fever 52. Rubella*

NORTH DAKOTA	
Citation	**Requirements**
	53. Salmonellosis* 54. Scabies outbreaks in institutions 55. Severe acute respiratory syndrome (SARS)* 56. Shigellosis* 57. Smallpox* 58. *Staphylococcus aureus,* methicillin resistant (MRSA), invasive sites only - excluding urine* 59. *Staphylococcus aureus*, vancomycin resistant and intermediate resistant (VRSA and VISA)* 60. *Staphylococcus* enterotoxin B intoxication* 61. Streptococcal infections (invasive infection of streptococcus group A or B or *streptococcus pneumoniae* isolated from blood, cerebral spinal fluid, or other normal sterile site)* 62. Syphilis 63. Tetanus 64. Tickborne diseases* 65. Tickborne hemorrhagic fevers 66. Toxic shock syndrome* 67. Trichinosis 68. Tuberculosis (tuberculosis disease caused by *mycobacterium tuberculosis* or *mycobacterium bovis*)* 69. Tularemia* 70. Tumors of the central nervous system 71. Typhoid fever* 72. Unexplained critical illness or death in an otherwise healthy person 73. Unusual cluster of severe or unexplained illnesses or deaths 74. Viral hemorrhagic fevers 75. Weapons of mass destruction suspected event 76. Yellow fever* 77. Vibriosis*

Ohio

OHIO	
Citation	**Requirements**
Statutes	
Ohio Revised Code 3701.23 **Reporting contagious or infectious diseases, illnesses, health conditions, or unusual infectious agents or biological toxins**	(A) As used in this section, "health care provider" means any person or government entity that provides health care services to individuals. "Health care provider" includes, but is not limited to, hospitals, medical clinics and offices, special care facilities, medical laboratories, physicians, pharmacists, dentists, physician assistants, registered and licensed practical nurses, laboratory technicians, emergency medical service organization personnel, and ambulance service organization personnel. (B) Boards of health, health authorities or officials, health care providers in localities in which there are no health authorities or officials, and coroners or medical examiners shall report promptly to the department of health the existence of any of the following: (1) Asiatic cholera; (2) Yellow fever; (3) Diphtheria; (4) Typhus or typhoid fever; (5) As specified by the director of health, other contagious or infectious diseases, illnesses, health conditions, or unusual infectious agents or biological toxins posing a risk of human fatality or disability. (C) No person shall fail to comply with the reporting requirements established under division (B) of this section. (D) The reports required by this section shall be submitted on forms, as required by statute or rule, and in the manner the director of health prescribes. (E) Information reported under this section that is protected health information pursuant to section 3701.17 of the Revised Code shall be released only in accordance with that section. Information that does not identify an individual may be released in summary, statistical, or aggregate form.
Regulations	
Ohio Administrative Code 3701-3-02 **Diseases to be reported**	The diseases listed in this rule and classified as class "A", class "B", and class "C" are declared to be dangerous to the public health and are reportable. The occurrence of cases or suspected cases of a disease classified as class "A", class "B", or class "C" shall be reported, in detail, by health care providers and laboratories to the board of health on forms as prescribed and provided by the director and shall be reported in accordance with this rule and Chapter 3701-3 of the Administrative Code.

OHIO	
Citation	**Requirements**
	(A) Due to the severity of disease or the potential for epidemic spread, diseases of major public health concern are classified as class "A." The following diseases are classified as class "A" and shall be reported immediately via telephone in accordance with rules 3701-3-03, 3701-3-04, and 3701-3-05 of the Administrative Code: (1) Anthrax; (2) Botulism, foodborne; (3) Cholera; (4) Diphtheria; (5) Influenza "A" - novel virus infection; (6) Measles; (7) Meningococcal disease; (8) Middle East Respiratory Syndrome (MERS); (9) Plague; (10) Rabies, human; (11) Rubella (not congenital); (12) Severe acute respiratory syndrome (SARS); (13) Smallpox; (14) Tularemia; (15) Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorragic fever; (16) Yellow fever; and (17) Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism. (B) Due to the potential for epidemic spread, diseases of significant public health concern are classified as class "B." The following diseases are classified as class "B" and shall be reported in accordance with this rule and rules 3701-3-03, 3701-3-04, and 3701-3-05 of the Administrative Code: (1) Amebiasis; (2) Arboviral neuroinvasive and non-neuroinvasive diseases: (a) Chikungunya virus infection; (b) Eastern equine encephalitis virus disease; (c) La Crosse virus disease (other California serogroup virus disease) (d) Powassan virus disease; (e) St. Louis encephalitis virus disease; (f) West Nile virus infection; (g) Western equine encephalitis virus disease; (h) Other Arthopod-borne diseases; (3) Babesiosis; (4) Botulism; (a) Infant; (b) Wound; (5) Brucellosis; (6) Campylobacteriosis; (7) Chancroid; (8) *Chlamydia trachomatis* infections; (9) Coccidioidomycosis; (10) Creutzfeldt-Jakob disease (CJD); (11) Cryptosporidiosis; (12) Cyclosporiasis; (13) Dengue; (14) *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC);

OHIO	
Citation	**Requirements**
	(15) Ehrlichiosis/anaplasmosis; (16) Giardiasis; (17) Gonorrhea (Neisseria gonorrhoeae); (18) *Haemophilus influenzae* (invasive disease); (19) Hantavirus; (20) Hemolytic uremic syndrome (HUS); (21) Hepatitis A; (22) Hepatitis B (non-perinatal); (23) Hepatitis B (perinatal); (24) Hepatitis C; (25) Hepatitis D (delta hepatitis); (26) Hepatitis E; (27) Influenza-associated hospitalization; (28) Influenza-associated pediatric mortality; (29) Legionnaires' disease; (30) Leprosy (Hansen disease); (31) Leptospirosis; (32) Listeriosis; (33) Lyme disease; (34) Malaria; (35) Meningitis; (a) Aseptic (viral); (b) Bacterial; (36) Mumps; (37) Mycobacterial disease, other than tuberculosis (MOTT); (38) Pertussis; (39) Poliomyelitis (including vaccine-associated cases); (40) Psittacosis; (41) Q fever; (42) Rubella (congenital); (43) Salmonellosis; (44) Shigellosis; (45) Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF); (46) *Staphylococcus aureus*, with resistance or intermediate resistance to vancomycin (VRSA, VISA); (47) Streptococcal disease, group A, invasive (IGAS); (48) Streptococcal disease, group B, in newborn; (49) Streptococcal toxic shock syndrome (STSS); (50) *Streptococcus pneumoniae,* invasive disease (ISP); (51) Syphilis; (52) Tetanus; (53) Toxic shock syndrome (TSS); (54) Trichinellosis; (55) Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB); (56) Typhoid fever; (57) Typhus fever; (58) Varicella; (59) Vibriosis; and (60) Yersiniosis.

OHIO	
Citation	**Requirements**
	(C) The following are classified as class "C" and shall be reported by the end of the next business day in accordance with this rule and rules 3701-3-03, 3701-3-04, and 3701-3-05 of the Administrative Code unless paragraph (C)(7) of this rule applies - outbreak, unusual incidence, or epidemic of other infectious diseases from the following sources: (1) Community; (2) Foodborne; (3) Healthcare-associated; (4) Institutional; (5) Waterborne; and (6) Zoonotic; (7) If the outbreak, unusual incidence, or epidemic, including but not limited to, histoplasmosis, pediculosis, scabies, and staphylococcal infections, has an unexpected pattern of cases, suspected cases, deaths, or increased incidence of disease that is of a major public health concern pursuant to paragraph (A)(16) of this rule, then such outbreak, unusual incidence, or epidemic shall be reported in accordance with paragraph (A) of rule 3701-3-05 of the Administrative Code.
Ohio Admin. Code 3701-3-03 **Reportable disease notification**	(A) A health care provider with knowledge of a case or suspect case of a disease which is required by law to be reported, including all class "A", class "B", and class "C" categories of disease designated as reportable under rule 3701-3-02 of the Administrative Code, shall submit a case report in the manner set forth in rule 3701-3-05 of the Administrative Code. (1) A health care provider may submit electronic reports in the manner approved by the director. (2) Unless otherwise demonstrated, a health care provider who submits electronic reports in the manner approved by the director shall be presumed compliant with section 3701.23 of the Revised Code and rules 3701-3-02, 3701-3-04, and 3701-3-05 of the Administrative Code. (B) Reports of cases and suspect cases shall include, but not limited to, the following: (1) Case or suspect case information: name, diagnosis or suspected diagnosis, date of birth, sex, telephone number, and street address including city, state, and zip code. (2) Health care provider information: name, telephone number, and street address including city, state, and zip code. (3) Supplementary information as needed to complete official surveillance forms provided or set forth by the director. (C) Any individual having knowledge of a person suffering from a disease suspected of being communicable is authorized to report to public health authorities all known facts relating to the case or incident.

OHIO	
Citation	**Requirements**
Ohio Admin. Code 3701-3-04 **Laboratory result reporting**	(A) The person in charge of any laboratory that examines specimens of human origin for evidence of diseases designated as reportable by rule 3701-3-02 of the Administrative Code shall report all positive results of such examinations in the manner set forth in rule 3701-3-05 of the Administrative Code. (B) A positive result of a laboratory examination for a reportable disease shall be considered reason to suspect that a person is infected by that disease. Upon receipt of a laboratory report of a positive result for a reportable disease, the city or general health district in which the suspect case resides shall make an inquiry through the appropriate health care provider to determine if the suspected case exists. (C) A laboratory report shall include, but not be limited to, the following: (1) Case information: name, date of birth, sex, and street address including city, state, and zip code. (2) Laboratory test information: specimen identification number, specimen collection date, specimen type, test name, test result, and if applicable, the organism and serotype. (3) Health care provider information: name, telephone number, street address including city, state, and postal zip code.
Ohio Admin. Code 3701-3-05 **Time to report**	Reports by health care providers, as specified in rule 3701-3-03 of the Administrative Code, and reports by laboratories of positive results, as specified in rule 3701-3-04 of the Administrative Code, shall be provided in the manner set forth by the director according to the following time and method of reporting: (A) Cases, suspect cases, and positive laboratory results for diseases specified as class "A" in paragraph (A) of rule 3701-3-02 of the Administrative Code shall be initially and immediately provided by telephone to the local health jurisdiction in which the case or suspected case resides, or if the residence is unknown, to the Ohio department of health. Follow up reports shall be provided in the manner set forth by the director. If cases, suspect cases, and positive laboratory results for diseases specified as class "A" are reported to a local health district, such local health jurisdiction shall immediately notify the Ohio department of health in the manner set forth by the director. (B) Case and suspect case reports and reports of positive laboratory results for diseases specified as class "B" in paragraph (B) of rule 3701-3-02 of the Administrative Code shall be provided by the end of the next business day. (C) Reports related to an actual or suspected outbreak, unusual incident, or epidemic of any disease specified as class "C" in paragraph (C) of rule 3701-3-02 of the Administrative Code shall be provided by the end of the next business day, unless the unexpected pattern of cases, suspect cases, deaths, or increased incidence of disease is of major public health concern pursuant to paragraph (A) of rule 3701-3-02 of the Administrative Code, then such reports shall be made according to paragraph (A) of this rule.

Oklahoma

OKLAHOMA	
Citation	**Requirements**
Statutes	
Oklahoma Statutes, Title 63, Section 1-503 **Reports Of Disease**	(A) The State Board of Health shall promulgate rules and regulations establishing a system of reporting of cases of diseases diagnosed or detected by practicing physicians and/or clinical laboratories which come within the purview of this article. A reporting system established by the Board shall be applicable to penal and eleemosynary institutions. Failure or refusal to report diseases as required by the Board shall constitute a misdemeanor. (B) It shall be the duty of each local health officer to report the existence of disease in his jurisdiction, as may be required by rules and regulations of the State Board of Health.
Regulations	
Oklahoma Administrative Code 310:515-1-8 **Organisms/specimens to be sent to the Public Health Laboratory**	(a) Isolates or appropriate specimens of the following organisms shall be sent to the OSDH Public Health Laboratory for typing. (1) *Bacillus anthracis.* (2) *Brucella* spp. (3) *E. coli O157, O157:H7*, or a Shiga toxin producing *E. coli*. (4) *Francisella tularensis.* (5) *Haemophilus influenzae* (sterile site). (6) *Listeria monocytogenes* (sterile site). (7) *Mycobacteriumtuberculosis*. (8) *Neisseria meningitidis* (sterile site). (9) *Plasmodium* spp. (10) *Salmonella* spp. (11) *Staphylococcus aureus* that are VISA or VRSA (12) *Vibrionaceae* family (*Vibrio* spp., *Grimontia* spp., *Photobacterium* spp. and other genera in the family). (13) *Yersinia* spp. (b) Following consultation with an OSDH epidemiologist, clinical specimens from suspected cases of Botulism must be sent to the OSDH Public Health Laboratory for testing.
Okla. Admin. Code 310:515-1-3 **Diseases to be reported immediately**	The following diseases must be reported by any health practitioner or laboratory personnel to the OSDH electronically via the secure web-based Public Health Investigation and Disease Detection of Oklahoma system or by telephone (405-271-4060 or 800-234-5963) immediately upon suspicion, diagnosis, or testing as specified in the “Oklahoma Disease Reporting Manual”. (1) Anthrax (*Bacillus anthracis*). (2) Bioterrorism - suspected disease. (3) Botulism (*Clostridium botulinum*). (4) Diphtheria (*Corynebacterium diphtheriae*). (5) *Haemophilus influenzae* invasive disease. (6) Hepatitis A (Anti-HAV-IgM+). (7) Hepatitis B during pregnancy (HBsAg+). (8) Measles (Rubeola).

OKLAHOMA	
Citation	**Requirements**
	(9) Meningococcal invasive disease (*Neisseria meningitidis*). (10) Novel coronavirus. (11) Novel influenza A. (12) Outbreaks of apparent infectious disease. (13) Plague (*Yersinia pestis*). (14) Poliomyelitis. (15) Rabies. (16) Smallpox. (17) Tularemia (*Francisella tularensis*). (18) Typhoid fever (*Salmonella* Typhi). (19) Viral hemorrhagic fever.
Okla. Admin. Code 310:515-1-4 **Additional diseases, conditions, and injuries to be reported**	The following diseases, conditions and injuries must be reported by physicians, laboratories, and hospitals (by infection control practitioners, medical records personnel, and other designees) to the OSDH as dictated in the following subsections: (1) *Infectious diseases.* Reports of infectious diseases and conditions listed in this subsection must be submitted electronically via the PHIDDO system, telephoned, or submitted via secure electronic data transmission to the OSDH within one (1) working day (Monday through Friday, state holidays excepted) of diagnosis or positive test as specified in the *Oklahoma Disease Reporting Manual*. (A) Acid Fast Bacillus (AFB) positive smear. Report only if no additional testing is performed or subsequent testing is indicative of *Mycobacterium tuberculosis* Complex (B) AIDS (Acquired Immunodeficiency Syndrome) (C) Arboviral infections (West Nile virus, St. Louis encephalitis virus, Eastern equine encephalitis virus, Western equine encephalitis virus, Powassan virus, California serogroup virus). (D) Brucellosis (*Brucella* spp.) (E) Campylobacteriosis (*Campylobacter* spp.) (F) Congenital rubella syndrome (G) Cryptosporidiosis (*Cryptosporidium* spp.) (H) Dengue Fever (I) *E. coli* O157, O157:H7, or a Shiga toxin producing *E. coli* (J) Ehrlichiosis (*Ehrlichia* or *Anaplasma* spp.) (K) Hantavirus pulmonary syndrome (L) Hemolytic uremic syndrome, postdiarrheal (M) Hepatitis B. If HBsAg+, anti-HBc-IgM+, HBeAg+, or HBV DNA+ then report results of the entire hepatitis panel (N) Hepatitis C in persons < or= 40 years or in persons having jaundice or ALT > or= 400 regardless of age with laboratory confirmation. If hepatitis C EIA is confirmed by NAT for HCV RNA, or signal-to-cut-off (s/co) ratio or index is predictive of a true positive then report results of the entire hepatitis panel (O) Human Immunodeficiency Virus (HIV) infection (P) Influenza associated hospitalization or death (Q) Legionellosis (*Legionella* spp.) (R) Leptospirosis (*Leptospira interrogans)* (S) Listeriosis (*Listeria monocytogenes*) (T) Lyme disease (*Borrelia burgdorferi*) (U) Malaria (*Plasmodium* spp.) (V) Mumps (W) Pertussis (*Bordetella pertussis*) (X) Psittacosis (*Chlamydophila psittaci*) (Y) Q Fever (*Coxiella burnetii*) (Z) Rocky Mountain Spotted Fever (*Rickettsia rickettsii*).

OKLAHOMA	
Citation	**Requirements**
	(AA) Rubella (BB) Salmonellosis (*Salmonella* spp.) (CC) Shigellosis (*Shigella* spp.) (DD) *Staphylococcus aureus* with reduced susceptibility to vancomycin (VISA or VRSA) (EE) *Streptococcus pneumoniae* invasive disease, in persons less than five years of age (FF) Syphilis (*Treponema pallidum*) (GG) Tetanus (*Clostridium tetani*) (HH) Trichinellosis (*Trichinella spiralis*) (II) Tuberculosis (*Mycobacterium tuberculosis*) (JJ) Unusual disease or syndrome (KK) Vibriosis (*Vibrionaceae* family: *Vibrio* spp. (including cholera), *Grimontia* spp., *Photobacterium* spp., and other genera in the family). (LL) Yellow Fever (2) *Infectious diseases.* Reports of infectious diseases and conditions listed in this subsection must be reported to the OSDH within one (1) month of diagnosis or test result as specified in the OSDH Disease Reporting Manual. (A) CD4 cell count with corresponding CD4 cell count percentage of total (by laboratories only) (B) Chlamydia infections (*Chlamydia trachomatis*) (C) Creutzfeldt-Jakob disease (D) Gonorrhea (*Neisseria gonorrhoeae*) (E) HIV viral load (by laboratories only) (3) *Occupational or Environmental diseases.* Laboratories must report blood lead level results greater than 10 ug/dL within one (1) week and results less than 10 ug/dL within one (1) month. Health care providers must report blood lead level results 20 ug/dL or greater within twenty-four (24) hours and results 10-19 ug/dL within one (1) week. (4) *Injuries (hospitalized and fatal cases only).* (A) Burns (B) Drownings and Near Drownings (C) Traumatic Brain Injuries (D) Traumatic Spinal Cord Injuries

Oregon

OREGON	
Citation	**Requirements**
Statutes	
Oregon Revised Statutes 433.004 **Reportable diseases; duty to report; investigation; effect of failure to report; rules**	(1) The Oregon Health Authority shall by rule: (a) Specify reportable diseases; (b) Identify those categories of persons who must report reportable diseases and the circumstances under which the reports must be made; (c) Prescribe the procedures and forms for making such reports and transmitting the reports to the authority; and (d) Prescribe measures and methods for investigating the source and controlling reportable diseases. (2) Persons required under the rules to report reportable diseases shall do so by reporting to the local public health administrator. The local public health administrator shall transmit such reports to the authority. (3) The authority or local public health administrator may investigate a case of a reportable disease, disease outbreak or epidemic. The investigation may include, but is not limited to: (a) Interviews of: (A) The subject of a reportable disease report; (B) Controls; (C) Health care providers; or (D) Employees of a health care facility. (b) Requiring a health care provider, any public or private entity, or an individual who has information necessary for the investigation to: (A) Permit inspection of the information by the authority or local public health administrator; and (B) Release the information to the authority or local public health administrator. (c) Inspection, sampling and testing of real or personal property with consent of the owner or custodian of the property or with an administrative warrant.

OREGON	
Citation	**Requirements**
	(4) (a) The authority shall establish by rule the manner in which information may be requested and obtained under subsection (3) of this section. (b) Information requested may include, but is not limited to, individually identifiable health information related to: (A) The case; (B) An individual who may be the potential source of exposure or infection; (C) An individual who has been or may have been exposed to or affected by the disease; (D) Policies, practices, systems or structures that may have affected the likelihood of disease transmission; and (E) Factors that may influence an individual's susceptibility to the disease or likelihood of being diagnosed with the disease. (5) In addition to other grounds for which a state agency may exercise disciplinary action against its licensees or certificate holders, the substantial or repeated failure of a licensee or certificate holder to report when required to do so under subsection (2) or (3) of this section shall be cause for the exercise of any of the agency's disciplinary powers. (6) Any person making a report or providing information under this section is immune from any civil or criminal liability that might otherwise be incurred or imposed with respect to the making of a report or providing information under this section.
Oregon Rev. Stat. 438.310 **Inspection of laboratory premises; owner to submit reports and findings on communicable disease; information confidential**	(1) The Oregon Health Authority or its authorized representative may: (a) At reasonable times enter the premises of a clinical laboratory licensed or subject to being licensed under ORS 438.010 to 438.510 to inspect the facilities, methods, procedures, materials, staff, equipment, laboratory results and records of the clinical laboratory. (b) Require the owner or director to submit reports on the operations and procedures of the laboratory. (c) Require the owner or director to submit initial laboratory findings indicative of communicable disease as defined by law or by rule. Each report shall include the name of the person from whom the specimen was obtained, if the name was reported to the laboratory, and the name and address of the physician for whom such examination or test was made. Such reports shall not be construed as constituting a diagnosis nor shall any laboratory making such report be held liable under the laws of this state for having violated a trust or confidential relationship. (2) The Director of the Oregon Health Authority or a designee, the authority, or any employee thereof, shall not disclose information contained in reports on communicable diseases submitted to the authority under subsection (1) of this section except as such information is made available to employees of the authority and to local health officers for purposes of administering the public health laws of this state. However, information contained in such reports may be used in compiling statistical and other data in which persons are not identified by name or otherwise.

OREGON	
Citation	**Requirements**
	(3) The authority shall by rule set standards for the recognition of private laboratory accrediting organizations whose standards meet or exceed federal standards. A laboratory that is accredited by a private laboratory accrediting organization recognized by the authority under this section may submit proof of such accreditation to the authority. Upon receipt of such proof, the authority shall issue a license pursuant to ORS 438.130.
Regulations	
Oregon Administrative Rules (OAR) 333-018-0000 **Who is Responsible for Reporting**	(1) Each health care provider knowing of or attending a human case or suspected human case of any of the diseases, infections, or conditions listed in OAR 333-018-0015 shall report such cases as specified. Where no health care provider is in attendance, any individual knowing of such a case shall report in a similar manner. An individual required to report reportable diseases who is unsure whether a case meets the definition of a suspect case as that is defined in OAR 333-017-0000 should err on the side of reporting if the suspected disease, infection, or condition is one that: (a) Is required to be reported immediately or within 24 hours under OAR 333-018-0015; (b) Is highly transmissible; or (c) Results in serious or severe health consequences. (2) Each health care facility, where more than one health care provider may know or attend a human case or suspected human case, may establish administrative procedures to ensure that every case is reported. (3) Each licensed laboratory shall report human test results as specified in OAR 333-018-0015(5). When more than one licensed laboratory is involved in testing a specimen, the laboratory that is responsible for reporting the test result directly to the health care provider that ordered the test shall be responsible for reporting. (4) Each veterinary laboratory or licensed laboratory shall report animal test results as specified in OAR 333-018-0017. When more than one laboratory is involved in testing a specimen, the laboratory that is responsible for reporting the test result directly to the licensed veterinarian or client of record caring for the animal shall be responsible for reporting.
OAR 333-018-0018 **Submission of Isolates to the Public Health Laboratory**	Licensed laboratories are required to forward aliquots or subcultures of the following to the Oregon State Public Health Laboratory: (1) Suspected *Neisseria meningitidis* and *Haemophilus influenzae* from normally sterile sites. (2) Suspected Shiga-toxigenic *Escherichia coli* (STEC), including *E. coli* O157; *Salmonella* spp., *Shigella* spp., *Vibrio* spp., *Grimontia* spp., *Listeria* spp., *Yersinia* spp.; *Mycobacterium tuberculosis* and *M. bovis* from any source. (3) Serum that tests positive for IgM antibody to hepatitis A virus.

OREGON	
Citation	**Requirements**
	(4) Serum that tests positive for IgM core antibody to hepatitis B virus. (5) All cryptococcal isolates. (6) All isolates of the *Enterobacteriaceae* family resistant to third-generation cephalosporins and non-susceptible to any carbapenem antibiotic other than ertapenem. (7) For persons under the age of 18 who died with laboratory-confirmed influenza: respiratory specimens or viral isolates, any *Staphylococcus aureus* isolates, and, after consulting with the Oregon Public Health Division, autopsy specimens.
OAR 333-018-0015 **What Is to Be Reported and When**	(1) Health care providers shall report all human cases or suspected human cases of the diseases, infections, microorganisms, and conditions specified below. The timing of health care provider reports is specified to reflect the severity of the illness or condition and the potential value of rapid intervention by public health agencies. (2) When local public health administrators cannot be reached within the specified time limits, reports shall be made directly to the Authority, which shall maintain an around-the-clock public health consultation service. (3) Licensed laboratories shall report all test results indicative of and specific for the diseases, infections, microorganisms, and conditions specified below for humans. Such tests include but are not limited to: microbiological culture, isolation, or identification; assays for specific antibodies; and identification of specific antigens, toxins, or nucleic acid sequences. (4) Human reportable diseases, infections, microorganisms, and conditions, and the time frames within which they must be reported are as follows: (a) Immediately, day or night: *Bacillus anthracis* (anthrax); *Clostridium botulinum* (botulism); *Corynebacterium diphtheriae* (diphtheria); novel influenza; *Yersinia pestis* (plague); poliomyelitis; rabies (human); measles (rubeola); Severe Acute Respiratory Syndrome (SARS) and infection by SARS coronavirus; rubella; variola major (smallpox); *Francisella tularensis* (tularemia); *Vibrio cholerae* 01, 0139, or toxigenic; hemorrhagic fever caused by viruses of the filovirus (e.g., Ebola, Marburg) or arenavirus (e.g., Lassa, Machupo) families; yellow fever; intoxication caused by marine microorganisms or their byproducts (for example, paralytic shellfish poisoning, domoic acid intoxication, ciguatera, scombroid); any known or suspected common-source outbreaks; any uncommon illness of potential public health significance. (b) Within 24 hours (including weekends and holidays): *Haemophilus influenzae (*any invasive disease; for laboratories, any isolation or identification from a normally sterile site); *Neisseria meningitidis* (any invasive disease; for laboratories, any isolation or identification from a normally sterile site); pesticide poisoning.

OREGON	
Citation	**Requirements**
	(c) Within one local public health authority working day: *Bordetella pertussis* (pertussis); Borrelia (relapsing fever, Lyme disease); *Brucella* (brucellosis); *Campylobacter* (campylobacteriosis); Chlamydophila (Chlamydia) psittaci (psittacosis); *Chlamydia trachomatis* (chlamydiosis; lymphogranuloma venereum); *Clostridium tetani* (tetanus); *Coxiella burnet*ii (Q fever); Creutzfeldt-Jakob disease and other transmissible spongiform encephalopathies; Cryptococcus (cryptococcosis), *Cryptosporidium* (cryptosporidiosis); *Cyclospora cayetanensis* (cyclosporosis); bacteria of the *Enterobacteriaceae* family found to be non-susceptible to third-generation cephalosporins and to carbapenem antibiotic (other than ertapenem); *Escherichia coli* (Shiga-toxigenic, including *E. coli* O157 and other serogroups); Giardia (giardiasis); *Grimontia* spp.; *Haemophilus ducreyi* (chancroid); hantavirus; hepatitis A; hepatitis B (acute or chronic infection); hepatitis C; hepatitis D (delta); hepatitis E; HIV infection (does not apply to anonymous testing) and AIDS; death of a person <18 years of age with laboratory-confirmed influenza; lead poisoning; *Legionella* (legionellosis); Leptospira (leptospirosis); *Listeria monocytogenes* (listeriosis); mumps; *Mycobacterium tuberculosis* and *M. bovis* (tuberculosis); nonrespiratory infection with nontuberculous mycobacteria; *Neisseria gonorrhoeae* (gonococcal infections); pelvic inflammatory disease (acute, non-gonococcal); *Plasmodium* (malaria); *Rickettsia* (all species: Rocky Mountain spotted fever, typhus, others); *Salmonella* (salmonellosis, including typhoid); *Shigella* (shigellosis); *Taenia solium* (including cysticercosis and undifferentiated Taenia infections); *Treponema pallidum* (syphilis); *Trichinella* (trichinosis); *Vibrio* spp.; *Yersinia* (other than *pestis*); any infection that is typically arthropod vector-borne (for example: babesiosis, California encephalitis, Colorado tick fever, dengue, Eastern equine encephalitis, ehrlichiosis, Heartland virus infection, Kyasanur Forest disease, St. Louis encephalitis, West Nile fever, Western equine encephalitis, etc.); a human bitten by any other mammal; and hemolytic uremic syndrome. (d) Within seven days: Any blood lead level tests including the result. (5) Licensed laboratories shall report, within seven days, the results of all tests of CD4+ T-lymphocyte absolute counts and the percent of total lymphocytes that are CD4 positive, and HIV nucleic acid (viral load) tests.

Pennsylvania

PENNSYLVANIA	
Citation	**Requirements**
Statutes	
35 Pennsylvania Statutes §521.4 **Reports**	(a) Every physician who treats or examines any person who is suffering from or who is suspected of having a communicable disease, or any person who is or who is suspected of being a carrier, shall make a prompt report of the disease in the manner prescribed by regulation to the local board or department of health which serves the municipality where the disease occurs or where the carrier resides, or to the department if so provided by regulation. (b) The department or local boards or departments of health may require the heads of hospitals and other institutions, the directors of laboratories, school authorities, the proprietors of hotels, roentgeologists, lodging houses, rooming houses or boarding houses, nurses, midwives, householders, and other persons having knowledge or suspicion of any communicable disease, to make a prompt report of the disease in a manner prescribed by regulation to the local board or department of health which serves the municipality where the disease occurs, or to the department if so provided by regulation. (c) Local boards or departments of health shall make reports of the diseases reported to them to the department at such times and in such manner as shall be provided for by regulation. (d) Every physician or every person in charge of any institution for the treatment of diseases shall be authorized, upon request of the secretary, to make reports of such diseases and conditions other than communicable diseases which in the opinion of the Advisory Health Board are needed to enable the secretary to determine and employ the most efficient and practical means to protect and to promote the health of the people by the prevention and control of such diseases and conditions other than communicable diseases. The reports shall be made upon forms prescribed by the secretary and shall be transmitted to the department or to local boards or departments of health as requested by the secretary.
Regulations	
28 Pa. Code §27.22 **Reporting of cases by clinical laboratories**	(a) A person who is in charge of a clinical laboratory in which a laboratory test of a specimen derived from a human body yields microscopical, cultural, immunological, serological, chemical, virologic, nucleic acid (DNA or RNA) or other evidence significant from a public health standpoint of the presence of a disease, infection or condition listed in subsection (b) shall promptly report the findings, no later than the next work day after the close of business on the day on which the test was completed, except as otherwise noted in this chapter. (b) The diseases, infections and conditions to be reported include the following: • Amebiasis • Anthrax • An unusual cluster of isolates • Arboviruses • Botulism—all forms • Brucellosis • CD4 T-lymphocyte test result with a count of less than 200 cells/μL or less than 14% of total lymphocytes (effective October 18, 2002)

PENNSYLVANIA	
Citation	**Requirements**
	• Campylobacteriosis • Cancer • Chancroid • Chickenpox (varicella) • *Chlamydia trachomatis* infections • Cholera • Congenital adrenal hyperplasia (CAH) in children under five years of age • Creutzfeldt-Jakob disease • Cryptosporidiosis • Diphtheria infections • Enterohemorrhagic *E. coli* 0157 infections, or infections caused by other subtypes producing shiga-like toxin • Galactosemia in children under five years of age • Giardiasis • Gonococcal infections • Granuloma inguinale • HIV (Human Immunodeficiency Virus) (effective October 18, 2002) • *Haemophilus influenzae* infections—invasive from sterile sites • Hantavirus • Hepatitis, viral, acute and chronic cases • Histoplasmosis • Influenza • Lead poisoning • Legionellosis • Leprosy (Hansen's disease) • Leptospirosis • Listeriosis • Lyme disease • Lymphogranuloma venereum • Malaria • Maple syrup urine disease (MSUD) in children under five years of age • Measles (rubeola) • Meningococcal infections—invasive from sterile sites • Mumps • Pertussis • Phenylketonuria (PKU) in children under five years of age • Primary congenital hypothyroidism in children under five years of age • Plague • Poliomyelitis • Psittacosis (ornithosis) • Rabies • Respiratory syncytial virus • Rickettsial infections • Rubella • *Salmonella* • *Shigella* • Sickle cell disease in children under five years of age • *Staphylococcus aureus* Vancomycin-resistant (or intermediate) invasive disease • *Streptococcus pneumoniae*, drug-resistant invasive disease • Syphilis • Tetanus • Toxoplasmosis • Trichinosis • Tuberculosis, confirmation of positive smears or cultures, including results of drug susceptibility testing • Tularemia • Typhoid

PENNSYLVANIA	
Citation	**Requirements**
	(c) The report shall include the following, except as provided in subsection (d): (1) The name, age, address and telephone number of the person from whom the specimen was obtained. (2) The date the specimen was collected. (3) The source of the specimen (such as, serum, stool, CSF, wound). (4) The name of the test or examination performed and the date it was performed. (5) The results of the test. (6) The range of normal values for the specific test performed. (7) The name, address and telephone number of the physician for whom the examination or test was performed. (8) Other information requested in case reports or formats specified by the Department. (d) Laboratory test results shall be reported by the person in charge of a laboratory directly to the Department's Bureau of Epidemiology through secure electronic mechanisms in a manner specified by the Department, except for the following: Reports of CAH, galactosemia maple syrup urine disease, phenylketonuria, primary congenital hypothyroidism, sickle cell disease, cancer, CD4 T-lymphocyte test results with a count of less than 200 cells/μL or less than 14% of total lymphocytes, HIV (Human Immunodeficiency Virus), and lead poisoning shall be made in the manner and to the location specifically designated in this subchapter. See § 27.30, 27.31, 27.32a and 27.34. (e) A clinical laboratory shall submit isolates of *Salmonella* and *Shigella* to the Department's Bureau of Laboratories for serotyping within 5 work days of isolation. (f) A clinical laboratory shall submit isolates of *Neisseria meningitidis* obtained from a normally sterile site to the Department's Bureau of Laboratories for serogrouping within 5 work days of isolation. (g) A clinical laboratory shall send isolates of enterohemorrhagic *E. coli* to the Department's Bureau of Laboratories for appropriate further testing within 5 work days of isolation. (h) A clinical laboratory shall send isolates of *Haemophilus influenzae* obtained from a normally sterile site to the Department's Bureau of Laboratories for serotyping within 5 work days of isolation. (i) The Department, upon publication of a notice in the Pennsylvania Bulletin, may authorize changes in the requirements for submission of isolates based upon medical or public health developments when such departure is determined by the Department to be necessary to protect the health of the people of this Commonwealth. The change will not remain in effect for more than 90 days after publication unless the Board acts to affirm the change within that 90-day period.

Rhode Island

RHODE ISLAND	
Citation	**Requirements**
Statutes	
Rhode Island General Laws §23-8-1 **Reports of communicable diseases**	In addition to the provisions of chapters 10 and 11 of this title, the director of health may by regulation declare any disease to be a reportable disease. Every physician or other person having knowledge of a case or suspected case of a reportable disease shall give notice to the department of health in a manner prescribed by the director. The director may add or remove, at any time, the name of any disease to or from the list of diseases which he or she shall declare to be reportable and may, at any time, revise the manner of reporting. The regulations in respect to the reportable diseases shall state the time within which the notification to the department of health must be made, the individual by whom it is to be made, the method, whether by writing, telegraph, or telephone, in which it shall be made, and whether the case or suspected case is to be identified by name, address, and date of onset of illness.
Regulations	
Code of Rhode Island Rules and Regulations R23-10-DIS **Rules and Regulations Pertaining to Reporting of Infectious, Environmental and Occupational Diseases** **Section 2: Reporting Requirements**	*Section 2.0 Reporting Requirements* The HIPAA Privacy Rule expressly permits disclosures without individual authorization to public health authorities authorized by law to collect or receive the information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, public health surveillance, investigation, and intervention (see Reference 19 of these Regulations). *Responsibility for Reporting* 2.1 The diseases listed in these Regulations shall be reported in the manner set forth in these Regulations. Reporting of diseases listed in these Regulations is required and is the responsibility of the following: • Physicians attending the case or suspected case or his/her designee; • Physician assistants, certified registered nurse practitioners, and midwives; • Clinical laboratories; • Hospitals (from both inpatient and outpatient settings); When a diagnosis or suspected diagnosis of a case is made within a hospital, the facility administrator, or his/her designee (e.g., infection control practitioner), is charged with the responsibility of ensuring the reporting of the case in accordance with the procedures outlined in these Regulations. • All other health care facilities (i.e., organized ambulatory care facility, school-based health center, freestanding emergency care facility, home care/home nursing care provider, hospice, birth center, nursing facility, rehabilitation hospital center, freestanding ambulatory surgical center, kidney disease treatment center, physician office setting providing surgical treatments {office operatory}); When a diagnosis or suspected diagnosis of a case is made within a licensed health care facility, the facility administrator or medical director, or his/her designee (e.g., infection control practitioner), is charged with the responsibility of ensuring the reporting of the case in accordance with the procedures outlined in these Regulations.

RHODE ISLAND	
Citation	**Requirements**
	• Veterinarians who have knowledge of a single case of rare and unusual veterinary diagnosis that relates to or has the potential to cause illness in humans and/or clusters or outbreaks of unusual zoonotic vectorborne diseases that can cause illness in humans. 2.2 Reporting of diseases listed in these Regulations is recommended by and the responsibility of the following: • Certified school nurse-teachers who have knowledge of a single case of rare and unusual diagnoses and/or clusters or outbreaks of unusual diseases or illnesses; • Dentists who have knowledge of a single case of rare and unusual diagnoses and/or clusters or outbreaks of unusual diseases or illnesses; • Other entities or persons (such as college/university health centers, day care centers, drug treatment facilities, prison health services, travel clinics, social service agencies that serve the homeless, school health centers that treat students in grades K-12, camp counselors, funeral directors, transportation authority etc.) who have knowledge of a single case of rare and unusual diagnoses and/or clusters or outbreaks of unusual diseases or illnesses. 2.3 *Exemptions*. Reporting of the diseases listed in these Regulations shall not be required in the following case: In research protocols and all other situations where the person conducting the research or ordering the test is unaware of the identity of the person being tested. (In cases where the identity of the person being tested is known to the person, the provisions of these Regulations shall apply). ... *[Remaining text omitted]*
Code of RI Rules and Regs. R23-10-DIS **Section 3.0** **Reportable Diseases and Timeframe for Reporting**	*Section 3.0 Reportable Diseases and Timeframe for Reporting* 3.1 (a) The lists cited below pertain to individuals and facilities required or recommended to report (see §2.1 in these Regulations). Cases due to the diseases listed below shall be reported to the Rhode Island Department of Health, Division of Infectious Disease and Epidemiology (IDE), within the timelines indicated. Reportable diseases are grouped as immediately reportable and non-immediately reportable. Immediately reportable diseases shall be reported within twenty-four (24) hours of recognition or strong suspicion of disease. All other reportable conditions shall be reported within four (4) days of recognition or suspicion. There is no requirement to wait for laboratory confirmation for any condition. (b) Case reports must be submitted on a Department of Health case report form. The minimal information required when submitting a case report form includes: disease being reported, patient's full name, address, city, state, zip code, phone number, date of birth (or age at onset), gender, race and ethnicity, date of onset, and physicians' name and phone number. (c) All case report forms can be found at: http://www.health.ri.gov/diseases/for/providers/. (d) For animal bites, TB, LTBI, HIV, and STDs case reports must be submitted on the disease-specific case report form. Case reports for all other diseases must be reported on the generic infectious disease case report form.

RHODE ISLAND	
Citation	**Requirements**
	3.2 (a) Laboratories, including those outside of Rhode Island, performing examinations on any specimens derived from Rhode Island residents that yield evidence of infection due to the diseases listed below shall report such evidence of infection directly to IDE through the methods listed in §3.3 of these Regulations. (b) HIV reporting guidance is detailed in Rules and Regulations Pertaining to HIV Counseling, Testing and Reporting, and Confidentiality [R23-6.3-HIV]. (c) The minimal information required when submitting a laboratory report includes: a laboratory contact, test results, date of specimen collection, case's full name, date of birth, sex, address, and name of ordering health care provider. 3.3 All cases, are reported to the Department via one of four (4) methods: (a) Mail. Mail to: Rhode Island Department of Health, Division Of Infectious Disease and Epidemiology, 3 Capitol Hill, Room 106, Providence RI 02908-5097) (b) Fax. Fax to: (401)-222-2488 (c) Telephone. Between 8:30am – 4:30pm (Monday-Friday): (401)-222-2577. For telephone reporting after hours call (401)-272-5952 (d) Electronic Reporting or Data Mining Methods. Various methods of electronic reports are required as defined in technical specifications developed by the Department. Examples of data sources include, but are not limited to electronic laboratory reports, medical records, health information exchange feeds, syndromic surveillance feeds, immunization and other disease registries, and billing data. 3.4 List of diseases reportable to Rhode Island Department of Health, Division of Infectious Disease and Epidemiology: *Diseases to be Reported Immediately (within 24 hours)* • *Potential Agents of Bioterrorism* • Anthrax • Botulism • Brucellosis • *Burkholderia mallei/pseudomallei* • (Glanders and Meliodosis) • *Clostridium perfringens* epsilon toxin • Plague • Q-Fever • Ricin Poisoning • Smallpox • Staphylococcal enterotoxin B poisoning • Tularemia • Viral Hemorrhagic Fevers (Ebola, Lassa, Marburg, etc)

RHODE ISLAND	
Citation	**Requirements**
	Other Conditions • Animal bites • Arboviral infections (neuroinvasive) • Cholera • Ciguatera, Paralytic shellfish or Scombroid poisoning • Diphtheria • Encephalitis (any infectious cause) • Hantavirus Pulmonary Syndrome • Hepatitis A[1] • Measles • Meningococcal Disease[2] • Novel coronavirus • Outbreaks and clusters (see §1.15 of these Regulations) • Poliomyelitis • Rabies (animal) • Rabies (human) • *Staphylococcus aureus* infections Vancomycin Resistant/Intermediate (VRSA/VISA)[2] • Typhoid fever • Unexplained deaths (possibly due to unidentified infectious causes) • *Vibrio* infections • Yellow fever *Conditions to be Reported within four (4) days* • Acquired Immunodeficiency Syndrome (AIDS) • Anaplasmosis/Ehrlichiosis • Babesiosis • Campylobacteriosis • Chancroid • *Chlamydia trachomatis* (genital and ophthalmic) • Coccidioidomycosis • Cryptosporidiosis • Cyclosporiasis • Dengue virus infections • *Escherichia coli*, Shiga toxin-producing (STEC) • Giardiasis • Gonorrhea • Granuloma Inguinale • Group A Streptococcal Disease • Group B Streptococcal Disease[2] • *H. influenzae* disease, all serotypes[2] • Hansen's disease (leprosy) • Hemolytic uremic syndrome (HUS) • Hepatitis B, C, D, E, and unspecified viral hepatitis1 [Physicians must report all acute Hepatitis cases and surface antigen (HbsAg) and hepatitis C positive pregnant women only. Laboratories must report all positive results]. • HIV-1 and HIV-2 infection[3] • Influenza associated deaths (all ages) • Influenza associated hospitalizations • Influenza novel virus infections • Legionnellosis • Leptospirosis • Listeriosis[2] • Lyme disease • Lymphogranuloma Venereum • Malaria • Meningitis (aseptic, bacterial, viral, or fungal)[2] • Mumps • Ornithosis (psittacosis) • Pelvic inflammatory disease (PID): all cases, based upon clinical diagnosis • Pertussis • Rickettsiosis, Spotted Fever (Rocky Mountain Spotted Fever) • Rubella (including congenital rubella) • Salmonellosis • Shigellosis

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Citation	**Requirements**

- *Streptococcus pneumoniae*[2]
- Streptococcal Toxic Shock Syndrome[2]
- Syphilis (all stages including neurosyphilis and congenital syphilis)
- Tetanus
- Toxic Shock Syndrome (non-Streptococcal)[2]
- Transmissible spongioform encephalopathies (including Creutzfeldt Jakob Disease)
- Trichinosis
- Tuberculosis Disease and Latent Tuberculosis Infection (LTBI)
- Varicella
- Yersiniosis

NOTES:

1 Report AST, ALT, and Bilirubin also.

2 Invasive disease: confirmed by isolation from blood, CSF, pericardial fluid, pleural fluid, peritoneal fluid, joint fluid, or other normally sterile site.

3 Every CD4 cell count and HIV viral load test result performed on HIV positive patients is reportable.

3.5 List of clinical specimens from which the agent related to diseases in §3.4 that are required to be submitted to the RI State Health Laboratory by the testing laboratory:

Organism	Invasive disease only	Isolate	Stained smear	Specimen	Reporting to IDE and State Health Laboratory
Anaplasma phagocytophilum			X		
Bacillus anthracis		X			Immediate
Bordetella pertussis		X			
Brucella sp.		X			Immediate
Burkholderia mallei		X			Immediate
Burkholderia pseudomallei		X			Immediate
Campylobacter sp.		X			
Clostridium botulinum		X		X	Immediate
Corynebacterium diphtheriae		X			
Coxiella burnetii					Immediate
Ebola virus (VHF)				X	Immediate
E. coli Shiga toxin producing		X		(GN broth)	
E. coli O157:H7		X		(GN broth)	

RHODE ISLAND						
Citation	**Requirements**					
	Ehrlichia sp.			X		
	Francisella tularensis		X			Immediate
	Haemophilus influenzae	X	X			
	Legionella sp.		X			
	Listeria monocytogenes		X			
	Mycobacterium tuberculosis		X			
	Neisseria meningitidis	X	X			
	Plasmodium sp.			X		
	Rabies virus				X	Immediate
	Salmonella sp.		X			
	Shigella sp.		X			
	Staphylococuus aureus VISA/VRSA		X			
	Streptococcus pyogenes (GpA Strep)	X	X			
	Variola virus				X	Immediate
	Vibrio cholerae		X			
	Vibrio parahemolyticus		X			
	Vibrio vulnificus		X			
	Viral hemorrhagic fevers				X	Immediate
	Yersinia enterocolitica		X			
	Yersinia pestis		X			Immediate
	Special Disease Surveillance Projects 3.6 Surveillance related to special and/or complex surveillance systems (e.g., West Nile Virus, latent TB infection, influenza, new and emerging disease threats, evaluation and validation projects related to surveillance) may be conducted in accordance with customized guidance issued by the Rhode Island Department of Health, Center for Epidemiology and Infectious Disease. Surveillance systems may be developed and required to prepare for or respond to public health threats on an ad-hoc basis, at any time.					

RHODE ISLAND	
Citation	**Requirements**
Code of RI Rules and Regs. R23-10-DIS **Section 5.0** **Reporting by Laboratories**	*Section 5.0 Reporting by Laboratories* 5.1 (a) Whenever a clinical laboratory performs tests or has the sample(s) tested out of state for those diseases cited in §3.1 of these Regulations, the laboratory shall submit to the Division of Infectious Disease and Epidemiology all positive findings. (b) Certain negative laboratory results shall be reportable to the Department as deemed essential and necessary to maintain the health, safety and welfare of the community. The Department shall specify those laboratory reports that will require negative reporting of results. (c) The report shall consist of a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. This report shall indicate the name of the case, address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physician's name, and race and ethnicity of the case. 5.2 *[Marked deleted in text of rule]* *Laboratory Testing and Reporting for Agents of Bioterrorism* 5.3 Clinical laboratories receiving biological specimens that are suspected to contain agents of bioterrorism, even if a bioterrorist event is not suspected, shall perform testing or refer such specimens to the State Health Laboratory for analysis in accordance with the most current Lab Response Network (LRN) protocols. Clinical laboratories that isolate a potential agent of bioterrorism from a clinical specimen shall perform testing in accordance with the most current LRN Sentinel Laboratory protocol and shall submit the isolate to the State Health Laboratory for confirmation or further testing in accordance with the current Rhode Island LRN protocol. 5.4 Clinical laboratories that receive biological specimens that are suspected to contain agents of bioterrorism, or that isolate a potential agent of bioterrorism from a clinical specimen, shall immediately report such receipt or findings to the Department's Division of Infectious Disease and Epidemiology by telephone. If the specimen is received after normal Department business hours, the Department's after-hours on-call physician shall be informed. ... *[Remaining text omitted]*

South Carolina

SOUTH CAROLINA	
Citation	**Requirements**
Statutes	
So. Carolina Code 44-29-15 **Reporting requirements for laboratories testing for certain infectious or other diseases; civil penalty**	(A) A laboratory, within or outside the State, responsible for performing a test for any of the infectious or other diseases required by the Department of Health and Environmental Control to be reported pursuant to Section 44-29-10, shall report positive or reactive tests to the department. This includes, but is not limited to, all laboratories, within or outside the State, which collect specimens in South Carolina or which receive the initial order for testing from a practitioner, blood bank, plasmapheresis center, or other health care provider located in South Carolina. The department also may require that all results of certain, specifically identified laboratory tests be reported. All reports must be submitted within the time frame and in the form and manner designated by the department. (B) Laboratories, within or outside the State, which perform tests as described in subsection (A) and which determine positive or reactive test results, shall, if required by the department, provide clinical specimens and isolates to the department or another laboratory designated by the department for further testing to determine incidence and other epidemiological information. These clinical specimens and isolates must be submitted within the time frame and in the form and manner designated by the department. The testing must be performed for epidemiological surveillance only; source consent is not required, and results are not required to be returned to the source patient or physician. The clinical specimens and isolates must be destroyed after tests are successfully completed, unless otherwise directed by the department. (C) Persons and entities, which are required to report test results to the department pursuant to this section and which send clinical specimens and isolates out of state for testing, are responsible for ensuring that results are reported and clinical specimens and isolates are submitted to the department, or a laboratory designated by the department, as required under this section and related regulations. (D) If a laboratory forwards clinical specimens and isolates out of state for testing, the originating laboratory retains the duty to comply with this section and related regulations, either by: (1) reporting the results, providing the name and address of the testing laboratory, and submitting the clinical specimens and isolates to the department; or (2) ensuring that the results are reported and that the clinical specimens and isolates are submitted to the department or another laboratory designated by the department. (E) A person, laboratory, or other entity violating a provision of this section or related regulations is subject to a civil monetary penalty of not more than one thousand dollars for the first offense and not more than five thousand dollars for each subsequent offense. Each instance of noncompliance constitutes a separate violation and offense.

SOUTH CAROLINA	
Citation	**Requirements**
Regulations	
South Carolina Code of Regulations 61-20 **Communicable Diseases**	Section 1. Disease Reporting. The Commissioner of the Department of Health and Environmental Control shall each year designate those diseases for which cases are to be reported by any attending physician, including intern, resident, staff physician and practitioner, other health care providers or designated reporting coordinators, health care institutions in South Carolina, and/or laboratories both within and outside South Carolina. This Official List of Reportable Conditions shall be issued in January of each year, and the occurrence of cases of the designated diseases shall be reported from January 1 through December 31 of that year. The person reporting cases of the designated disease shall report these cases to the county health department, as designated by criteria published in the Official List of Reportable Conditions. Such reports shall be in the manner and form designated by the Department of Health and Environmental Control. The county health department shall report to the Bureau of Disease Control of the Department of Health and Environmental Control all cases of specified conditions in the manner and form as designated by the Bureau of Disease Control. Diseases that are unusual in their nature or occurrence or that require immediate public health intervention shall be reported within twenty-four hours or less as specified by the Official List of Reportable Conditions. The term “contagious disease” in these regulations refers to any communicable disease that is easily transmitted person to person or from animal to person by: a. direct contact, b. aerosol/droplet inhalation, c. fecal/oral route, d. blood-borne/percutaneous e. vector-borne route … *[Remaining text omitted]*

SOUTH CAROLINA

Citation	Requirements
Other	
South Carolina 2015 Laboratory Reporting List	**South Carolina 2015 Laboratory Reporting List**

Immediately Reportable By Phone All suspected and confirmed cases, including preliminary* laboratory results	Urgently Reportable Within 24 Hours By Phone All suspected and confirmed cases, including preliminary* laboratory results	Reportable Within 3 Days
# ! Any case that may be caused by chemical, biological, or radiological threat, novel infectious agent, or any cluster of cases, or outbreak of a disease or condition that might pose a substantial risk of human morbidity or mortality (1) (5)	**PARASITIC** *Trichinella*	**PARASITIC** *Babesia microti* *Cryptosporidium* *Cyclospora* *Giardia* *Plasmodium*
VIRAL Influenza A, avian or other novel strain Measles (Rubeola) Poliovirus Rabies virus (human) # Variola major (Smallpox) # Viral Hemorrhagic Fever agents (e.g., Ebola, Lassa, Marburg viruses)	**VIRAL** Chikungunya (5) Dengue *(Flavivirus)* (5) Eastern Equine Encephalitis (EEE) (5) Hantavirus Hepatitis A, acute (IgM Ab + only) Hepatitis B, acute (IgM core Ab + only) Hepatitis E, acute (all positives) Influenza deaths (all ages) La Crosse Encephalitis (LAC) (5) Mumps virus Rubella St. Louis Encephalitis (SLE) (5) West Nile Virus (WNV) (5) Yellow Fever *(Flavivirus)*	**VIRAL** Hepatitis B, C, &D, all positive tests HIV-1 or HIV-2 infection HIV CD4 co receptor HIV CD4 T-lymphocyte count/percent – all results HIV HLA-B5701and co-receptor assay HIV subtype, genotype, and phenotype HIV viral loads – all results Influenza Positive culture, RT-PCR, DFA, or IFA (2) Lab-confirmed hospitalizations (6) Positive rapid antigen tests (6) Varicella

SOUTH CAROLINA	
Citation	**Requirements**

BACTERIAL	BACTERIAL	BACTERIAL
# *Bacillus anthracis* (5)	*Bordetella pertussis*	*Anaplasma phagocytophilium*
# *Clostridium botulinum or* Botulinum toxin	# *Brucella* (5)	*Borrelia burgdorferi*
Neisseria meningitidis, invasive (2) (3) (4) (5)	*Corynebacterium diphtheriae (5)*	*Campylobacter* (2)
# *Yersinia pestis* (5)	# *Coxiella burnetii*	Chancroid *(Haemophilus ducreyi)*
	Escherichia coli, shiga toxin – producing (STEC) (5)	# Chlamydia psittaci
	# *Francisella tularensis* (5)	*Chlamydia trachomatis*, genital site
	Haemophilus influenzae, all types, invasive (3) (5)	*Clostridium tetani*
	Mycobacterium tuberculosis (5) (7)	*Clostridium difficile*
	# Rickettsia prowazekii	*Ehrlichia*
	Salmonella Typhi (2) (5)	*Legionella (5)*
	Staphylococcus aureus, vancomycin intermediate/resistant (VISA/VRSA) (2) (5)	*Leptospira*
	Treponema pallidum (Darkfield exam positive)	*Listeria (5)*
	Vibrio -all, including *V. cholerae* 01 and 0139 (5)	*Mycobacterium leprae*
		Neisseria gonorrhoeae (2)
		Rickettsia rickettsii (and other Spotted Fever group)
		Salmonella (2) (5)
		Shigella (2) (5)
		Streptococcus group A, invasive disease (2) (3)
		Streptococcus group B, age < 90 days (2)
		Streptococcus pneumoniae, invasive (3), include antibiotic resistance patterns (2)
		Syphilis, positive serologic test
		Yersinia, not *pestis*
		OTHER
		Lead tests, all results

Notes:

Potential agent of bioterrorism

1. An outbreak is the occurrence of more cases of disease than normally expected within a specific place or group of people over a given period of time. Clinical specimens may be required.
2. Antibiotic resistant organisms: resistant pneumococcus - MIC > 2 µg/ml of penicillin G (or Oxacillin disc zone < 19 mm) or resistance to any single drug accepted as effective treatment. The definition of resistance may differ between laboratories by test methods used to determine susceptibility. Reports should specify the site from which the isolate was obtained and the drug susceptibility profile.

SOUTH CAROLINA	
Citation	**Requirements**
	3. Invasive disease = isolated from normally sterile site: blood, bone, CSF, joint, pericardial, peritoneal or pleural fluid, protected bronchial sampling, or from lung aspirate/biopsy, necrotizing fasciitis, and cellulitis only if isolate is from a tissue biopsy. Always specify site of isolate. 4. Report Gram-negative diplococci in blood or CSF. 5. Labs must submit these isolates, positive serologies, or specimens to the DHEC Bureau of Laboratories for confirmatory testing and genotyping. 6. Report aggregate totals weekly. 7. Report all cases of suspect and confirmed tuberculosis (TB). A suspect case of TB is a person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have TB. Centers for Disease Control and Prevention case definition of confirmed cases: http://wwwn.cdc.gov/nndss/script/casedefDefault.aspx

South Dakota

SOUTH DAKOTA	
Citation	**Requirements**
Statutes	
South Dakota Codified Laws 34-22-12 **Mandatory communicable disease reports from physicians, laboratories, and institutions–State tuberculosis register–Surveillance and control–Adoption of rules**	The State Department of Health shall provide for the collection and processing of mandatory reports of identifiable and suspected cases of communicable disease, communicable disease carriers, and laboratory tests for communicable disease carriers, from all physicians, hospitals, laboratories, and institutions. The State Department of Health shall maintain a complete case register of tuberculosis suspects, active and presumably active cases, tuberculosis contacts, and arrested or presumably arrested cases. The State Department of Health shall provide information necessary for disease surveillance and control. To implement this section, the State Department of Health may adopt, pursuant to chapter 1-26, rules specifying the methods by which disease reports shall be made, the contents and timeliness of such reports, and diseases which shall be considered in such reports.
Regulations	
Administrative Rules of South Dakota (ARSD) 44:20:02:02 **Reporting by hospitals, laboratories, and institutions**	The director, principal manager, or chief executive officer of a hospital, laboratory, or institution who has knowledge that a person employed, attended, or served by the hospital, laboratory, or institution has been diagnosed with or is suspected of being a carrier of any of the reportable diseases or conditions listed in § 44:20:01:03 or 44:20:01:04 shall report to the department the information required by § 44:20:02:05. The director, principal manager, or chief executive officer of a hospital, laboratory, or institution may authorize a designee to submit reports of reportable diseases and conditions, but the director, principal manager, or chief executive officer is not relieved of the reporting responsibility. Category I diseases and conditions are reportable immediately. Category II diseases and conditions are reportable by telephone, mail, courier, or facsimile within three days after recognition or strong suspicion of disease. Reporting of a reportable disease or condition by a hospital, laboratory, or institution is in addition to, and not a substitute for, the reporting by the attending physician in § 44:20:02:01. For purposes of this section, hospitals, laboratories, and institutions include: (1) Health care facilities defined in SDCL 34-12-1.1; (2) Medical laboratories; (3) Diagnostic laboratories; (4) Blood bank, collection, or storage centers; (5) Public and private elementary and secondary schools; (6) Public and private universities and colleges; (7) Health and correctional institutions operated or regulated by municipal, county, state, or federal governments; (8) Funeral establishments and mortuaries; (9) Child-care facilities defined in SDCL chapter 26-6; and (10) Food service, lodging, and campground establishments defined in SDCL 34-18-1.

SOUTH DAKOTA	
Citation	**Requirements**
ARSD 44:20:01:06 **Submission of clinical materials required by laboratories**	Laboratories must submit isolates or, if an isolate is not available, laboratories must submit material containing the infectious agent to the South Dakota Public Health Laboratory for the following: (1) Anthrax (*Bacillus anthracis*); (2) Brucellosis (*Brucella* spp.); (3) Diphtheria (*Corynebacterium diphtheriae*); (4) *Haemophilus influenzae* type b, invasive; (5) Novel Influenza A; (6) Listeriosis (*Listeria monocytogenes*); (7) Meningococcal disease, invasive (*Neisseria meningitidis*); (8) Plague (*Yersinia pestis*); (9) Salmonellosis (*Salmonella* spp.); (10) Shiga toxin-producing *Escherichia coli* (STEC); (11) Shigellosis (*Shigella* spp.); (12) Tuberculosis (*Mycobacterium tuberculosis* and *Mycobacterium bovis*); (13) Tularemia (*Francisella tularensis*); (14) Typhoid (*Salmonella* Typhi); (15) Vancomycin-intermediate *Staphylococcus aureus* (VISA); (16) Vancomycin-resistant *Staphylococcus aureus* (VRSA); and (17) Smallpox (Variola)
ARSD 44:20:01:03 **Category I reportable diseases and conditions**	Category I reportable diseases and conditions have a potential for epidemic spread or require rapid application of public health measures to prevent a serious threat to public health or safety. Category I reportable diseases and conditions include: (1) Anthrax (*Bacillus anthracis*); (2) Botulism (*Clostridium botulinum*); (3) Brucellosis (*Brucella spp*); (4) Diphtheria (*Corynebacterium diphtheriae*); (5) Epidemics or outbreaks: (a) Acute upper respiratory illness; (b) Diarrheal disease; (c) Foodborne; (d) Healthcare-associated infections; (e) Illnesses in child care settings; (f) Rash illness; (g) Waterborne; (6) *Escherichia coli* Shiga toxin-producing (STEC), such as *E. coli* 0157:H7; (7) Measles; (8) Meningococcal disease, invasive (*Neisseria meningitidis*); (9) New strains of Influenza A, (such as A/H5N1); (10) Plague (*Yersinia pestis*); (11) Poliomyelitis, paralytic, and non-paralytic; (12) Rabies, human and animal; (13) Rubella and congenital rubella syndrome; (14) Severe acute respiratory syndrome, SARS (*coronavirus*); (15) Smallpox (*Variola*); (16) Syndromes suggestive of bioterrorism and other public health threats; (17) Tularemia (*Francisella tularensis*); (18) Viral hemorrhagic fever (filoviruses or arenaviruses); (19) Yellow fever (flavivirus); and (20) Unexplained illnesses or deaths of humans or animals.

SOUTH DAKOTA	
Citation	**Requirements**
ARSD 44:20:01:04 **Category II reportable diseases and conditions**	Category II reportable diseases and conditions include: (1) Anaplasmosis (*Anaplasma phagocytophilum*); (2) Arboviral encephalitis, meningitis or infection (*Eastern equine, Western equine, California serogroup, St Louis, Japanese, Powassan, West Nile virus*); (3) Babesiosis (*Babesia spp*); (4) Campylobacteriosis (*Campylobacter spp.*); (5) Chancroid (*Haemophilus ducreyi*); (6) Chicken pox/Varicella (*herpesvirus*); (7) Chlamydia infections (*Chlamydia trachomatis*); (8) Cholera (*Vibrio cholerae*); (9) Cryptosporidiosis (*Cryptosporidium parvum*); (10) Cyclospora (*Cyclospora cayetanensis*); (11) Dengue viral infection (*flaviviruses*); (12) Drug resistant organisms: (a) Vancomycin-resistant *Staphylococcus aureus* (VRSA); (b) Vancomycin-intermediate *Staphylococcus aureus* (VISA); or (c) Methicillin-resistant *Staphylococcus aureus* (MRSA), invasive; (d) Carbapenem-resistant *Entrobacteriaceae* (CRE); (13) Ehrlichiosis (*Ehrlichia spp.*); (14) Giardiasis (*Giardia lamblia*); (15) Gonorrhea (*Neisseria gonorrhoeae*); (16) *Haemophilus influenzae* type b disease, invasive; (17) Hantavirus pulmonary syndrome (*Hantaviruses*); (18) Hemolytic uremic syndrome; (19) Hepatitis, acute, viral types including A, B, C; (20) Hepatitis B infection, perinatal; (21) Hepatitis B and C, chronic; (22) Human immunodeficiency virus (HIV) infection; including: (a) AIDS (Stage III infection); (b) CD4 counts in HIV infection persons; (c) HIV viral loads; and (d) Pregnancy in HIV infected females; (23) Influenza: (a) Laboratory confirmed cases; (b) Influenza-associated deaths; (c) Influenza-associated hospitalizations; and (d) Weekly reports of number of rapid antigen influenza positive tests and total number tested; (24) Legionellosis (*Legionella spp.*); (25) Leprosy/Hansen's disease (*Mycobacterium leprae*); (26) Listeriosis (*Listeria monocytogenes*); (27) Lyme disease (*Borrelia burgdorferi*); (28) Malaria (*Plasmodium spp.*); (29) Mumps; (30) Pertussis (*Bordetella pertussis*); (31) Psittacosis (*Chlamydia psittaci*); (32) Q fever (*Coxiella burnetii*); (33) Rocky Mountain spotted fever (*Rickettsia rickettsii*); (34) Salmonellosis (*Salmonella spp.*); (35) Shigellosis (*Shigella spp.*); (36) *Streptococcus pneumoniae*, invasive; (37) Syphilis (*Treponema pallidum*), including primary, secondary, latent, early latent, late latent, neurosyphilis, non-neurological, stillbirth, and congenital; (38) Tetanus (*Clostridium tetani*);

SOUTH DAKOTA	
Citation	**Requirements**
	(39) Toxic shock syndrome (Streptococcal and non-Streptococcal); (40) Transmissible spongiform encephalopathies, such as Creutzfeldt-Jakob disease; (41) Trichinosis (*Trichinella spiralis*); (42) Tuberculosis (*Mycobacterium tuberculosis* or *Mycobacterium bovis*): (a) Active disease; or (b) Latent infection in a high risk person; and (43) Typhoid (*Salmonella* Typhi).

Tennessee

TENNESSEE	
Citation	**Requirements**
Statutes	
Tennessee Code 68-29-107 **Laboratories to report infectious diseases.**	The board shall require reporting by owners or directors of laboratories of infectious diseases for the protection of the public health. The reports shall not be construed as constituting a diagnosis, nor shall any medical laboratory making such report be held liable under the laws of this state for having violated a trust or confidential relationship. The reports submitted shall be deemed confidential and not subject to public inspection.
Regulations	
Tennessee Rules and Regulations 1200-14-01-.02 **Reportable Diseases**	(1) All healthcare providers and other persons knowing of or suspecting a case, culture, or specimen of a reportable disease or event shall report that occurrence to the Department of Health in the time and manner set forth by the Commissioner in the List. (2) The Commissioner shall re-evaluate, update, and post the List at least annually and from time to time as appropriate. The Commissioner shall post the annual update on or before November 15th of each year and this new List shall become effective starting January 1st of the following year. If the Commissioner posts an updated List more frequently than on an annual basis, then the updated List will become effective on the date stated in the List. The List shall be available online at the Department of Health's web page and in print
Tennessee Rules and Regulations 1200-06-03-.12	The director of a medical laboratory shall submit reports and/or cultures of microorganisms of reportable diseases established by the Commissioner of Health to the Department in accordance with Tenn. Comp. R. & Regs. Chapter 1200-14-01 [Communicable and Environmental Diseases].
Other	
Tennessee Department of Health Reportable Diseases and Events	*Tennessee Department of Health Reportable Diseases and Events* *[See Attachment 1 following this table]*

TENNESSEE

Attachment 1

Tennessee Department of Health – Reportable Diseases and Events Matrix

The diseases and events listed below are declared to be communicable and/or dangerous to the public and are to be reported to the local health department by all hospitals, physicians, laboratories, and other persons knowing of or suspecting a case in accordance with the provision of the statutes and regulations governing the control of communicable diseases in Tennessee (T.C.A. §68 Rule 1200-14-01-.02).

(Effective January 01, 2015)

Code	Disease or Event	Pathogen	Category 1	Specimen Source(s)2	Send Isolate/ Specimen 3	Reporter 12	Limited Catchment 14	NHSN	BT Indicator
528	*Acinetobacter* species, Carbapenem-resistant[9,10]	Carbepenem-resistant *Acinetobacter* species[9,10]	2	Sterile Sites, Urine	–	L	H	–	–
500	Acquired Immunodeficiency Syndrome (AIDS)[7]	Human Immunodeficiency Virus (HIV)[7]	3	All	–	P	–	–	–
525	All CD4+ T-cell and HIV Viral Load testing results from those laboratories performing these tests	Human Immunodeficiency Virus (HIV)	3	All	–	L	–	–	–
002	Anthrax	*Bacillus anthracis*	1A	All	Required	L & P	–	–	Y
501	Babesiosis	*Babesia* species	2	All	–	L & P	–	–	–
005	Botulism-Foodborne	*Clostridium botulinum*	1A	All	Required	L & P	–	–	Y
003	Botulism-Infant	*Clostridium botulinum*	2	All	Required	L & P	–	–	–
004	Botulism-Wound	*Clostridium botulinum*	1A	All	Required	L & P	–	–	–
006	Brucellosis	*Brucella* species	1B	All	Required	L & P	–	–	Y
502	*Burkholderia mallei* infection	*Burkholderia mallei*	1B	All	Required	L	–	–	Y
121	California/La Crosse Serogroup Virus Infection	La Crosse Encephalitis Virus, Jamestown Canyon Virus, Snoeshoe Hare Virus, Trivittatus Virus, Keystone Virus and California Encephalitis Virus	2	All	–	L & P	–	–	–
007	Campylobacteriosis (including EIA or PCR positive stools)	*Campylobacter* species	2	All	*Requested*	L & P	–	–	–
526	Carbon Monoxide Poisoning	–	2	Blood	–	P	–	–	–
503	Chagas Disease	*Trypanosoma cruzi*	2	All	–	L & P	–	–	–
069	Chancroid	*Haemophilus ducreyi*	2	All	–	L & P	–	–	–
532	Chikungunya	Chikungunya Virus	1B	All	–	L & P	–	–	–

TENNESSEE

Code	Disease or Event	Pathogen	Category 1	Specimen Source(s)2	Send Isolate/ Specimen 3	Reporter 12	Limited Catchment 14	NHSN	BT Indicator
055	*Chlamydia trachomatis*-Genital[7]	*Chlamydia trachomatis*[7]	2	All	–	L & P	–	–	–
057	*Chlamydia trachomatis*-Other[7]	*Chlamydia trachomatis*[7]	2	All	–	L & P	–	–	–
009	Cholera	Toxigenic *Vibrio cholerae* 01 or 0139	2	All	Required	L & P	–	–	–
531	*Clostridium difficile* Infection[9]	*Clostridium difficile*[9]	5	All	*Requested*	L & P	D	–	–
010	Congenital Rubella Syndrome	Rubella Virus	1B	All	–	L & P	–	–	–
001	Cryptosporidiosis	*Cryptosporidium* species	2	All	–	L & P	–	–	–
106	Cyclosporiasis	*Cyclospora* species	2	All	–	L & P	–	–	–
504	Dengue Fever	Dengue Virus	2	All	–	L & P	–	–	–
011	Diphtheria	*Corynebacterium diphtheriae* or *Corynebacterium ulcerans*	1B	All	Required	L & P	–	–	–
505	Disease Outbreaks (e.g., foodborne, waterborne, healthcare, etc.)	–	1A	All	*By Request*	P	–	–	–
123	Eastern Equine Encephalitis Virus Infection	Eastern Equine Encephalitis Virus	1B	All	–	L & P	–	–	–
522	Ehrlichiosis/Anaplasmosis – Any	*Anaplasma* species or *Ehrlichia* species	2	All	–	L & P	–	–	–
506	Enterobacteriaceae, Carbapenem-resistant[10,13]	Carbapenem-resistant *Escherichia coli, Klebsiella* species, *Enterobacter* species[10,13]	2	All	Required	L & P	–	–	–
507	*Francisella* species infection	*Francisella* species (other than *F. tularensis*)	1B	All	Required	L	–	–	Y
060	Gonorrhea-Genital[7]	*Neisseria gonorrhoeae*[7]	2	All	–	L & P	–	–	–
064	Gonorrhea-Ophthalmic[7]	*Neisseria gonorrhoeae*[7]	2	All	–	L & P	–	–	–
061	Gonorrhea-Oral[7]	*Neisseria gonorrhoeae*[7]	2	All	–	L & P	–	–	–
062	Gonorrhea-Rectal[7]	*Neisseria gonorrhoeae*[7]	2	All	–	L & P	–	–	–
053	Group A Streptococcal Invasive Disease	*Streptococcus pyogenes*	1B	Sterile Only, NF/STSS Wounds4, Muscle5	Required	L & P	–	–	–
047	Group B Streptococcal Invasive Disease	*Streptococcus agalactiae*	1B	Sterile Only	–	L & P	–	–	–
133	Guillain-Barré syndrome	–	2	–	–	P	–	–	–

TENNESSEE

Code	Disease or Event	Pathogen	Category 1	Specimen Source(s)2	Send Isolate/ Specimen 3	Reporter 12	Limited Catchment 14	NHSN	BT Indicator
054	*Haemophilus influenzae* Invasive Disease	*Haemophilus influenzae*	1B	Sterile Only	Required	L & P	–	–	–
022	Hansen's Disease (Leprosy)	*Mycobacterium leprae*	2	All	Required	L & P	–	–	–
023	Hantavirus Disease	Hantavirus	1A	All	–	L & P	–	–	–
523	Healthcare Associated Infections, Catheter Associated Urinary Tract Infections	–	5	Urine	–	P	–	Y	–
508	Healthcare Associated Infections, Central Line Associated Bloodstream Infections	–	5	Blood	–	P	–	Y	–
509	Healthcare Associated Infections, *Clostridium difficile*	*Clostridium difficile*	5	All	–	P	–	Y	–
524	Healthcare Associated Infections, Dialysis Events	–	5	All	–	P	–	Y	–
529	Healthcare Associated Infections, Healthcare Personnel Influenza Vaccination	–	5	–	–	P	–	Y	–
510	Healthcare Associated Infections, Methicillin resistant *Staphylococcus aureus* positive blood cultures	Methicillin resistant *Staphylococcus aureus*	5	Blood	–	P	–	Y	–
511	Healthcare Associated Infections, Surgical Site Infections	–	5	All	–	P	–	Y	–
058	Hemolytic Uremic Syndrome (HUS)	–	2	–	–	P	–	–	–
480	Hepatitis, Viral-HBsAg positive infant	Hepatitis B Virus	2	All	–	L & P	–	–	–
048	Hepatitis, Viral-HBsAg positive pregnant female	Hepatitis B Virus	2	All	–	L & P	–	–	–
016	Hepatitis, Viral-Type A acute	Hepatitis A Virus	1B	All	*Requested*	L & P	–	–	–
017	Hepatitis, Viral-Type B acute[7]	Hepatitis B Virus[7]	2	All	*Requested*	L & P	–	–	–
018	Hepatitis, Viral-Type C acute	Hepatitis C Virus	2	All	–	L & P	–	–	–
512	Human Immunodeficiency Virus (HIV)[7]	Human Immunodeficiency Virus (HIV)[7]	3	All	–	L & P	–	–	–
513	Influenza-associated deaths, age <18 years	Human influenza virus	1B	All	*Requested*	P	–	–	–

TENNESSEE

Code	Disease or Event	Pathogen	Category 1	Specimen Source(s)2	Send Isolate/ Specimen 3	Reporter 12	Limited Catchment 14	NHSN	BT Indicator
520	Influenza-associated deaths, pregnancy-associated[11]	Human influenza virus[11]	1B	All	*Requested*	P	–	–	–
514	Lead Levels (blood)[8]	–	4	Blood	–	L & P	–	–	–
021	Legionellosis	*Legionella* species	2	All	Required	L & P	–	–	–
094	Listeriosis	*Listeria* species	2	All	Required	L & P	–	–	–
024	Lyme Disease	*Borrelia burgdorferi*	2	All	–	L & P	–	–	–
025	Malaria	*Plasmodium* species	2	All	Required	L & P	–	–	–
096	Measles-Imported	Measles virus	1A	All	–	L & P	–	–	–
026	Measles-Indigenous	Measles virus	1A	All	–	L & P	–	–	–
515	Melioidosis	*Burkholderia pseudomallei*	1B	All	Required	L & P	–	–	Y
102	Meningitis-Other Bacterial	–	1B	Sterile Only	–	P	–	–	–
095	Meningococcal Disease	*Neisseria meningitidis*	1A	Sterile Only	Required	L & P	–	–	–
530	Middle East Respiratory Syndrome (MERS)	*Middle East Respiratory Syndrome Coronavirus (MERS-CoV)*	1A	All	Required	L & P	–	–	–
031	Mumps	Mumps virus	1B	All	–	L & P	–	–	–
527	Neonatal Abstinence Syndrome	–	5	–	–	P	–	–	–
516	Novel Influenza A	Human influenza A virus (novel subtypes)	1A	All	Required	L & P	–	–	–
032	Pertussis (Whooping Cough)	*Bordetella pertussis*	1A	All	–	L & P	–	–	–
033	Plague	*Yersinia pestis*	1B	All	Required	L & P	–	–	Y
035	Poliomyelitis-Nonparalytic	Poliovirus	1B	All	–	L & P	–	–	–
034	Poliomyelitis-Paralytic	Poliovirus	1B	All	–	L & P	–	–	–
521	Powassan virus infection	Powassan virus	2	All	–	L & P	–	–	–
118	Prion disease-Creutzfeldt Jakob Disease	–	2	All	–	L & P	–	–	–
119	Prion disease-variant Creutzfeldt Jakob Disease	–	1B	All	–	L & P	–	–	–
533	*Pseudomonas* species, Carbapenem-resistant[9,10]	Carbepenem-resistant *Pseudomonas* species[9,10]	2	All	*Requested*	L	S	–	–
036	Psittacosis	*Chlamydia psittaci*	2	All	–	L & P	–	–	–
109	Q Fever	*Coxiella burnetii*	1B	All	–	L & P	–	–	Y

TENNESSEE

Code	Disease or Event	Pathogen	Category 1	Specimen Source(s)2	Send Isolate/ Specimen 3	Reporter 12	Limited Catchment 14	NHSN	BT Indicator
105	Rabies: Animal	Rabies virus	2	All	–	L & P	–	–	–
037	Rabies: Human	Rabies virus (Lyssavirus)	1A	All	–	L & P	–	–	–
112	Ricin Poisoning	–	1A	All	–	L & P	–	–	Y
040	Rubella	Rubella Virus	1B	All	–	L & P	–	–	–
122	St. Louis Encephalitis Virus Infection	St. Louis Encephalitis Virus	2	All	–	L & P	–	–	–
042	Salmonellosis: Other than S. Typhi	*Salmonella* species (other than S. Typhi)	2	All	Required	L & P	–	–	–
041	Salmonellosis: Typhoid Fever	*Salmonella* Typhi	1B	All	Required	L & P	–	–	–
132	Severe Acute Respiratory Syndrome (SARS)	Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV)	1A	All	Required	L & P	–	–	–
517	Shiga-toxin producing *Escherichia coli* (including Shiga-like toxin positive stools, *E. coli* O157 and *E. coli* non-O157)[6]	Shiga-toxin producing *Escherichia coli*[6]	2	All	Required	L & P	–	–	–
043	Shigellosis	*Shigella* species	2	All	Required	L & P	–	–	–
107	Smallpox	Variola virus (Orthopox virus)	1A	All	–	L & P	–	–	Y
039	Spotted Fever Rickettsiosis (including Rocky Mountain Spotted Fever)	*Rickettsia* species	2	All	–	L & P	–	–	–
110	Staphylococcal Enterotoxin B (SEB) Pulmonary Poisoning	Enterotoxin B producing *Staphylococcus aureus*	1A	All	–	L & P	–	–	Y
130	*Staphylococcus aureus*: Methicillin resistant Invasive Disease[9]	Methicillin resistant *Staphylococcus aureus*[9]	5	Sterile Only	–	L & P	D	–	–
131	*Staphylococcus aureus*: Vancomycin non-sensitive – all forms[10]	Vancomycin non-sensitive *Staphylococcus aureus*[10]	1B	All	Required	L & P	–	–	–
518	*Streptococcus pneumoniae* Invasive Disease (IPD)[10]	*Streptococcus pneumoniae*[10]	2	Sterile Only	Required	L & P	–	–	–
074	Syphilis: Cardiovascular[7]	*Treponema pallidum*[7]	2	All	–	L & P	–	–	–
075	Syphilis: Congenital[7]	*Treponema pallidum*[7]	1B	All	–	L & P	–	–	–
072	Syphilis: Early Latent[7]	*Treponema pallidum*[7]	2	All	–	L & P	–	–	–
073	Syphilis: Late Latent[7]	*Treponema pallidum*[7]	2	All	–	L & P	–	–	–
077	Syphilis: Late Other[7]	*Treponema pallidum*[7]	2	All	–	L & P	–	–	–
076	Syphilis: Neurological[7]	*Treponema pallidum*[7]	2	All	–	L & P	–	–	–

TENNESSEE

Code	Disease or Event	Pathogen	Category 1	Specimen Source(s)2	Send Isolate/ Specimen 3	Reporter 12	Limited Catchment 14	NHSN	BT Indicator
070	Syphilis: Primary[7]	*Treponema pallidum*[7]	2	All	–	L & P	–	–	–
071	Syphilis: Secondary[7]	*Treponema pallidum*[7]	2	All	–	L & P	–	–	–
078	Syphilis: Unknown Latent[7]	*Treponema pallidum*[7]	2	All	–	L & P	–	–	–
044	Tetanus	*Clostridium tetani*	2	All	Required	L & P	–	–	–
045	Toxic Shock Syndrome: Staphylococcal	*Staphylococcus aureus*	2	All	–	L & P	–	–	–
097	Toxic Shock Syndrome: Streptococcal	*Streptococcus pyogenes*	2	All	–	L & P	–	–	–
046	Trichinosis	*Trichinella* species	2	All	–	L & P	–	–	–
519	Tuberculosis, confirmed and suspect cases of active disease	*Mycobacterium tuberculosis* complex (*M. tuberculosis*, *M. bovis*, *M. africanum*, *M. canetti*, *M. microti*)	1B	All	Required	L & P	–	–	–
113	Tularemia	*Francisella tularensis*	1B	All	Required	L & P	–	–	Y
101	Vancomycin resistant enterococci (VRE) Invasive Disease	Vancomycin resistant *Enterococcus* species	2	Sterile Only	–	L & P	–	–	–
114	Varicella deaths	Varicella virus	2	All	–	P	–	–	–
108	Venezuelan Equine Encephalitis Virus Infection	Venezuelan Equine Encephalitis Virus	1B	All	–	L & P	–	–	Y
104	Vibriosis	*Vibrio* species (other than toxigenic *V. cholerae* 01 or 0139)	2	All	Required	L & P	–	–	–
111	Viral Hemorrhagic Fever	Ebola virus, Marburg virus, Crimean-Congo hemorrhagic fever viruses, Lassa virus, Lujo virus, New world arenavirus-es (Guanarito, Machupo, Junin, Sabia viruses)	1A	All	Required	L & P	–	–	Y
125	West Nile virus Infections-Encephalitis	West Nile virus	2	All	–	L & P	–	–	–
126	West Nile virus Infections-Fever	West Nile virus	2	All	–	L & P	–	–	–
124	Western Equine Encephalitis Virus Infection	Western Equine Encephalitis Virus	2	All	–	L & P	–	–	–
098	Yellow Fever	Yellow Fever virus	2	All	–	L & P	–	–	–
103	Yersiniosis	*Yersinia* species (other than *Y. pestis*)	2	All	*Requested*	L & P	–	–	–

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Citation	**Requirements**
	Notes: 1. Category 1A diseases require immediate telephonic notification (24 hours a day, 7 days a week), followed by a written report using the PH-1600 within 1 week. Category 1B diseases require immediate telephonic notification (next business day), followed by a written report using the PH-1600 within 1 week. Category 2 diseases only require a written report using the PH-1600 within 1 week. Category 3 diseases require special confidential reporting to designated health department personnel within 1 week. For Category 4, laboratories and physicians are required to report all blood lead tests. Levels ≥ 5µg/dl should be reported within 1 week. Levels < 5µg/dl should be reported within 1 month. For Category 5, events will be reported monthly (no later than 30 days following the end of the month) using the designated reporting mechanism. For Healthcare Associated Infections, events should be reported via the National Healthcare Safety Network (NHSN — see http://health.state.tn.us/ceds/hai/index.htm for more details); Clostridium difficile Infection and *Staphylococcus aureus*: Methicillin resistant Invasive Disease (Davidson County residents only) will also be reported monthly to the Emerging Infections Program (EIP). For Neonatal Abstinence Syndrome (NAS), a diagnosis should be reported using the NAS reporting portal (http://health.tn.gov/MCH/NAS/index.shtml). 2. For most notifiable diseases, a patient is reportable when the pathogen is isolated or detected from any specimen source (unless where otherwise indicated). A normally "sterile site" is defined as: blood, CSF, pleural fluid (includes chest fluid, thoracocentesis fluid), peritoneal fluid (includes abdominal fluid, ascites), pericardial fluid, bone (includes bone marrow), joint (includes synovial fluid; fluid, needle aspirate or culture of any specific joint: knee, ankle, elbow, hip, wrist), internal body sites (specimen obtained from surgery or aspirate from one of the following: lymph node, brain, heart, liver, spleen, vitreous fluid, kidney, pancreas, or ovary). 3. It shall be the responsibility of the director of a medical laboratory to submit cultures of designated microorganisms for confirmation, typing and/or antibiotic sensitivity. All cultures shall be accompanied by the following information: (a) Patient's full name, address, age, and sex. (b) Physician's name and address. (c) Anatomic source of culture. Refer to the Tennessee Department of Health Laboratory Services' Directory of Services website for specimens needed for testing (http://health.state.tn.us/lab/directory.htm). 4. Isolates from wounds will only be considered for Group A Streptococcal Invasive Disease when accompanied by necrotizing fasciitis (NF) or streptococcal toxic shock syndrome (STSS). 5. Isolates from muscle will only be considered for Group A Streptococcal Invasive Disease. 6 For any Shiga-toxin producing *Escherichia coli* (STEC), including *E. coli* O157s and *E. coli* non-O157s, EIA positive broths for shiga-like toxin will also be accepted. 7. In accordance with T.C.A. §37-1-403, any physician or other person diagnosing or treating venereal herpes or any of these reportable sexually transmitted diseases in a child 13 years of age or younger should make a confidential written report of the case to the Department.

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Citation	**Requirements**
	8. For blood lead levels ≥ 5 µg/dl: Report results within 1 week of receipt of results. Reports should include Patient's First and Last Name, Date of Birth, Street Address, City, State, Zip Code and County of Residence, Sample Date, Sample Type, Provider's Name, Provider's Phone Number and Payment Source. For blood lead levels < 5 µg/dl: Report results within 1 month of receipt of results. Reports should include Patient's First and Last Name, Date of Birth, Street Address, City, State, Zip Code and County of Residence, Sample Date, Sample Type, Provider's Name, Provider's Phone Number and Payment Source. Laboratories should report electronically in a manner approved by the Tennessee Department of Health. If you wish to utilize the ELR interface you currently use to report communicable diseases to TDH, please contact CEDS.Informatics@tn.gov. Practitioners using portable devices should report using LeadTRK electronic system available at https://leadinput.tennessee.edu/leadin/ OR standard forms available at http://health.tn.gov/MCH/Lead.shtml#4 and fax to Housing and Environmental Health, University of Tennessee Extension (865) 974-5370. Email leadtrk@utk.edu for any questions or concerns. 9. During monthly Emerging Infections Program (EIP) active surveillance visits, TDH surveillance officers will work with sentinel sites to report patients and coordinate referral of selected positive specimens using site-specific procedures. For Carbapenem-resistant Acinetobacter (CRA), a printout of antimicrobial susceptibility results should also be submitted (see footnote 10). 10. A printout of antimicrobial susceptibility results must also be attached to the PH-1600 when reporting the following diseases to TDH: *Acinetobacter* species, Carbapenem-resistant; Enterobacteriaceae, Carbapenem-resistant; *Pseudomonas* species, Carbapenem-resistant; *Staphylococcus aureus*: Vancomycin non-sensitive – all forms; and *Streptococcus pneumoniae* Invasive Disease (IPD). 11. A pregnancy-associated death is a maternal death up to 6 weeks post-partum. 12. The party responsible for reporting is indicated by one of the following: L=Laboratory, P=Medical provider or other person knowing of or suspecting a case, L & P= Both. 13. Reporting and submission of isolates which are non-susceptible to one or more carbapenems (includes intermediate and resistant to any carbapenem) is required for the following organisms: *Escherichia coli*, *Klebsiella* species, and *Enterobacter* species. 14. Dependent upon the disease or event, only residents/laboratories of the specified catchment areas are required/requested to submit isolates/specimens to the state public health laboratory: H=Healthcare Associated Infections (HAI): Residents of Davidson, Cheatham, Robertson, Sumner, Wilson, Rutherford, Dickson and Williamson; D=Emerging Infections Program (EIP) Sentinel Site Surveillance: Residents of Davidson County; and S=HAI Sentinel Laboratory Surveillance: Sentinel Laboratories in Davidson County.

Texas

TEXAS	
Citation	**Requirements**
Statutes	
Texas Health and Safety Code **Section 81.041** **Reportable Diseases**	(a) The board shall identify each communicable disease or health condition that shall be reported under this chapter. (b) The board shall classify each reportable disease according to its nature and the severity of its effect on the public health. (c) The board shall maintain and revise as necessary the list of reportable diseases. (d) The board may establish registries for reportable diseases and other communicable diseases and health conditions. The provision to the department of information relating to a communicable disease or health condition that is not classified as reportable is voluntary only. (e) Acquired immune deficiency syndrome and human immunodeficiency virus infection are reportable diseases under this chapter for which the board shall require reports. (f) In a public health disaster, the commissioner may require reports of communicable diseases or other health conditions from providers without board rule or action. The commissioner shall issue appropriate instructions relating to complying with the reporting requirements of this section.
Texas Health and Safety Code **Section 81.042** **Persons Required To Report**	(a) A report under Subsection (b), (c), or (d) shall be made to the local health authority. (b) A dentist or veterinarian licensed to practice in this state or a physician shall report, after the first professional encounter, a patient or animal examined that has or is suspected of having are portable disease. (c) A local school authority shall report a child attending school who is suspected of having a reportable disease. The board by rule shall establish procedures to determine if a child should be suspected and reported and to exclude the child from school pending appropriate medical diagnosis or recovery. (d) A person in charge of a clinical or hospital laboratory, blood bank, mobile unit, or other facility in which a laboratory examination of a specimen derived from a human body yields microscopical, cultural, serological, or other evidence of a reportable disease shall report the findings, in accordance with this section and procedures adopted by the board, in the jurisdiction in which: (1) the physician's office is located, if the laboratory examination was requested by a physician; or (2) the laboratory is located, if the laboratory examination was not requested by a physician.

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	(e) The following persons shall report to the local health authority or the department a suspected case of a reportable disease and all information known concerning the person who has or is suspected of having the disease if a report is not made as required by Subsections (a)-(d): (1) a professional registered nurse; (2) an administrator or director of a public or private temporary or permanent child-care facility; (3) an administrator or director of a nursing home, personal care home, adult respite care center, or adult day-care center; (4) an administrator of a home health agency; (5) an administrator or health official of a public or private institution of higher education; (6) an owner or manager of a restaurant, dairy, or other food handling or processing establishment or outlet; (7) a superintendent, manager, or health official of a public or private camp, home, or institution; (8) a parent, guardian, or householder; (9) a health professional; (10) an administrator or health official of a penal or correctional institution; or (11) emergency medical service personnel, a peace officer, or a firefighter.
Regulations	
25 Texas Administrative Code 97.2 **Who Shall Report**	(a) A physician, dentist, veterinarian, chiropractor, advanced practice nurse, physician assistant, or person permitted by law to attend a pregnant woman during gestation or at the delivery of an infant shall report, as required by these sections, each patient (person or animal) he or she shall examine and who has or is suspected of having any notifiable condition, and shall report any outbreak, exotic disease, or unusual group expression of illness of any kind whether or not the disease is known to be communicable or reportable. An employee from the clinic or office staff may be designated to serve as the reporting officer. A physician, dentist, veterinarian, advanced practice nurse, physician assistant, or chiropractor who can assure that a designated or appointed person from the clinic or office is regularly reporting every occurrence of these diseases or health conditions in their clinic or office does not have to submit a duplicate report. (b) The chief administrative officer of a hospital shall appoint one reporting officer who shall be responsible for reporting each patient who is medically attended at the facility and who has or is suspected of having any notifiable condition. Hospital laboratories may report through the reporting officer or independently in accordance with the hospital's policies and procedures. (c) Except as provided in subsection (b) of this section, any person who is in charge of a clinical laboratory, blood bank, mobile unit, or other facility in which a laboratory examination of any specimen derived from a human body yields microscopic, bacteriologic, virologic, parasitologic, serologic, or other evidence of a notifiable condition, shall report as required by this section.

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Citation	**Requirements**
	(d) School authorities, including a superintendent, principal, teacher, school health official, or counselor of a public or private school and the administrator or health official of a public or private institution of higher learning should report as required by these sections those students attending school who are suspected of having a notifiable condition. School administrators who are not medical directors meeting the criteria described in §97.132 of this title (relating to Who Shall Report Sexually Transmitted Diseases) are exempt from reporting sexually transmitted diseases. (e) Any person having knowledge that a person or animal is suspected of having a notifiable condition should notify the local health authority or the department and provide all information known to them concerning the illness and physical condition of such person or persons. (f) Sexually transmitted diseases including HIV and AIDS shall be reported in accordance with §97.132 of this title. (g) Failure to report a notifiable condition is a Class B misdemeanor under the Texas Health and Safety Code, §81.049. (h) The Health Insurance Portability and Accountability Act (HIPAA) allows reporting without authorization for public health purposes and where required by law. Title 45 Code of Federal Regulations §164.512(a) and (b).
25 Tex. Admin. Code 97.3 **What Condition to Report and What Isolates to Report or Submit**	(a) Humans. (1) Identification of notifiable conditions. (A) A summary list of notifiable conditions and reporting time frames is published on the Department of State Health Services web site at http://www.dshs.state.tx.us/idcu/. Copies are filed in the Emerging and Acute Infectious Disease Branch, Department of State Health Services, 1100 West 49th Street, Austin, Texas 78756. (B) Repetitive test results from the same patient do not need to be reported except those for mycobacterial infections. (2) Notifiable conditions or isolates. (A) Confirmed and suspected human cases of the following diseases/infections are reportable: acquired immune deficiency syndrome (AIDS); amebiasis; amebic meningitis and encephalitis; anaplasmosis; anthrax; arboviral infections caused by California serogroup virus, Eastern equine encephalitis (EEE) virus, Powassan virus, St. Louis encephalitis (SLE) virus, Western equine encephalitis (WEE) virus, and West Nile (WN) virus; babesiosis; botulism-adult and infant; brucellosis; campylobacteriosis; carbapenem resistant Enterobacteriaceae (CRE); Chagas' disease; chancroid; chickenpox (varicella); *Chlamydia trachomatis* infection; Creutzfeldt-Jakob disease (CJD); cryptosporidiosis; cyclosporiasis; dengue; diphtheria; ehrlichiosis; shiga-toxin producing *Escherichia coli* infection; gonorrhea; Hansen's disease (leprosy); *Haemophilus influenzae* type b infection, invasive; hantavirus infection; hemolytic uremic syndrome (HUS); hepatitis A, B, C, and E, (acute); hepatitis B, (acute and chronic) identified prenatally or at delivery; perinatal hepatitis B infection; human immunodeficiency virus (HIV) infection; influenza-associated pediatric mortality; legionellosis; leishmaniasis; listeriosis; Lyme disease;

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	malaria; measles (rubeola); meningococcal infection, invasive; multi-drug resistant (MDR) Acinetobacter -MDR; mumps; novel coronavirus causing severe acute respiratory disease; novel influenza; pertussis; plague; poliomyelitis, acute paralytic; poliovirus infection, non-paralytic; Q fever; rabies; relapsing fever; rubella (including congenital); salmonellosis, including typhoid fever; shigellosis; smallpox; spotted fever group rickettsioses (such as Rocky Mountain spotted fever); streptococcal disease: invasive group A, invasive group B, or invasive *Streptococcus pneumoniae*; syphilis; Taenia solium and undifferentiated Taenia infections, including cysticercosis; tetanus; trichinosis; tuberculosis; tularemia; typhus; *Vibrio* infection, including cholera (specify species); viral hemorrhagic fevers; yellow fever; yersiniosis; and vancomycin-intermediate resistant *Staphylococcus aureus* (VISA), and vancomycin-resistant *Staphylococcus aureus* (VRSA). (B) In addition to individual case reports, any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means. (3) Minimal reportable information requirements. The minimal information that shall be reported for each disease is as follows: (A) AIDS, chancroid, *Chlamydia trachomatis* infection, gonorrhea, HIV infection, and syphilis shall be reported in accordance with §§97.132 - 97.134 of this title (relating to Sexually Transmitted Diseases Including Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV)); (B) for tuberculosis disease - complete name, date of birth, physical address and county of residence, information on which diagnosis was based or suspected. In addition, if known, radiographic or diagnostic imaging results and date(s); all information necessary to complete the most recent versions of forms TB 400 A & B (Report of Case and Patient Services), TB 340 (Report of Contacts) and TB 341 (Continuation of Report of Contacts); laboratory results used to guide prescribing, monitoring or modifying antibiotic treatment regimens for tuberculosis to include, but not limited to, liver function studies, renal function studies, and serum drug levels; pathology reports related to diagnostic evaluations of tuberculosis; reports of imaging or radiographic studies; records of hospital or outpatient care to include, but not limited to, histories and physical examinations, discharge summaries and progress notes; records of medication administration to include, but not limited to, directly observed therapy (DOT) records, and drug toxicity and monitoring records; a listing of other patient medications to evaluate the potential for drug-drug interactions; and copies of court documents related to court ordered management of tuberculosis. (C) for contacts to a known case of tuberculosis - complete name; date of birth; physical address; county of residence; and all information necessary to complete the most recent versions of forms TB 400 A & B (Report of Case and Patient Services), TB 340 (Report of Contacts), and TB 341 (Continuation of Report of Contacts); (D) for other persons identified with latent TB infection - complete name; date of birth; physical address and county of residence; and diagnostic information; (E) for hepatitis B (chronic and acute) identified prenatally or at delivery - mother's name, address, telephone number, age, date of birth, sex, race and ethnicity, preferred language, hepatitis B laboratory test results; estimated delivery date or date and time of birth; name and phone number of delivery hospital or planned delivery hospital; name of infant; name,

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	phone number, and address of medical provider for infant; date, time, formulation, dose, manufacturer, and lot number of hepatitis B vaccine and hepatitis B immune globulin administered to infant; (F) for hepatitis A, B, C, and E - name, address, telephone number, age, date of birth, sex, race and ethnicity, disease, diagnostic indicators (diagnostic lab results, including all positive and negative hepatitis panel results, liver function tests, and symptoms), date of onset, pregnancy status, and physician name, address, and telephone number; (G) for perinatal hepatitis B - name of infant; date of birth; sex; race; ethnicity; name, phone number and address of medical provider for infant; date, time, formulation, dose, manufacturer, and lot number of hepatitis B vaccine and hepatitis B immune globulin administered to infant, hepatitis B laboratory test results; (H) for chickenpox - name, date of birth, sex, race and ethnicity, address, date of onset, and varicella vaccination history; (I) for VISA; and VRSA - name, address, telephone number, age, date of birth, sex, race and ethnicity, disease, diagnostic indicators (diagnostic lab results, anatomic site of culture, and clinical indicators), date of onset, and physician name, address, and telephone number; (J) for Hansen's disease - name; date of birth; sex; race and ethnicity; social security number; disease type; place of birth; address; telephone number; date entered Texas; date entered U.S.; education/employment; insurance status; location and inclusive dates of residence outside U.S.; date of onset and history prior to diagnosis; date of initial biopsy and result; date initial drugs prescribed and name of drugs; name, date of birth and relationship of household contacts; and name, address, and telephone number of physician; (K) for novel influenza investigations occurring during an influenza pandemic--minimal reportable information on individual cases, a subset of cases or aggregate data will be specified by the department; (L) for all other notifiable conditions listed in paragraph (2)(A) of this subsection - name, address, telephone number, age, date of birth, sex, race and ethnicity, disease, diagnostic indicators (diagnostic lab results and specimen source, and clinical indicators), date of onset, and physician name, address, and telephone number; and (M) other information may be required as part of an investigation in accordance with Texas Health and Safety Code, §81.061. (4) Diseases requiring submission of cultures. For all anthrax *(Bacillus anthracis)*, botulism-adult and infant (*Clostridium botulinum*), brucellosis (*Brucella* species), *E. coli* 0157:H7, isolates or specimens from cases where Shiga-toxin activity is demonstrated, *Listeria monocytogenes,* meningococcal infection, invasive (*Neisseria meningitides* from normally sterile sites), plague (*Yesinia pestis*), tuberculosis (*Mycobacterium tuberculosis* complex), tularemia (*Francisella tularensis*), all *Staphylococcus aureus* with a vancomycin MIC greater than 2 µg/mL, and *Vibrio* species - pure cultures shall be submitted accompanied by a current department Specimen Submission Form.

TEXAS	
Citation	**Requirements**
	(5) Laboratory reports. Reports from laboratories shall include name, patient identification number, address, telephone number, age, date of birth, sex, race and ethnicity, specimen submitter name, address, and phone number, specimen type, date specimen collected, disease test and test result, normal test range, date of test report, and physician name and telephone number. (b) Animals. (1) Clinically diagnosed or laboratory-confirmed animal cases of the following diseases are reportable: anthrax, arboviral encephalitis, Chagas' disease, *Mycobacterium tuberculosis* infection in animals other than those housed in research facilities, plague, and psittacosis. Also, all non-negative rabies tests performed on animals from Texas at laboratories located outside of Texas shall be reported; all non-negative rabies tests performed in Texas will be reported by the laboratory conducting the testing. In addition to individual case reports, any outbreak, exotic disease, or unusual group expression of disease which may be of public health concern should be reported by the most expeditious means. (2) The minimal information that shall be reported for each disease includes species and number of animals affected, disease or condition, name and phone number of the veterinarian or other person in attendance, and the animal(s) owner's name, address, and phone number. Other information may be required as part of an investigation in accordance with Texas Health and Safety Code, §81.061.
25 Tex. Admin. Code 97.4 **When to Report a Condition or Isolate**	(a) Humans. (1) The following notifiable conditions are public health emergencies and suspect cases shall be reported immediately by phone to the local health authority or the regional director of the Department of State Health Services (department): anthrax; botulism; carbapenem resistant Enterobacteriaceae (CRE); diphtheria; measles (rubeola); meningococcal infection, invasive; multi-drug resistant (MDR) Acinetobacter -MDR; novel coronavirus causing severe acute respiratory disease; poliomyelitis, acute paralytic; plague; novel influenza; rabies; smallpox; tularemia; viral hemorrhagic fevers; yellow fever; and any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern. Vancomycin-intermediate resistant *Staphylococcus aureus* (VISA) and vancomycin-resistant *Staphylococcus aureus* (VRSA) shall be reported immediately by phone to the Emerging and Acute Infectious Disease Branch, Department of State Health Services, Austin at (800) 252-8239. (2) The following notifiable conditions shall be reported within one working day of identification as a suspected case: brucellosis, hepatitis A (acute), influenza-associated pediatric mortality, perinatal hepatitis B, pertussis, Q fever, poliovirus infection, non-paralytic, rubella (including congenital), tuberculosis, *Vibrio* infection (including cholera). (3) AIDS, chancroid, *Chlamydia trachomatis* infection, gonorrhea, HIV infection, and syphilis shall be reported in accordance with §§97.132 - 97.134 of this title (relating to Sexually Transmitted Diseases Including Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV)). (4) Tuberculosis antibiotic susceptibility results should be reported by laboratories no later than one week after they first become available.

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Citation	**Requirements**
	(5) For all other notifiable conditions not listed in paragraphs (1) - (3) of this subsection, reports of disease shall be made no later than one week after a case or suspected case is identified. (6) All anthrax (*Bacillus anthracis*), botulism-adult and infant (*Clostridium botulinum*), brucellosis (*Brucella* species), *E. coli* 0157:H7 or other Shiga-toxin producing *E. coli*, isolates or specimens from cases where Shiga-toxin activity is demonstrated, *Listeria monocytogenes*, meningococcal infection, invasive (*Neisseria meningitidis*) from normally sterile sites or purpuric lesions, plague (*Yersinia pestis)*, tuberculosis (*Mycobacterium tuberculosis* complex), tularemia (*Francisella tularensis),* VISA, VRSA and *Vibrio* species shall be submitted as pure cultures to the Department of State Health Services, Laboratory Services Section, 1100 West 49th Street, Austin, Texas 78756-3199 as they become available. (b) Animals. Reportable conditions affecting animals shall be reported within one working day following the diagnosis.
25 Tex. Admin. Code 97.5 **Where To Report a Condition or Isolate; Where To Submit an Isolate**	(a) Humans. (1) A physician, dentist, veterinarian, chiropractor, reporting officer of a hospital, person in charge of a hospital laboratory (if the laboratory reports independently), person permitted by law to attend a pregnant woman during gestation or at the delivery of an infant, or school authority shall report to the local health authority where the office, clinic, hospital, or school is located. If there is no local health authority appointed for the jurisdiction where the office, clinic, hospital, or school is located, the report shall be made to the Department of State Health Services (department) regional director. Public health emergencies shall be reported to the department's central office if the local health authority or the department's regional director is not immediately accessible. (2) The administrative officer of a clinical laboratory, blood bank, mobile unit, or other facility shall report a condition or submit an isolate as follows. (A) If the laboratory examination was requested by a physician, notice shall be sent to the local health authority for the jurisdiction where the physician's office is located, to the department's regional director for the jurisdiction where the physician's office is located if no local health authority exists, or to the department's central office when the regional director or local health authority are unknown to the laboratory. (B) If the laboratory examination was not requested by a physician, notice shall be sent to the local health authority for the jurisdiction where the laboratory is located, to the department's regional director for the jurisdiction where the laboratory is located if no local health authority has been appointed, or to the department's central office when the regional director or local health authority are unknown to the laboratory. (C) For VISA and VRSA immediately report by phone to the Infectious Disease Surveillance and Epidemiology Branch at 1-800-252-8239.

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Citation	**Requirements**
	(D) All anthrax *(Bacillus anthracis*), botulism-adult and infant (*Clostridium botulinum*), brucellosis (*Brucella* species), *E. coli* 0157:H7 or other Shiga-toxin producing *E. coli,* isolates or specimens from cases where Shiga-toxin activity is demonstrated, *Listeria monocytogenes*, meningococcal infection, invasive (*Neisseria meningitidis*) from normally sterile sites or purpuric lesions, plague (*Yersinia pestis*), tuberculosis (*Mycobacterium tuberculosis* complex), tularemia (*Francisella tularensis*), all *Staphylococcus aureus* with a vancomycin MIC greater than 2 µg/mL, and *Vibrio* species shall be submitted as pure cultures to the Department of State Health Services, Laboratory Services Section, 1100 West 49th Street, Austin, Texas 78756-3199. (3) Sexually transmitted diseases including HIV and AIDS shall be reported in accordance with §§97.132 - 97.134 of this title (relating to Sexually Transmitted Diseases Including Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV)). (b) Animals. (1) Reportable conditions in animals shall be reported to either the appropriate Department of State Health Services regional zoonosis control office or the Zoonosis Control Branch office in Austin. (2) Conditions in animals that are reportable to both the Department of State Health Services and the Texas Animal Health Commission can be reported to either one of the agencies, which will forward the information to the other agency.

Utah

UTAH	
Citation	**Requirements**
Statutes	
Utah Statutes 26-6-6 **Duty to report individual suspected of having communicable disease**	The following shall report to the department or the local health department regarding any individual suffering from or suspected of having a disease that is communicable, as required by department rule: (1) health care providers as defined in Section 78B-3-403; (2) facilities licensed under Title 26, Chapter 21, Health Care Facility Licensing and Inspection Act; (3) health care facilities operated by the federal government; (4) mental health facilities; (5) care facilities licensed by the Department of Human Services; (6) nursing homes and other care facilities; (7) dispensaries, clinics, or laboratories that diagnose, test, or otherwise care for individuals who are suffering from a disease suspected of being communicable; (8) individuals who have knowledge of others who have a communicable disease; (9) individuals in charge of schools having responsibility for any individuals who have a disease suspected of being communicable; and (10) child care programs, as defined in Section 26-39-102.
Utah Statutes 26-6-7 **Designation of communicable diseases by department**	The department may designate those diseases which are communicable, of concern to the public health, and reportable; and establish rules for the detection, reporting, investigation, prevention, and control of communicable diseases, epidemic infections, and other health hazards that affect the public health.

UTAH

Citation	Requirements
Regulations	
Utah Administrative Code R386-702-3 **Reportable Diseases, Emergency Illnesses, etc.**	(1) The Utah Department of Health declares the following conditions to be of concern to public health and reportable as required or authorized by Section 26-6-6 and Title 26, Chapter 23b of the Utah Health Code. (a) *Acinetobacter* species with resistance or intermediate resistance to carbapenems (specifically, meropenem and imipenem) from any anatomical site (b) Acquired Immunodeficiency Syndrome (c) Adverse event resulting from smallpox vaccination (d) Amebiasis (e) Anaplasmosis (f) Anthrax (g) Arbovirus infection, including Saint Louis encephalitis and West Nile virus infection (h) Babesiosis (i) Botulism (j) Brucellosis (k) Campylobacteriosis (l) Chancroid (m) Chickenpox (n) *Chlamydia trachomatis* infection (o) Cholera (p) Coccidioidomycosis (q) Colorado tick fever (r) Creutzfeldt-Jakob disease and other transmissible human spongiform encephalopathies (s) Cryptosporidiosis (t) Cyclospora infection (u) Dengue fever (v) Diphtheria (w) Echinococcosis (x) Ehrlichiosis, human granulocytic, human monocytic, or unspecified (y) Encephalitis (z)(1) *Escherichia coli* with resistance or intermediate resistance to carbapenems (meropenem, ertapenem, and imipenem) from any site (z)(2) Shiga toxin-producing *Escherichia coli* (STEC) infection (aa) Giardiasis (bb) Gonorrhea: sexually transmitted and ophthalmia neonatorum (cc) *Haemophilus influenzae*, invasive disease (dd) Hansen Disease (Leprosy) (ee) Hantavirus pulmonary syndrome (ff) Hemolytic Uremic Syndrome, postdiarrheal (gg) Hepatitis A (hh) Hepatitis B, acute, chronic, and perinatal (ii) Hepatitis C, acute and chronic infection (jj) Hepatitis, other viral (kk)(1) Human Immunodeficiency Virus Infection. Special measures for the control of HIV/AIDS are included in R386-702-9. (kk)(2) Pregnancy in a HIV case (ll) Influenza-associated hospitalization (mm) Influenza-associated death, in a person less than 18 years of age (nn) *Klebsiella* species with resistance or intermediate resistance to carbapenems (meropenem, ertapenem, and imipenem) from any site (oo) Legionellosis (pp) Leptospirosis (qq) Listeriosis (rr) Lyme Disease (ss) Malaria (tt) Measles (uu) Meningitis (aseptic, bacterial, fungal, parasitic, protozoan, and viral) (vv) Meningococcal Disease (ww) Mumps

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	(xx) Mycobacteria other than tuberculosis (yy) Norovirus, outbreaks only (zz) Pertussis (aaa) Plague (bbb) Poliomyelitis, paralytic and nonparalytic (ccc) Psittacosis (ddd) Q Fever (Coxiella infection) (eee) Rabies, human and animal (fff) Relapsing fever, tick-borne and louse-borne (ggg) Rubella, including congenital syndrome (hhh) Salmonellosis (iii) Severe Acute Respiratory Syndrome (SARS) (jjj) Shigellosis (kkk) Smallpox (lll) Spotted fever rickettsioses (including Rocky Mountain Spotted Fever) (mmm) *Staphylococcus aureus* with resistance or intermediate resistance to vancomycin isolated from any site (nnn) Streptococcal disease, invasive, including *Streptococcus pneumoniae* and Groups A, B, C, and G streptococci isolated from a normally sterile site (ooo) Syphilis, all stages and congenital (ppp) Tetanus (qqq) Toxic-Shock Syndrome, staphylococcal or streptococcal (rrr) Trichinellosis (sss) Tuberculosis. Special Measures for the Control of Tuberculosis are listed in R388-804. (ttt) Tularemia (uuu) Typhoid, cases and carriers (vvv) Vibriosis (www) Viral hemorrhagic fever (xxx) Yellow fever (yyy) Any unusual occurrence of infectious or communicable disease or any unusual or increased occurrence of any illness that may indicate a Bioterrorism event or public health hazard, including any single case or multiple cases of a newly recognized, emergent or re-emergent disease or disease-producing agent, including newly identified multi-drug resistant bacteria or a novel influenza strain such as a pandemic influenza strain. (zzz) Any outbreak, epidemic, or unusual or increased occurrence of any illness that may indicate an outbreak or epidemic. This includes suspected or confirmed outbreaks of foodborne disease, waterborne disease, disease caused by antimicrobial resistant organisms, any infection that may indicate a bioterrorism event, or of any infection that may indicate a public health hazard. (2) In addition to the reportable conditions set forth in R386-702-3(1) the Department declares the following reportable emergency illnesses, health conditions, and patient encounter information to be of public health importance and reporting is authorized by Title 26, Chapter 23b, Utah Code, unless made mandatory by the declaration of a public health emergency: (a) respiratory illness (including upper or lower respiratory tract infections, difficulty breathing and Adult Respiratory Distress Syndrome); (b) gastrointestinal illness (including vomiting, diarrhea, abdominal pain, or any other gastrointestinal distress); (c) influenza-like constitutional symptoms and signs; (d) neurologic symptoms or signs indicating the possibility of meningitis, encephalitis, or unexplained acute encephalopathy or delirium;

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	(e) rash illness; (f) hemorrhagic illness; (g) botulism-like syndrome; (h) lymphadenitis; (i) sepsis or unexplained shock; (j) febrile illness (illness with fever, chills or rigors); (k) nontraumatic coma or sudden death; (l) other criteria specified by the Department as indicative of disease outbreaks or injurious exposures of uncertain origin; and (m) patient encounter data including, but not limited to, chief complaint and discharge diagnosis data from healthcare settings which support early identification and ruling out of public health threats, disasters, disease outbreaks, suspected incidents, and acts of bioterrorism; assist in characterizing population groups at greatest risk for disease or injury; support assessment of the severity and magnitude of possible threats; or satisfy syndromic surveillance objectives of the Federal Centers for Medicaid and Medicare Meaningful Use incentive program.
Utah Administrative Code R386-702-4 **Reporting**	(1) Each reporting entity shall report each confirmed case and any case who the reporting entity believes, in its professional judgment, is likely to harbor an illness, infection, or condition reportable under R386-702- 3(1), and each outbreak, epidemic, or unusual occurrence described in R386-702-3(1)(yyy) or (zzz) to the local health department or to the Bureau of Epidemiology, Utah Department of Health. Unless otherwise specified, the report of these diseases to the local health department or to the Bureau of Epidemiology, Utah Department of Health shall provide the following information: name, age, sex, address, date of onset, and all other information as prescribed by the Department. A standard report form has been adopted and is supplied to physicians and other reporting entities by the Department. Upon receipt of a report, the local health department shall promptly forward a written or electronic copy of the report to the Bureau of Epidemiology, Utah Department of Health. (2) (a) Where immediate reporting is required as noted in R386-702-4 (4), the reporting entity shall report as soon as possible, but not later than 24 hours after identification. Immediate reporting shall be made by telephone to the local health department or to the Bureau of Epidemiology, Utah Department of Health at 801-538-6191 or 888- EPI-UTAH (888-374-8824). (b) All diseases not required to be reported immediately shall be reported within three working days from the time of identification. Reporting entities shall send reports to the local health department by phone, secured fax, secured email, or mail; or to the Bureau of Epidemiology by phone (801-538-6191), secured fax (801-538-9923), secured email (please contact the Bureau of Epidemiology at 801-538-6191 for information on this option), or by mail (288 North 1460 West, P.O. Box 142104, Salt Lake City, Utah 84114-2104).

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	(c) Laboratories are encouraged to report case information electronically in a manner approved of by the Department if the laboratory has the capacity to do so. Laboratories should refer to https://health.utah.gov/phaccess/public/elr/ for information about this option. Please contact the Bureau of Epidemiology at 801-538-6191 for questions regarding this option. (d) When more than one licensed laboratory is involved in testing a specimen, all laboratories involved are required to report results. (e) The following requirements apply to laboratories that are reporting information electronically: (i) Laboratories reporting electronically shall send the following information with all reports: (1) First and last name of the patient; (2) Patient date of birth; (3) Patient hospitalization status; (4) Name and telephone number of the reporting facility; (5) Name and telephone number of the testing laboratory; (6) Patient address; (7) Name and address of the requesting health care provider; (8) Pregnancy status; (9) Specimen source; (10) The laboratory's name for, or description of, the test; (11) Test reference range; and (12) Test status (e.g. preliminary, final, amended and/or corrected). (ii) Laboratories reporting electronically shall use HL7 2.3.1 or 2.5.1 message structure for all fields and appropriate LOINC codes designating the test performed. (iii) Laboratories reporting electronically shall submit all local vocabulary codes with translations to UDOH, if applicable. (iv) Laboratories reporting electronically must send reports within 24 hours of finalization of test results. (v) Laboratories reporting electronically must report preliminary positive results for immediately notifiable conditions as specified in R386-702-4 (4). (vi) Electronic reporting of negative results: (1) Electronic reporting shall include negative as well as positive results for tests ordered for the following conditions: (a) Chlamydia (b) Gonorrhea (c) Hepatitis A (d) Hepatitis B (e) Hepatitis C, including viral loads (f) Human Immunodeficiency Virus (HIV), including viral loads and confirmatory tests (g) Salmonellosis (h) STEC (i) Tuberculosis

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	(2) Negative test results reported for these conditions will be used for the following purposes as authorized in Utah Health Code Section 26-1-30(2)(c),(d), and (f): (a) To determine when a previously reported case becomes non-infectious; (b) To identify newly acquired infections through identification of a seroconversion window; or (c) To provide information critical for assignment of a case definition. (3) Information associated with a negative test result will be retained by the Utah Department of Health for a period of 18 months. (a) At the end of the 18 month period, if the result has not been appended to an existing case, personal identifiers will be stripped and expunged from the result. (b) The de-identified result will be added to a de-identified, aggregate dataset which will be retained for use by public health to analyze trends associated with testing patterns and case distribution, enabling identification and establishment of prevention and intervention efforts for at-risk populations, and assessment of trends over time in those populations, as authorized by Utah Health Code 26-1-30(2)(f). (3) Entities Required to Report Communicable Diseases: Title 26, Chapter 6, Section 6 Utah Code lists those individuals and facilities required to report diseases known or suspected of being communicable. (a) Physicians, hospitals, health care facilities, home health agencies, health maintenance organizations, and other health care providers shall report details regarding each case. (b) Schools, child care centers, and citizens shall provide any relevant information. (c) Laboratories and other testing sites shall report laboratory evidence confirming any of the reportable diseases. Laboratories and other testing sites shall also report any test results that provide presumptive evidence of infection, which may include positive tests for HIV, syphilis, measles, viral hepatitis, tuberculosis, and Creutzfeldt-Jakob disease and other transmissible human spongiform encephalopathies. (i) Detailed lists of reportable laboratory events, e.g. laboratory tests and results that signify a reportable condition, are found at: https://health.utah.gov/phaccess/public/elr/; click on “Spreadsheet of Reportable Events and Vocabulary” to access this list. (ii) Events noted within the “Spreadsheet of Reportable Events and Vocabulary” constitute those that are reportable according to this Rule, and as such are considered mandatory for laboratories to report. (iii) The “Spreadsheet of Reportable Events and Vocabulary” defines, for laboratory reporting purposes, those unusual occurrences of conditions as noted in R386-702-3 (1)(yyy) and (zzz). (d) Pharmacists shall report unusual prescriptions or patterns of prescribing as specified in section 26-23b-105.

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	(4) Immediately Reportable Conditions: Case and suspect case reports of anthrax, botulism (except for infant botulism), cholera, diphtheria, *Haemophilus influenzae* (invasive disease), hepatitis A, measles, meningococcal disease, plague, poliomyelitis, rabies, rubella (excluding congenital syndrome), Severe Acute Respiratory Syndrome (SARS), smallpox, *Staphylococcus aureus* with resistance (VRSA) or intermediate resistance (VISA) to vancomycin isolated from any site, tuberculosis, tularemia, typhoid, viral hemorrhagic fever, yellow fever, and any condition described inR386-702- 3(1)(yyy) or (zzz) are to be made immediately as provided in R386-702-4(2). (5) Mandatory Submission of Clinical Material: (a) Laboratories shall submit clinical material from all cases identified with organisms listed in (5)(c) below to the Utah Department of Health, Utah Public Health Laboratory (UPHL). Clinical material is defined as: (i) A clinical isolate containing the infectious organism for which submission of material is required, or (ii) If an isolate is not available, material containing the infectious organism for which submission of material is required, in the following order of preference: (A) a patient specimen; (B) nucleic acid; or (C) other laboratory material. (b) Laboratories should alert UPHL via telephone during business hours at (801) 965-2400, or after hours at (801) 560-6586, of all bioterrorism (BT) agents that are being submitted. BT agents are marked below (as (BT)) with other organisms mandated for submission. (c) Organisms that are mandated for clinical submission in Utah include: (i) *Bacillus anthracis* (BT); (ii) *Brucella* species (BT); (iii) *Campylobacter* species; (iv) *Clostridium botulinum* (BT); (v) *Corynebacterium diphtheriae;* (vi) Shiga toxin-producing *Escherichia coli* (STEC) (including enrichment and/or MacConkey broths that tested positive by enzyme immunoassay for Shiga toxin); (vii) *Francisella tularensis* (BT); (viii) *Haemophilus influenzae*, from normally sterile sites;

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	(ix) Influenza virus (hospitalized cases only); (x) *Legionella* species; (xi) *Listeria monocytogenes*; (xii) Measles (rubeola); (xiii) *Mycobacterium tuberculosis* complex; (xiv) *Neisseria gonorrhoeae*; (xv) *Neisseria meningitidis*, from normally sterile sites; (xvi) *Salmonella* species; (xvii) *Shigella* species; (xviii) *Staphylococcus aureus* with resistance or intermediate resistance to vancomycin isolated from any site; (xix) *Vibrio* species; (xx) West Nile virus; (xxi) *Yersinia* species (*Yersinia pestis*, BT); and (xxii) any organism implicated in an outbreak when instructed by authorized local or state health department personnel. (6) Full reporting of all relevant patient information related to laboratory-confirmed influenza is authorized and may be required by local or state health department personnel for purposes of public health investigation of a documented threat to public health. (7) Reports of emergency illnesses, health conditions, and patient encounter information under R386- 702-3(2) shall be made as soon as practicable using a process and schedule approved by the Department. Full reporting of all relevant patient information is authorized. The report shall include at least, if known: (a) name of the facility; (b) a patient identifier; (c) date of visit; (d) time of visit; (e) patient's age; (f) patient's sex; (g) zip code of patient's residence; (h) chief complaint(s), reason for visit, and/or diagnosis; and (i) whether the patient was admitted to the hospital.

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	(8) An entity reporting emergency illnesses, health conditions, and patient encounter information under R386-702-3(2) is authorized to report on other encounters during the same time period that do not meet definition for a reportable emergency illness, health condition, or patient encounter. Submission of an isolate does not replace the requirement to report the case also to the local health department or Bureau of Epidemiology, Utah Department of Health. The report shall include the following information for each such encounter: (a) facility name; (c) time of visit; (e) patient's sex; and (b) date of visit; (d) patient's age; (f) patient's zip code for patient's residence. (9) Epidemiological Review: The Department or local health department may conduct an investigation, including review of the hospital and health care facility medical records and contacting the individual patient to protect the public's health. (10) Confidentiality of Reports: All reports required by this rule are confidential and are not open to public inspection. Nothing in this rule, however, precludes the discussion of case information with the attending physician or public health workers. All information collected pursuant to this rule may not be released or made public, except as provided by Section 26-6-27. Penalties for violation of confidentiality are prescribed in Section 26-6-29. (11) If public health conducts a retrospective surveillance project, such as to assess completeness of case finding or assess another measure of data quality, the department may, at its discretion, waive any penalties for participating facilities, medical providers, laboratories, or other reporters if cases are found that were not originally reported for whatever reason.

Vermont

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Statutes	
18 Vermont Statutes 1001 **Reports to Commissioner of Health**	(a) When a physician, health care provider, nurse practitioner, nurse, physician assistant, or school health official has reason to believe that a person is sick or has died of a diagnosed or suspected disease, identified by the Department of Health as a reportable disease and dangerous to the public health, or if a laboratory director has evidence of such sickness or disease, he or she shall transmit within 24 hours a report thereof and identify the name and address of the patient and the name of the patient's physician to the Commissioner of Health or designee. In the case of the human immunodeficiency virus (HIV), "reason to believe" shall mean personal knowledge of a positive HIV test result. The Commissioner, with the approval of the Secretary of Human Services, shall by rule establish a list of those diseases dangerous to the public health that shall be reportable. Nonmedical community-based organizations shall be exempt from this reporting requirement. All information collected pursuant to this section and in support of investigations and studies undertaken by the commissioner for the purpose of determining the nature or cause of any disease outbreak shall be privileged and confidential. The Health Department shall, by rule, require that any person required to report under this section has in place a procedure that ensures confidentiality. In addition, in relation to the reporting of HIV and the acquired immune deficiency syndrome (AIDS), the Health Department shall, by rule: (1) develop procedures, in collaboration with individuals living with HIV or AIDS and with representatives of the Vermont AIDS service organizations, to ensure confidentiality of all information collected pursuant to this section; and (2) develop procedures for backing up encrypted, individually identifying information, including procedures for storage, location, and transfer of data. (b) (1) Public health records that relate to HIV or AIDS that contain any personally identifying information, or any information that may indirectly identify a person and was developed or acquired by state or local public health agencies, shall be confidential and shall only be disclosed following notice to the individual subject of the public health record or the individual's legal representative and pursuant to a written authorization voluntarily executed by the individual or the individual's legal representative. Except as provided in subdivision (2) of this subsection, notice and authorization is required prior to all disclosures, including disclosures to other states, the federal government, and other programs, departments, or agencies of state government. (2) Notwithstanding the provisions of subdivision (1) of this subsection, disclosure without notification shall be permitted to other states' infectious disease surveillance programs for the sole purpose of comparing the details of case reports identified as possibly duplicative, provided such information shall be shared using the least identifying information first so that the individual's name shall be used only as a last resort. (c) A disclosure made pursuant to subsection (b) of this section shall include only the information necessary for the purpose for which the disclosure is made. The disclosure shall be made only on agreement that the information shall remain confidential and shall not be further disclosed without additional notice to the individual and written authorization by the individual subject as required by subsection (b) of this section.

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	(d) A confidential public health record, including any information obtained pursuant to this section, shall not be: (1) disclosed or discoverable in any civil, criminal, administrative, or other proceeding; (2) used to determine issues relating to employment or insurance for any individual; (3) used for any purpose other than public health surveillance, and epidemiological follow-up. [Remaining text omitted.]
Regulations	
Code of Vermont Rules 13 140 007 **Subchapter 1 Reportable and Communicable Diseases Rule** **Section 5.0 Communicable Disease Reports**	*5.0 Communicable Disease Reports* *5.1 Organizations and person required to report:* The following organizations and persons who know or suspect that a person is sick or has died of a disease dangerous to the public health are required to report to the Department of Health within 24 hours of the time when they become aware of the disease (immediate reporting is essential for those diseases or laboratory reports indicated by a "*"). Nonmedical community-based organizations are exempt from these requirements. 5.1.1 Infection preventionists 5.1.2 Health care providers 5.1.3 Laboratory directors 5.1.4 Nurse practitioners 5.1.5 Nurses 5.1.6 Physician assistants 5.1.7 Physicians 5.1.8 School health officials 5.1.9 Administrators of long-term care and assisted living facilities

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	5.2 *Nature of the report:* The report of communicable diseases and other diseases dangerous to the public health and rare infectious diseases, as listed in 5.5, shall include the following information as it relates to the affected person: • name of person • date of birth • age • sex • address • telephone number • name of health care provider/ physician • address of health care provider/physician • name of disease being reported • date of onset of the disease • any other pertinent information. 5.3 The report should be made by telephone, or in writing, or electronically to the Department of Health, Epidemiology Program. HIV and AIDS reports shall be made on the Adult HIV/AIDS Confidential Case Report Form or the Pediatric HIV/AIDS Confidential Case Report Form as appropriate. 5.4 Laboratories must report in accordance with section 5.6. 5.5 Diseases, syndromes, and treatments required to be reported. 5.5.1 Reportable Diseases and Syndromes (to include any rare infectious disease or one dangerous to public health) Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other illness of major public health concern, because of the severity of illness or potential for epidemic spread, which may indicate a newly recognized infectious agent, an outbreak, epidemic, related public health hazard or act of bioterrorism, must be reported. Such reports may be made by sharing medical encounter information with the Department of Health so that the Department can determine if there is sufficient probability that a case or an outbreak warrants further public health response (immediate reporting is essential for those diseases or laboratory reports indicated by a "*"). • Anaplasmosis • AIDS • Anthrax* • Arboviral illness • Babesiosis • Blood lead levels • Botulism* • Brucellosis • Campylobacteriosis • *Chlamydia trachomatis* infection • Cholera • Creutzfeldt-Jakob disease/ transmissible spongiform encephalopathies • Cryptosporidiosis • Cyclosporiasis • Dengue • Diphtheria* • Eastern Equine Encephalitis illness • Ehrlichiosis • Encephalitis • Gonorrhea • Guillain Barre Syndrome • *Haemophilus influenzae* disease, invasive • Hantavirus disease • Hemolytic uremic syndrome (HUS) • Hepatitis A • Hepatitis B • Hepatitis B, positive surface antigen in a pregnant woman • Hepatitis C • Hepatitis E

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Citation	**Requirements**
	• Human immunodeficiency virus (HIV) • Influenza: Report only • Individual cases of influenza due to a novel strain of Influenza A* • Pediatric influenza-related deaths • Institutional outbreaks • Legionellosis • Leptospirosis • Listeriosis • Lyme Disease • Malaria • Measles (Rubeola)* • Meningitis, bacterial • Meningococcal disease* • Middle East Respiratory Syndrome (MERS) • Mumps • Pertussis (Whooping cough) • Plague* • Poliovirus infection, including poliomyelitis* • Psittacosis • Q Fever • Rabies, human* and animal cases • Reye syndrome • Spotted Fever Rickettsiosis • Rubella (German Measles) • Rubella, congenital rubella syndrome • Salmonellosis • Severe Acute Respiratory Syndrome (SARS)* • Shigatoxin-producing *E. coli* (STEC) • Shigellosis • Smallpox* • Streptococcal disease, Group A, invasive • Streptococcal disease, Group B invasive (infants less than one month of age) • *Streptococcus pneumoniae* disease, invasive • Syphilis • Tetanus • Toxic Shock Syndrome • Trichinosis • Tuberculosis • Tularemia* • Typhoid Fever • Varicella (Chicken pox only) • Viral hemorrhagic fever* • Vibriosis • West Nile virus illness • Yellow Fever • Yersiniosis 5.5.2 Human rabies post exposure treatment (HRPET) is reportable irrespective of evidence of rabies. Identifying information as indicated in 5.2 must be provided to the Department of Health.

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	5.6 Reportable Laboratory Findings 5.6.1 Positive, presumptive or confirmed, isolation or detection of the following organisms or positive, presumptive or confirmed, serological results for the following organisms OR results from specific laboratory tests as indicated below (to include any rare infectious disease or one dangerous to public health) (immediate reporting is essential for those diseases or laboratory reports indicated by a "*"): • Anaplasma phagocytophilum • Arboviruses • *Babesia microti* • *Bacillus anthracis** • *Bordetella pertussis* • *Borrelia burgdorferi* • *Brucella* species • *Burkholderia mallei* • *Burkholderia pseudomallei* • *Campylobacter* species • Carbapenem-resistant *Enterobacteriaceae* (CRE), including susceptibility results • CD4+ T-lymphocyte counts of less than 200 cells/uL or a CD4+ percentage of less than 14 • *Chlamydia psittaci* • *Chlamydia trachomatis* • *Clostridium botulinum** • *Clostridium tetani* • *Corynebacterium diphtheriae** • *Coxiella burnetii* • Creutzfeldt-Jakob disease/ transmissible spongiform encephalopathies • *Cryptosporidium* species • *Cyclospora cayetanensis* • Dengue virus • Eastern Equine Encephalitis virus • *Ehrlichia* species • *Haemophilus influenzae*, isolated from a normally sterile site • Hantavirus • Hepatitis A virus (anti-HAV IgM) • Hepatitis B virus (HBsAg, anti-HBcIgM, HBeAg, HBV DNA) • Hepatitis C virus (HCV) • Hepatitis E virus (IgM anti-HEV) • Human immunodeficiency virus (HIV): Includes the following: • HIV viral load measurement (including non-detectable results) • Influenza virus: Report only • Positive PCR • *Legionella* species • *Leptospira* species • *Listeria monocytogenes* • Measles virus* • MERS CoV • Mumps virus • *Mycobacterium tuberculosis* complex • *Neisseria gonorrhoeae* • *Neisseria meningitidis*, isolated from a normally sterile site* • *Plasmodium* species • Poliovirus* • Rabies virus • Rickettsia • Rubella virus • *Salmonella* species • SARS-CoV/SARS - associated virus* • *Shigella species* • Shigatoxin-producing *E. coli* (STEC) • Smallpox (yariola)* • *Staphylococcus aureus*, vancomycin resistant (VRSA) and vancomycin intermediate (VISA), including susceptibility results • *Streptococcus*, Group A, isolated from a normally sterile site • *Streptococcus*, Group B, isolated from a normally sterile site (infants less than one month of age) • *Streptococcus pneumoniae*, isolated from a normally sterile site, including susceptibility results • *Treponema pallidum*

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	• *Trichinella spiralis* • *Francisella tularensis** • Varicella virus • *Vibrio* species • Viral hemorrhagic fever (filoviruses [e.g. Ebola, Marburg] and arenaviruses [e.g. Lassa, Machupo])* • West Nile virus • Yellow fever virus • *Yersinia enterocolitica* • *Yersinia pestis** 5.6.2 In addition, the following laboratory tests must be reported: • Blood lead (all results, including undetectable) • CSF cultures (all positive findings) • Nontreponemal tests for syphilis (all positive findings) 5.6.3 Laboratory reporting shall include: • name of patient • date of birth • age • sex • address of patient • telephone number of patient • name of health care provider/ physician • address of health care provider/ physician • telephone number of provider/ physicianpositive test results • specimen type, e.g., serum, swab, etc. • specimen source, e.g., cervix, throat, etc. 5.6.4 Laboratories are required to provide a written or electronic report irrespective of the required reporting of other parties under 5.1. If no positive reportable laboratory findings have been made during a given week then a written report of "No reportable findings" shall be made. 5.6.5 For laboratories with validated electronic laboratory reporting, a report of "No reportable findings" is not required. 5.6.6 Specimens or isolates of the following organisms shall be sent to the Vermont Department of Health Laboratory for further analysis or typing: • *Burkholderia mallei* • *Burkholderia pseudomallei* • *Campylobacter* species • Carbapenem-resistant *Enterobacteriaceae* • *Coxiella burnetti* • *Neisseria meningitidis*, isolated from a normally sterile site • *Listeria monocytogenes* • *Salmonella* species • *Shigella* species • Shigatoxin-producing *E. coli* (STEC) (including O157:H7) • *Mycobacterium tuberculosis* • VRSA (vancomycin-resistant *Staphylococcus aureus*) • VISA (vancomycin-intermediate *Staphylococcus aureus*) • *Vibrio* species 5.6.7 The Department of Health Laboratory will provide transport containers and instruction on how to submit specimens or isolates.

Virginia

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Citation	**Requirements**
Statutes	
Virginia Code 32.1-36 **Reports by physicians and laboratory directors.**	A. Every physician practicing in this Commonwealth who shall diagnose or reasonably suspect that any patient of his has any disease required by the Board to be reported and every director of any laboratory doing business in this Commonwealth that performs any test whose results indicate the presence of any such disease shall make a report within such time and in such manner as may be prescribed by regulations of the Board. Any such report involving a disease that such physician or laboratory director has reason to believe may be caused by exposure to an agent or substance that has been or may be used as a weapon shall be reported directly to the Commissioner or his designee using an emergency response system maintained by the Department and operated twenty-four hours a day. B. Any physician who diagnoses a venereal disease in a child twelve years of age or under shall, in addition to the requirements of subsection A hereof, report the matter, in accordance with the provisions of § 63.2-1509, unless the physician reasonably believes that the infection was acquired congenitally or by a means other than sexual abuse. C. Any physician practicing in this Commonwealth shall report to the local health department the identity of any patient of his who has tested positive for exposure to human immunodeficiency virus as demonstrated by such test or tests as are approved by the Board for this purpose. However, there is no duty on the part of the physician to notify any third party other than the local health department of such test result, and a cause of action shall not arise from any failure to notify any other third party. D. Upon investigation by the local health department of a patient reported pursuant to subsection A, the Commissioner may, to the extent permitted by law, disclose the patient's identity and disease to the patient's employer if the Commissioner determines that (i) the patient's employment responsibilities require contact with the public and (ii) the nature of the patient's disease and nature of contact with the public constitutes a threat to the public health. The patient's identity and disease state shall be confidential as provided in §§ 32.1-36.1 and 32.1-41. Any unauthorized disclosure of reports made pursuant to this section shall be subject to the penalties of § 32.1-27. E. Physicians and laboratory directors may voluntarily report additional information at the request of the Department of Health for special surveillance or other epidemiological studies. F. 1. Every laboratory located in this Commonwealth shall file a written report with the Department of its inventory of dangerous microbes and pathogens on an annual basis. The laboratory shall supplement this report upon any change in such inventory as prescribed by the Board or immediately if any microbes or pathogens cannot be accounted for within twenty-four hours. 2. Except as provided in this subsection, a report submitted pursuant to this subsection shall be confidential and shall not be a public record pursuant to the Freedom of Information Act (§ 2.2-3700 et seq.). The Department shall cooperate with and may share information submitted to it pursuant to this subsection with the United States Centers for Disease Control and Prevention, and state and federal law-enforcement agencies in any investigation involving the release, theft or loss of a dangerous microbe or pathogen required to be reported under this subsection. 3. Any unauthorized disclosure of reports made pursuant to this subsection shall be subject to the penalties of § 32.1-27.

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Citation	**Requirements**
Regulations	
12 Virginia Administrative Code (VAC) 5-90-80 **Reportable disease list**	A. The board declares suspected or confirmed cases of the following named diseases, toxic effects, and conditions to be reportable by the persons enumerated in 12VAC5-90-90. Conditions identified by an asterisk (*) require immediate communication to the local health department by the most rapid means available upon suspicion or confirmation, as defined in subsection C of this section. Other conditions should be reported within three days of suspected or confirmed diagnosis. • Acquired immunodeficiency syndrome (AIDS) • Amebiasis • *Anthrax • Arboviral infections (e.g., dengue, EEE, LAC, SLE, WNV) • *Botulism • *Brucellosis • Campylobacteriosis • Chancroid • Chickenpox (Varicella) • *Chlamydia trachomatis* infection • *Cholera • Creutzfeldt-Jakob disease if <55 years of age • Cryptosporidiosis • Cyclosporiasis • *Diphtheria • *Disease caused by an agent that may have been used as a weapon • Ehrlichiosis/Anaplasmosis • *Escherichia coli* infection, Shiga toxin-producing • Giardiasis • Gonorrhea • Granuloma inguinale • **Haemophilus influenzae* infection, invasive • Hantavirus pulmonary syndrome • Hemolytic uremic syndrome (HUS) • *Hepatitis A • Hepatitis B (acute and chronic) • Hepatitis C (acute and chronic) • Hepatitis, other acute viral • Human immunodeficiency virus (HIV) infection • Influenza • *Influenza-associated deaths in children <18 years of age • Lead, elevated blood levels • Legionellosis • Leprosy (Hansen disease) • Listeriosis • Lyme disease • Lymphogranuloma venereum • Malaria • *Measles (Rubeola) • *Meningococcal disease • *Monkeypox • Mumps • Ophthalmia neonatorum • *Outbreaks, all (including but not limited to foodborne, healthcare-associated, occupational, toxic substance-related, and waterborne) • *Pertussis • *Plague • *Poliovirus infection, including poliomyelitis • *Psittacosis • *Q fever • *Rabies, human and animal • Rabies treatment, post-exposure • *Rubella, including congenital rubella syndrome • Salmonellosis • *Severe acute respiratory syndrome (SARS) • Shigellosis • *Smallpox (Variola) • Spotted fever rickettsiosis • *Staphylococcus aureus* infection, vancomycin-intermediate or vancomycin-resistant • Streptococcal disease, Group A, invasive or toxic shock

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Citation	**Requirements**
	• *Streptococcus pneumoniae* infection, invasive, in children <5 years of age • Syphilis (report *primary and *secondary syphilis by rapid means) • Tetanus • Toxic substance-related illness • Trichinosis (Trichinellosis) • *Tuberculosis, active disease • Tuberculosis infection in children <4 years of age • *Tularemia • *Typhoid/Paratyphoid fever • *Unusual occurrence of disease of public health concern • *Vaccinia, disease or adverse event • **Vibrio* infection • *Viral hemorrhagic fever • *Yellow fever • Yersiniosis B. Conditions reportable by directors of laboratories. Conditions identified by an asterisk (*) require immediate communication to the local health department by the most rapid means available upon suspicion or confirmation, as defined in subsection C of this section. Other conditions should be reported within three days of suspected or confirmed diagnosis. • Amebiasis - by microscopic examination, culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection • *Anthrax - by culture, antigen detection or nucleic acid detection • Arboviral infection - by culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection • *Botulism - by culture or identification of toxin in a clinical specimen • *Brucellosis - by culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection • Campylobacteriosis - by culture • Chancroid - by culture, antigen detection, or nucleic acid detection • Chickenpox (varicella) - by culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection • *Chlamydia trachomatis* infection - by culture, antigen detection, nucleic acid detection or, for lymphogranuloma venereum, serologic results consistent with recent infection • *Cholera - by culture or serologic results consistent with recent infection • Creutzfeldt-Jakob disease if <55 years of age by histopathology in patients under the age of 55 years • Cryptosporidiosis - by microscopic examination, antigen detection, or nucleic acid detection • Cyclosporiasis - by microscopic examination or nucleic acid detection • *Diphtheria - by culture • Ehrlichiosis/Anaplasmosis - by culture, nucleic acid detection, or serologic results consistent with recent infection

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Citation	**Requirements**
	• *Escherichia coli* infection, Shiga toxin-producing - by culture of *E. coli* O157 or other Shiga toxin-producing *E. coli,* Shiga toxin detection (e.g., by EIA), or nucleic acid detection • Giardiasis - by microscopic examination or antigen detection • Gonorrhea - by microscopic examination of a urethral smear specimen (males only), culture, antigen detection, or nucleic acid detection • **Haemophilus influenzae* infection, invasive - by culture, antigen detection, or nucleic acid detection from a normally sterile site • Hantavirus pulmonary syndrome - by antigen detection (immunohistochemistry), nucleic acid detection, or serologic results consistent with recent infection • *Hepatitis A - by detection of IgM antibodies • Hepatitis B (acute and chronic) - by detection of HBsAg or IgM antibodies • Hepatitis C (acute and chronic) - by 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 by immunoblot (RIBA), or HCV RNA positive by 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 - by 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 - by culture, antigen detection by direct fluorescent antibody (DFA), or nucleic acid detection • Lead, elevated blood levels - by 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 - by culture, antigen detection (including urinary antigen), nucleic acid detection, or serologic results consistent with recent infection • Listeriosis - by culture • Lyme disease - by culture, antigen detection, or detection of antibody confirmed with a supplemental test • Malaria - by microscopic examination, antigen detection, or nucleic acid detection • *Measles (rubeola) - by culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection • *Meningococcal disease - by culture or antigen detection from a normally sterile site • *Monkeypox - by culture or nucleic acid detection • Mumps - by culture, nucleic acid detection, or serologic results consistent with recent infection • *Mycobacterial diseases - (See 12VAC5-90-225 B) Report any of the following: 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 M. tuberculosis.

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Citation	**Requirements**
	• *Pertussis - by culture, antigen detection, or nucleic acid detection • *Plague - by culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection • *Poliovirus infection - by culture • *Psittacosis - by culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection • *Q fever - by culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection • *Rabies, human and animal - by culture, antigen detection by direct fluorescent antibody test, nucleic acid detection, or, for humans only, serologic results consistent with recent infection • *Rubella - by culture, nucleic acid detection, or serologic results consistent with recent infection • Salmonellosis - by culture • *Severe acute respiratory syndrome - by culture, nucleic acid detection, or serologic results consistent with recent infection • Shigellosis - by culture • *Smallpox (variola) - by culture or nucleic acid detection • Spotted fever rickettsiosis - by culture, antigen detection (including immunohistochemical staining), nucleic acid detection, or serologic results consistent with recent infection • *Staphylococcus aureus* infection, resistant, as defined below. 1. Methicillin-resistant - by antimicrobial susceptibility testing of a *Staphylococcus aureus* isolate, with a susceptibility result indicating methicillin resistance, cultured from a normally sterile site 2. Vancomycin-intermediate or vancomycin-resistant *Staphylococcus aureus* infection - by antimicrobial susceptibility testing of a *Staphylococcus aureus* isolate, with a vancomycin susceptibility result of intermediate or resistant, cultured from a clinical specimen • Streptococcal disease, Group A, invasive or toxic shock - by culture from a normally sterile site

VIRGINIA	
Citation	**Requirements**
	• *Streptococcus pneumoniae* infection, invasive, in children <5 years of age - by culture from a normally sterile site in a child under the age of five years • *Syphilis - by microscopic examination (including dark field), antigen detection (including direct fluorescent antibody), or serology by either treponemal or nontreponemal methods • Toxic substance-related illness - by 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) - by microscopic examination of a muscle biopsy or serologic results consistent with recent infection • *Tularemia - by culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection • *Typhoid/Paratyphoid fever - by culture • *Vaccinia, disease or adverse event - by culture or nucleic acid detection • **Vibrio* infection - by culture • *Viral hemorrhagic fever - by culture, antigen detection (including immunohistochemical staining), nucleic acid detection, or serologic results consistent with recent infection • *Yellow fever - by culture, antigen detection, nucleic acid detection, or serologic results consistent with recent infection • Yersiniosis - by culture, nucleic acid detection, or serologic results consistent with recent infection C. Reportable diseases requiring rapid communication. Certain of the diseases in the list of reportable diseases, because of their extremely contagious nature or their potential for greater harm, or both, require immediate identification and control. Reporting of persons confirmed or suspected of having these diseases, listed below, shall be made immediately by the most rapid means available, preferably that of telecommunication (e.g., telephone, telephone transmitted facsimile, pagers, etc.) to the local health director or other professional employee of the department. (These same diseases are also identified by an asterisk (*) in subsection A and subsection B, where applicable, of this section.) • Anthrax • Botulism • Brucellosis • Cholera • Diphtheria • Disease caused by an agent that may have been used as a weapon • *Haemophilus influenzae* infection, invasive • Hepatitis A • Influenza-associated deaths in children <18 years of age • Influenza A, novel virus • Measles (Rubeola) • Meningococcal disease • Monkeypox • Outbreaks, all • Pertussis • Plague • Poliovirus infection, including poliomyelitis • Psittacosis • Q fever • Rabies, human and animal • Rubella, including congenital rubella syndrome • Severe acute respiratory syndrome (SARS)

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Citation	**Requirements**
	• Smallpox (Variola) • Syphilis, primary and secondary • Tuberculosis, active disease • Tularemia • *Typhoid/Paratyphoid fever • Unusual occurrence of disease of public health concern • Vaccinia, disease or adverse event • *Vibrio* infection • Viral hemorrhagic fever • Yellow fever D. Toxic substance-related illnesses. All toxic substance-related illnesses, including pesticide and heavy metal poisoning or illness resulting from exposure to an occupational dust or fiber or radioactive substance, shall be reported. If such illness is verified or suspected and presents an emergency or a serious threat to public health or safety, the report of such illness shall be by rapid communication as in subsection C of this section. E. Outbreaks. The occurrence of outbreaks or clusters of any illness which may represent a 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. F. Unusual or ill-defined diseases or emerging or reemerging pathogens. Unusual or emerging conditions of public health concern shall be reported to the local health department by the most rapid means available. In addition, the commissioner or his designee may establish surveillance systems for diseases or conditions that are not on the list of reportable diseases. Such surveillance may be established to identify cases (delineate the magnitude of the situation), to identify the mode of transmission and risk factors for the disease, and to identify and implement appropriate action to protect public health. Any person reporting information at the request of the department for special surveillance or other epidemiological studies shall be immune from liability as provided by § 32.1-38 of the Code of Virginia.
12 VAC 5-90-90 **Those required to report**	A. *Physicians*. Each physician who treats or examines any person who is suffering from or who is suspected of having a reportable disease or condition shall report that person's name, address, age, date of birth, race, sex, and pregnancy status for females; name of disease diagnosed or suspected; the date of onset of illness; and the name, address, and telephone number of the physician and medical facility where the examination was made, except that influenza should be reported by number of cases only (and type of influenza, if available). Reports are to be made to the local health department serving the jurisdiction where the physician practices. A physician may designate someone to report on his behalf, but the physician remains responsible for ensuring that the appropriate report is made. Any physician, designee, or organization making such report as authorized herein shall be immune from liability as provided by § 32.1-38 of the Code of Virginia. Such reports shall be made on a form to be provided by the department (Form Epi-1), a computer generated printout containing the data items requested on Form Epi-1, or a Centers for Disease Control and Prevention (CDC) surveillance form that provides the same information and shall be made within three days of the suspicion or confirmation of disease unless the disease in question requires rapid reporting under 12VAC5-90-80 C. Reporting may be done by means of secure electronic transmission upon agreement of the physician and the department.

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Citation	**Requirements**
	Pursuant to § 32.1-49.1 of the Code of Virginia, additional elements are required to be reported for individuals with confirmed or suspected active tuberculosis disease. Refer to Part X for details on these requirements. B. *Directors of laboratories.* Any person who is in charge of a laboratory conducting business in the Commonwealth shall report any laboratory examination of any clinical specimen, whether performed in-house or referred to an out-of-state laboratory, which yields evidence, by the laboratory method(s) indicated or any other confirmatory test, of a disease listed in 12VAC5-90-80 B. Each report shall give the source of the specimen and the laboratory method and result; the name, address, age, date of birth, race, sex, and pregnancy status for females (if known) of the person from whom the specimen was obtained; and the name, address, and telephone number of the physician and medical facility for whom the examination was made. When the influenza virus is isolated, the type should be reported, if available. Reports shall be made within three days of identification of evidence of disease, except that those identified by an asterisk shall be reported by the most rapid means available, to the local health department serving the jurisdiction in which the laboratory is located. Reports shall be made on Form Epi-1 or on the laboratory's own form if it includes the required information. Computer generated reports containing the required information may be submitted. Reporting may be done by means of secure electronic transmission upon agreement of the laboratory director and the department. Any person making such report as authorized herein shall be immune from liability as provided by § 32.1-38 of the Code of Virginia. A laboratory identifying evidence of any of the following conditions shall notify the health department of the positive culture and submit the initial isolate to the Virginia Division of Consolidated Laboratory Services (DCLS). All specimens must be identified with the patient and physician information required in this subsection. • Anthrax • Brucellosis • Cholera • Diphtheria • *E. coli* infection, Shiga toxin-producing. (Laboratories that use a Shiga toxin EIA methodology but do not perform simultaneous culture for Shiga tox-in-producing *E. coli* should forward all positive stool specimens or positive broth cultures to DCLS for confirmation and further characterization.) • *Haemophilus influenzae* infection, invasive • Influenza A, novel virus • Listeriosis • Meningococcal disease • Pertussis • Plague • Poliovirus infection • Q fever • Salmonellosis • Shigellosis • Streptococcal disease, Group A, invasive • Tuberculosis (A laboratory identifying *Mycobacterium tuberculosis* complex (see 12VAC5-90-225) shall submit a representative and viable sample of the initial culture to DCLS or other laboratory designated by the board to receive such specimen.) • Typhoid/Paratyphoid fever • Vancomycin-intermediate or vancomycin-resistant *Staphylococcus aureus* infection • Yersiniosis • Other diseases as may be requested by the health department

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Citation	**Requirements**
	Laboratories operating within a medical care facility shall be considered to be in compliance with the requirement to notify the health department when the director of that medical care facility assumes the reporting responsibility; however, laboratories are still required to submit isolates to DCLS or other designated laboratory as noted above. C. *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 12VAC5-90-80 A unless he has evidence that the occurrence has been reported by a physician. Any person making such report as authorized herein shall be immune from liability as provided by § 32.1-38 of the Code of Virginia. The requirement to report shall include all inpatient, outpatient and emergency care departments within the medical care facility. Such report shall contain the patient's name, address, age, date of birth, race, sex, and pregnancy status for females; name of disease being reported; the date of admission; hospital chart number; date expired (when applicable); and attending physician. Influenza should be reported by number of cases only (and type of influenza, if available). Reports shall be made within three days of the suspicion or confirmation of disease unless the disease in question requires rapid reporting under 12VAC5-90-80 C and shall be made on Form Epi-1, a computer generated printout containing the data items requested on Form Epi-1, or a Centers for Disease Control and Prevention (CDC) surveillance form that provides the same information. Reporting may be done by means of secure electronic transmission upon agreement of the medical care facility and the department. A person in charge of a medical care facility may assume the reporting responsibility on behalf of the director of the laboratory operating within the facility. D. Persons *in charge of a residential or day program, service, or facility licensed or operated by any agency of the Commonwealth, or a school, child care center, or summer camp*. Any person in charge of a residential or day program, service, or facility licensed or operated by any agency of the Commonwealth, or a school, child care center, or summer camp as defined in § 35.1-1 of the Code of Virginia shall report immediately to the local health department the presence or suspected presence in his program, service, facility, school, child care center, or summer camp of persons who have common symptoms suggesting an outbreak situation. Such persons may report additional information, including individual cases of communicable diseases that occur in their facilities. Any person so reporting shall be immune from liability as provided by § 32.1-38 of the Code of Virginia. E. *Local health directors*. The local health director shall forward any report of a disease or report of evidence of a disease which has been made on a resident of his jurisdiction to the Office of Epidemiology within three days of receipt. This report shall be submitted immediately by the most rapid means available if the disease is one requiring rapid communication, as required in 12VAC5-90-80 C. All such rapid reporting shall be confirmed in writing and submitted to the Office of Epidemiology within three 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 or to the Office of Epidemiology on individuals residing outside Virginia.

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Citation	**Requirements**
	F. *Persons in charge of hospitals, nursing facilities or nursing homes, assisted living facilities, and correctional facilities.* In accordance with § 32.1-37.1 of the Code of Virginia, any person in charge of a hospital, nursing facility or nursing home, assisted living facility, or correctional facility shall, at the time of transferring custody of any dead body to any person practicing funeral services, notify the person practicing funeral services or his agent if the dead person was known to have had, immediately prior to death, an infectious disease which may be transmitted through exposure to any bodily fluids. These include any of the following infectious diseases: • Creutzfeldt-Jakob disease • Human immunodeficiency virus infection • Hepatitis B • Hepatitis C • Monkeypox • Rabies • Smallpox • Syphilis, infectious • Tuberculosis, active disease • Vaccinia, disease or adverse event • Viral hemorrhagic fever G. *Employees, applicants, and persons in charge of food establishments.* 12VAC5-421-80 of the Food Regulations requires a food employee or applicant to notify the person in charge of the food establishment when diagnosed with certain diseases that are transmissible through food. 12VAC5-421-120 requires the person in charge of the food establishment to notify the health department. Refer to the appropriate sections of the Virginia Administrative Code for further guidance and clarification regarding these reporting requirements.

Washington

WASHINGTON	
Citation	**Requirements**
Statutes	
Revised Code of Washington 43.20.050 **Powers and duties of state board of health**	1) The state board of health shall provide a forum for the development of public health policy in Washington state. It is authorized to recommend to the secretary means for obtaining appropriate citizen and professional involvement in all public health policy formulation and other matters related to the powers and duties of the department. It is further empowered to hold hearings and explore ways to improve the health status of the citizenry. In fulfilling its responsibilities under this subsection, the state board may create ad hoc committees or other such committees of limited duration as necessary. (2) In order to protect public health, the state board of health shall: ... (f) Adopt rules for the prevention and control of infectious and noninfectious diseases, including food and vector borne illness, and rules governing the receipt and conveyance of remains of deceased persons, and such other sanitary matters as may best be controlled by universal rule; ... *[Remaining text omitted]*
Regulations	
Washington Administrative Code (WAC) 246-101-201 **Notifiable conditions and laboratories.**	This section describes the conditions about which Washington's laboratories must notify public health authorities of on a statewide basis. The board finds that the conditions in Table Lab-1 of this section are notifiable for the prevention and control of communicable and noninfectious diseases and conditions in Washington. The board also finds that submission of specimens for many of these conditions will further prevent the spread of disease. (1) Laboratory directors shall notify public health authorities of positive preliminary test results and positive final test results of the conditions identified in Table Lab-1 of this section as individual case reports and provide specimen submissions following the requirements in WAC 246-101-205, 246-101-210, 246-101-215, 246-101-220, 246-101-225, and 246-101-230. (2) Local health officers may require additional conditions to be notifiable within the local health officer's jurisdiction. (3) The local health department may request laboratory reporting of additional test results pertinent to an investigation of a notifiable condition (e.g., hepatocellular enzyme levels for hepatitis or negative stool test results on salmonellosis rescreening). (4) Laboratory directors may notify the local health department, the department, or both of other laboratory results.

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Table Lab-1 (Conditions Notifiable by Laboratory Directors)
((√) Indicates which agency should receive case and suspected case reports)

Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Dept.	Notifiable to Dept. of Health	Specimen Submission to DOH (Type & Timing)
Arboviruses (West Nile virus, eastern and western equine encephalitis, dengue, St. Louis encephalitis, La Crosse encephalitis, Japanese encephalitis, Powassan, California serogroup, Chikungunya)	2 business days	√		On request
Acute: IgM positivity PCR positivity Viral isolation				
Bacillus anthracis (Anthrax)	Immediately	√		Culture (2 business days)
Blood Lead Level	Elevated Levels - 2 business days Nonelevated Levels - Monthly		√	
Bordetella pertussis (Pertussis)	Within 24 hours	√		Culture, when available (2 business days)
Borrelia burgdorferi (Lyme disease)	2 business days	√		On request
Borrelia hermsii or *recurrentis* (Relapsing fever, tick- or louse-borne)	Within 24 hours	√		On request
Brucella species (Brucellosis)	Within 24 hours	√		Cultures (2 business days)
Burkholderia mallei and *pseudomallei*	Immediately	√		Culture (2 business days); additional specimens when available
Campylobacter species (Campylobacteriosis)	2 business days	√		On request
CD4 + (T4) lymphocyte counts and/or CD4 + (T4) (patients aged thirteen or older)	Monthly	Only when the local health department is designated by the Department of Health	√ (Except King County)	
Chlamydophila psittaci (Psittacosis)	Within 24 hours	√		On request
Chlamydia trachomatis	2 business days	√		

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Clostridium botulinum (Botulism)	Immediately	√		Serum and/or stool; any other specimens available (i.e., foods submitted for suspected food-borne case; debrided tissue submitted for suspected wound botulism) (2 business days)
Corynebacterium diphtheriae (Diphtheria)	Immediately	√		Culture (2 business days)
Coxiella burnetii (Q fever)	Within 24 hours	√		Culture (2 business days)
Cryptococcus non *v. neoformans*	N/A	N/A		Culture (2 business days) or other specimens upon request
Cryptosporidium (Cryptosporidiosis)	2 business days	√		On request
Cyclospora cayetanensis (Cyclosporiasis)	2 business days	√		Specimen (2 business days)
E. coli - Refer to "Shiga toxin-producing *E. coli*"	Immediately	√		
Francisella tularensis (Tularemia)	Immediately	√		Culture or other appropriate clinical material (2 business days)
Giardia lamblia (Giardiasis)	2 business days	√		On request
Haemophilus influenzae (children < 5 years of age)	Immediately	√		Culture, from sterile sites only, when type is unknown (2 business days)
Hantavirus	Within 24 hours	√		On request
Hepatitis A virus (acute) by IgM positivity (Hepatocellular enzyme levels to accompany report)	Within 24 hours	√		On request
Hepatitis B virus (acute) by IgM positivity	Within 24 hours	√		On request
Hepatitis B virus	Monthly	√		
- HBsAg (Surface antigen)				
- HBeAg (E antigen)				
- HBV DNA				
Hepatitis C virus	Monthly	√		
Hepatitis D virus	2 business days	√		On request
Hepatitis E virus	Within 24 hours	√		On request

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Human immunodeficiency virus (HIV) infection (for example, positive Western Blot assays, P24 antigen or viral culture tests)	2 business days	Only when the local health department is designated by the Department of Health	√ (Except King County)	
Human immunodeficiency virus (HIV) infection (II viral load detection test results - detectable and undetectable)	Monthly	Only when the local health department is designated by the Department of Health	√ (Except King County)	
Influenza virus, novel or unsubtypable strain	Immediately	√		Isolate or clinical specimen (2 business days)
Legionella species (Legionellosis)	Within 24 hours	√		Culture (2 business days)
Leptospira species (Leptospirosis)	Within 24 hours	√		On request
Listeria monocytogenes (Listeriosis)	Within 24 hours	√		Culture (2 business days)
Measles virus (rubeola) Acute: IgM positivity PCR positivity	Immediately	√		Isolate or clinical specimen associated with positive result (2 business days)
Mumps virus Acute: IgM positivity PCR positivity	Within 24 hours	√		Isolate or clinical specimen associated with positive result (2 business days)
Mycobacterium tuberculosis (Tuberculosis)	2 business days		√	Culture (2 business days)
Mycobacterium tuberculosis (Tuberculosis) (Antibiotic sensitivity for first isolates)	2 business days		√	
Neisseria gonorrhoeae (Gonorrhea)	2 business days	√		
Neisseria meningitidis (Meningococcal disease)	Immediately	√		Culture (from sterile sites only) (2 business days)
Plasmodium species (Malaria)	2 business days	√		On request
Poliovirus Acute: IgM positivity PCR positivity	Immediately	√		Isolate or clinical specimen associated with positive result (2 business days)

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Rabies virus (human or animal)	Immediately	√ (Pathology Report Only)		Clinical specimen associated with positive result (2 business days)
Salmonella species (Salmonellosis)	Within 24 hours	√		Culture (2 business days)
SARS-associated coronavirus	Immediately	√		Isolate or clinical specimen associated with positive result (2 business days)
Shiga toxin-producing *E. coli* (enterohemorrhagic *E. coli* including, but not limited to, *E. coli* O157:H7)	Immediately	√		Culture (2 business days) or specimen if no culture is available
Shigella species (Shigellosis)	Within 24 hours	√		Culture (2 business days)
Treponema pallidum (Syphilis)	2 business days	√		Serum (2 business days)
Trichinella species	2 business days	√		On request
Vancomycin-resistant *Staphylococcus aureus*	Within 24 hours	√		Culture (2 business days)
Variola virus (smallpox)	Immediately	√		Isolate or clinical specimen associated with positive result (2 business days)
Vibrio cholerae O1 or O139 (Cholera)	Immediately	√		Culture (2 business days)
Vibrio species (Vibriosis)	Within 24 hours	√		Culture (2 business days)
Viral hemorrhagic fever: Arenaviruses Bunyaviruses Filoviruses Flaviviruses	Immediately	√		Isolate or clinical specimen associated with positive result (2 business days)
Yellow fever virus	Immediately	√		Serum (2 business days)
Yersinia enterocolitica or *pseudotuberculosis*	Within 24 hours	√		On request
Yersinia pestis (Plague)	Immediately	√		Culture or other appropriate clinical material (2 business days)

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Citation	**Requirements**
WAC 246-101-205 **Responsibilities and duties of the laboratory director**	(1) Laboratory directors shall: (a) Notify the local health department where the patient resides, or, in the event that patient residence cannot be determined, the local health department in which the ordering health care provider practices, or the local health department in which the laboratory operates, regarding: (i) Positive preliminary test results and positive final test results of notifiable conditions specified as notifiable to the local health department in Table Lab-1. (ii) Positive preliminary test results and positive final test results of conditions specified as notifiable by the local health officer within that health officer's jurisdiction. (b) Notify the department of conditions designated as notifiable to the local health department when: (i) A local health department is closed or representatives of the local health department are unavailable at the time a positive preliminary test result or positive final test result of an immediately notifiable condition occurs; or (ii) A local health department is closed or representatives of the local health department are unavailable at the time an outbreak or suspected outbreak of communicable disease occurs. (c) Notify the department of positive preliminary test results or positive final test results for conditions designated notifiable to the department in Table Lab-1. (d) Notify the department of nonelevated blood lead levels on a monthly basis. (e) Submit specimens for conditions noted in Table Lab-1 to the Washington state public health laboratories or other laboratory designated by the state health officer for diagnosis, confirmation, storage, or further testing. (f) Ensure that positive preliminary test results and positive final test results for notifiable conditions of specimens referred to other laboratories for testing are correctly notified to the correct local health department or the department. This requirement can be satisfied by: (i) Arranging for the referral laboratory to notify either the local health department, the department, or both; or (ii) Forwarding the notification of the test result from the referral laboratory to the local health department, the department, or both. (g) Cooperate with public health authorities during investigation of: (i) Circumstances of a case or suspected case of a notifiable condition or other communicable disease; and (ii) An outbreak or suspected outbreak of disease.

WASHINGTON	
Citation	**Requirements**
	(2) Laboratory directors may designate responsibility for working and cooperating with public health authorities to certain employees as long as designated employees are: (a) Readily available; and (b) Able to provide requested information in a timely manner. (3) By July 1, 2011, when referring a specimen to another laboratory for a test for a notifiable condition, laboratory directors shall provide the laboratory with the following information for each test referral: (a) Patient name; (b) Full address of patient, or patient zip code at a minimum, when available in laboratory data base; (c) Date of birth or age of patient, when available in laboratory data base; (d) Sex of patient, when available in laboratory data base; (e) Name of the principal health care provider; (f) Telephone number of the principal health care provider; (g) Address of the principal health care provider, when available; (h) Type of test requested; (i) Type of specimen; and (j) Date of specimen collection. (4) By January 1, 2013, laboratory data bases must have the ability to receive, store, and retrieve all of the data elements specified in subsection (3)(a) through (j) of this section.
WAC 246-101-210 **Means of specimen submission**	(1) When submitting specimens as indicated in Table Lab-1 of WAC 246-101-201, laboratories shall adhere to the following timelines and procedures: (a) Specimens designated for submission within two business days must be in transit within two business days from the time the specimen is ready for packaging; (b) Specimens designated for submission on request may be requested by the local health departments or the department. The laboratory shall ship a requested specimen within two business days of receiving the request, provided the specimen is still available at the time of the request. This is not intended to require laboratories to save specimens indefinitely in anticipation of a request. (2) Local health jurisdictions may temporarily waive specimen submission for circumstances at their discretion by communication with individual laboratories. (3) Laboratories shall forward all required specimen submissions to: Washington State Public Health Laboratories Washington State Department of Health 1610 N.E. 150th Street Shoreline, WA 98155 (4) The state health officer may designate additional laboratories as public health referral laboratories.

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Citation	**Requirements**
Statutes	
West Virginia Code 16-3-1 **State director of health authority to quarantine and to enforce regulations; state board of health authority to issue regulations to control infectious or contagious diseases**	The state director of health is empowered to establish and strictly maintain quarantine at such places as he may deem proper and forbid and prevent the assembling of the people in any place, when the state director of health or any county or municipal health officer deems that the public health and safety so demand, and the state board of health may adopt rules and regulations to obstruct and prevent the introduction or spread of smallpox or other communicable or infectious diseases into or within the state, and the state director of health shall have the power to enforce these regulations by detention and arrest, if necessary. The state director of health shall have power to enter into any town, city, factory, railroad train, steamboat or other place whatsoever, and enter upon and inspect private property for the purpose of investigating the sanitary and hygienic conditions and the presence of cases of infectious diseases, and may, at his discretion, take charge of any epidemic or endemic conditions, and enforce such regulations as the state board of health may prescribe. All expenses incurred in controlling any endemic or epidemic conditions shall be paid by the county or municipality in which such epidemic occurs.
Regulations	
West Virginia Code of Regulations §64-7-3 **Selection, Categorization, and Required Reporting.**	3.1. Selection and Categorization of Required Reportable Diseases and Conditions. 3.1.a. The Commissioner may, by order filed with the Secretary of State, add or delete a disease or condition in any category. The Commissioner shall select and categorize diseases and conditions for inclusion in this rule based on whether the disease or condition constitutes or has the potential to constitute a public health emergency, whether it requires public health follow up, or whether the collection of data or other information on the disease or condition can assist in either determining the need for or effectively implementing public health programs or other projects to protect and promote the health of the people of West Virginia. 3.1.b. In emergency situations, such as potential epidemics, mass exposures, or mass casualty events, the Commissioner may require same day reporting by all required reporters for selected diseases conditions or injuries by rapid written notification of: 3.1.b.1. local health departments; 3.1.b.2. health care facilities and health care providers; 3.1.b.3. animal health providers, if the disease is zoonotic; 3.1.b.4. laboratories; 3.1.b.5. schools, camps or vessels; 3.1.b.6. emergency shelters; 3.1.b.7. “911” operators and disaster response workers; 3.1.b.8. funeral directors; and 3.1.b.9. medical examiners or coroners.

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	3.1.c. The written notification shall list required diseases, injuries or conditions to be reported; case definitions to be used; the required time frame for reporting; information to be reported for each case or suspected case; and information on how reports should be made to local health departments or the Bureau. The Commissioner shall establish a time for the required reporting not to exceed the duration of the emergency. Disease and conditions under surveillance may include: 3.1.c.1. fatalities, including cause of death; 3.1.c.2. injuries; 3.1.c.3. exposures to chemicals, toxins or radiation; and 3.1.c.4. other diseases or conditions established by the order of the Commissioner. 3.2. Reporting of Diseases and Conditions. 3.2.a. The Commissioner shall establish specific protocols for reporting diseases and conditions. These may be found in the West Virginia Reportable Diseases Protocol Manual (available online at www.dide.wv.gov). The protocols shall include any information to be reported beyond that listed in this rule and any additional information necessary regarding reporting or appropriate public health management. 3.2.b. Facilities and providers shall report diseases and conditions to the local health department in the county of residence of the patient on forms provided in the West Virginia Reportable Disease Protocol Manual (available online at: www.dide.wv.gov). 3.2.c. Laboratories shall send a paper copy of the laboratory report to the local health department in the county where the patient resides. When electronic reporting to WVHIN or WVEDSS is validated by the bureau, the laboratory shall report laboratory data in real time by HL7 messaging. When reporting directly to WVEDSS, laboratories may use XML. 3.2.d. Local health departments shall report diseases and conditions to WVEDSS in a manner approved by the Commissioner. 3.3. Category I Reportable Diseases and Conditions. 3.3.a. Health care providers and health care facilities shall report cases of Category I diseases or conditions listed in this section by telephone to the local health department serving the patient's county of residence immediately; and file a written report as required in the Reportable Disease Protocol Manual (available at: www.dide.wv.gov). Reports from health care providers and health care facilities shall include the patient's name, address, telephone number, date of birth, sex, race, ethnicity and the patient's physician's name, office address, office phone and fax numbers, and any other information requested by the Commissioner relevant to the purposes of this rule. 3.3.a.1. Laboratories shall report cases of Category I diseases or conditions listed in this section by telephone to the local health department serving the patient's county of residence immediately and follow up with a copy of the written laboratory report. When the laboratory is designated by the Commissioner to be a validated submitter to the WVHIN or WVEDSS, the laboratory may substitute real time electronic laboratory reporting using HL7 messaging for the required paper-based reporting. Reports from laboratories shall include the patient's name, address, telephone number, date of birth, sex, race, ethnicity; and the physician's name, office address, office phone and fax numbers; name of person or agency submitting

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	the specimen for testing, specimen source, date of specimen collection, date of result, name of the test, test result, normal value or range; and name, address, phone and fax number of the laboratory. All local health departments shall report the case to the Bureau immediately upon receipt of the laboratory report by calling toll free 1 (800) 423-1271, extension 1, and by filing an electronic report in WVEDSS or as required by the Commissioner. 3.3.b. Category I.A diseases and conditions reportable immediately by health care providers and health care facilities are: 3.3.b.1. Anthrax; 3.3.b.2. Bioterrorist event, suspect or confirmed; 3.3.b.3. Botulism; 3.3.b.4. Foodborne outbreak, suspect or confirmed; 3.3.b.5. Intentional exposure to an infectious agent or biological toxin, suspect or confirmed; 3.3.b.6. Orthopox infection, including smallpox and monkeypox; 3.3.b.7. An outbreak or cluster of any illness or condition - suspect or confirmed; 3.3.b.8. Novel influenza infection, suspect or confirmed, animal or human; 3.3.b.9. Plague; 3.3.b.10. Rubella; 3.3.b.11. Rubella, congenital syndrome; 3.3.b.12. Rubeola (Measles); 3.3.b.13. SARS coronavirus infection, suspect or confirmed; 3.3.b.14. Smallpox; 3.3.b.15. Tularemia; 3.3.b.16. Viral hemorrhagic fevers, including filoviruses such as ebola and Marburg and arenaviruses such as lassa fever; and 3.3.b.17. Waterborne outbreak, suspect or confirmed. 3.3.c. Reports of Category I.A diseases and conditions shall first be reported by phone and also be submitted on standard reporting forms in accordance with the West Virginia Reportable Diseases Protocol Manual (available online at www.dide.wv,gov). 3.3.d. Category I.B diseases and conditions reportable by laboratories are: 3.3.d.1. *Bacillus anthracis*; 3.3.d.2. Bioterrorist event, suspect or confirmed; 3.3.d.3. *Clostridium botulinum*, microbiologic or toxicologic evidence; 3.3.d.4. Foodborne outbreak, suspect or confirmed; 3.3.d.5. *Francisella tularensis*;

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	3.3.d.6. Intentional exposure to an infectious agent; suspect or confirmed; 3.3.d.7. Novel influenza infection, suspect or confirmed, animal or human; 3.3.d.8. Orthopox infection, virologic, electron microscopic or molecular evidence; 3.3.d.9. Outbreak or cluster of any illness or condition - suspect or confirmed; 3.3.d.10. Rubella, virologic or serologic evidence; 3.3.d.11. Rubeola (measles), virologic or serologic evidence; 3.3.d.12. SARS coronavirus infection, serologic evidence or PCR; 3.3.d.13. Smallpox, virologic or serologic evidence; 3.3.d.14. Viral hemorrhagic fever; 3.3.d.15. Waterborne outbreak, suspect or confirmed; 3.3.d.16. *Yersinia pestis*, microbiologic or serologic evidence; and 3.3.d.17. Any other laboratory evidence suggestive of current infection with any of the diseases or conditions listed in Category I.A. 3.3.e. After reporting by phone, laboratory reports of Category I.B. diseases and conditions shall be submitted to the local health department in accordance with the West Virginia Reportable Disease Protocol Manual (online at: www.dide.wv.gov). A laboratory designated by the Commissioner to be a validated submitter to the WVHIN or WVEDSS may substitute real time electronic laboratory reporting using HL7 messaging for the required paper-based reporting. 3.4. Category II Reportable Diseases and Conditions. 3.4.a. Health care providers and health care facilities shall report cases of Category II diseases or conditions listed in this section by telephone to the local health department serving the patient's county of residence within 24 hours of diagnosis, and follow up with a written report on standard reporting forms in accordance with the Reportable Disease Protocol Manual (available at: www.dide.wv.gov). Reports from providers shall include the patient's name, address, telephone number, date of birth, sex, race, ethnicity and the patient's physician's name, office address, office phone and fax numbers, and any other information requested by the Commissioner relevant to the purposes of this rule. 3.4.a.1. Laboratories shall report cases of Category II diseases or conditions listed in this section by telephone to the local health department serving the patient's county of residence within 24 hours of diagnosis, and follow up with a written copy of the laboratory report. A laboratory designated by the Commissioner to be a validated submitter to the WVHIN or WVEDSS may substitute real time electronic laboratory reporting using HL7 messaging for the required paper-based reporting Reports from laboratories shall include the patient's name, address, telephone number, date of birth, sex, race, ethnicity; and the physician's name, office address, office phone and fax numbers; name of person or agency submitting the specimen for testing, specimen source, date of specimen collection, date of result, name of the test, test result, normal value or range; and name, address, phone and fax number of the laboratory. All local health departments shall report the case to the Bureau within 24 hours of receipt of the report by filing an electronic report in WVEDSS or as required by the Commissioner.

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	3.4.b. Category II.A diseases and conditions reportable by health care providers and health care facilities are: 3.4.b.1. Animal bites; 3.4.b.2. Brucellosis; 3.4.b.3. Cholera; 3.4.b.4. Dengue fever; 3.4.b.5. Diphtheria; 3.4.b.6. *Haemophilus influenzae*, invasive disease; 3.4.b.7. Hemolytic uremic syndrome, postdiarrheal; 3.4.b.8. Hepatitis A, acute, including results of hepatitis serologies, transaminase levels and bilirubin; 3.4.b.9. Hepatitis B, acute, chronic or perinatal, including results of hepatitis A and B serologies, transaminase levels and bilirubin; 3.4.b.10. Hepatitis D including results of hepatitis A and B serologies, transaminase levels and bilirubin; 3.4.b.11. Meningococcal disease, invasive; 3.4.b.12. Mumps, acute infection; 3.4.b.13. Pertussis (whooping cough); 3.4.b.14. Poliomyelitis; 3.4.b.15. Q-fever (*Coxiella burnetii*); 3.4.b.16. Rabies; human or animal; 3.4.b.17. Shiga toxin-producing *Escherichia coli* (STEC) including but not limited to *E. coli* 0157:H7; 3.4.b.18. *Staphylococcus aureus* with glycopeptide-intermediate (GISA/VISA) or glycopeptide-resistant (GRSA/VRSA) susceptibilities, including results of susceptibility testing; 3.4.b.19. Tuberculosis all forms, including antibiotic susceptibility patterns; 3.4.b.20. Typhoid fever *(Salmonella* Typhi); 3.4.b.21. Yellow fever; and 3.4.b.22. Any other unusual condition or emerging infectious disease of potential public health importance; 3.4.c. Reports of Category II.A diseases and conditions shall be submitted on reporting forms as listed in the West Virginia Reportable Diseases Protocol Manual (available online at www.dide.wv.gov) 3.4.d. Category II.B diseases and conditions reportable by laboratories are: 3.4.d.1. *Bordatella pertussis*, microbiologic or molecular evidence; 3.4.d.2. *Brucella*, microbiologic or serologic evidence; 3.4.d.3. *Corynebacterium diphtheriae*, microbiologic or histopathologic evidence; 3.4.d.4. *Coxiella burnetii*;

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Citation	**Requirements**
	3.4.d.5. Dengue fever, serologic evidence; 3.4.d.6. *Haemophilus influenzae* from any normally sterile body site, including results of susceptibility testing; 3.4.d.7. Hepatitis A, positive IgM, including transaminase and bilirubin levels; 3.4.d.8. Hepatitis B, positive anti-HBc IgM or HBsAg, including hepatitis A serologies and transaminase and bilirubin levels; 3.4.d.9. Hepatitis D, positive serology, including hepatitis A and B serologies and transaminase and bilirubin levels; 3.4.d.10. Mumps, evidence of acute infection from any site; 3.4.d.11. *Mycobacterium tuberculosis* from any site (include drug susceptibility patterns); 3.4.d.12. *Neisseria meningitidis* from a normally sterile site; 3.4.d.13. Poliomyelitis, virologic or serologic evidence; 3.4.d.14. Rabies, animal or human; 3.4.d.15. *Salmonella* Typhi from any site; 3.4.d.16. Shiga toxin-producing *Escherichia coli* (STEC) including but not limited to *E. coli* 0157:H7; 3.4.d.17. *Staphylococcus aureus* with glycopeptide-intermediate (GISA/VISA) or glycopeptide-resistant (GRSA/VRSA) susceptibilities, including the results of susceptibility testing; 3.4.d.18. *Vibrio cholerae*, microbiologic or serologic evidence; 3.4.d.19. Yellow Fever, virologic or serologic evidence; 3.4.d.20. Any other unusual condition or emerging infectious disease of public health importance; and 3.4.d.21. Any other laboratory evidence suggestive of current infection with any of the diseases or conditions listed in Category IIA. 3.4.e. After reporting by phone, the laboratory shall report Category II.B diseases and conditions to the local health department in accordance with the Reportable Disease Protocol Manual (available at: www.dide.wv.gov). A laboratory designated by the Commissioner to be a validated submitter to the WVHIN or WVEDSS may substitute real time electronic laboratory reporting by HL7 messaging for the required paper-based reporting. 3.5. Category III Reportable Diseases and Conditions. 3.5.a. Health care providers and health care facilities shall report cases of Category III diseases and conditions to the local health department serving the patient's county of residence within seventy-two hours of diagnosis, on reporting forms as listed in the Reportable Disease Protocol Manual (available at: www.dide.wv.gov). Reports from health care providers and health care facilities shall include the patient's name, address, telephone number, date of birth, sex, race, ethnicity and the patient's physician's name, office address, and office phone and fax numbers, and any other information requested by the Commissioner relevant to the purposes of this rule.

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	3.5.a.1. Laboratories shall report cases to the local health department serving the patient's county of residence by submitting a copy of the laboratory report. A laboratory designated by the Commissioner to be a validated submitter to the WVHIN or WVEDSS may substitute real time electronic laboratory reporting by HL7 messaging for the required paper-based reporting. Reports from laboratories shall include the patient's name, address, telephone number, date of birth, sex, race, ethnicity; and the physician's name, office address, office phone and fax numbers; name of person or agency submitting the specimen for testing, specimen source, date of specimen collection, date of result, name of the test, test result, normal value or range; and name, address, phone and fax number of the laboratory. The local health department shall report the case to the Bureau within 72 hours of receiving the report by filing an electronic report with WVEDSS in accordance with guidance in the Reportable Disease Protocol Manual. 3.5.b. Category III.A diseases and conditions reportable by health care providers and health care facilities are: 3.5.b.1. Campylobacteriosis; 3.5.b.2. Cryptosporidiosis; 3.5.b.3. Cyclospora; 3.5.b.4. Giardiasis; 3.5.b.5. Listeria; 3.5.b.6. Salmonellosis (except Typhoid Fever), including results of susceptibility testing; 3.5.b.7. Shigellosis, including the results of susceptibility testing; 3.5.b.8. Trichinosis; and 3.5.b.9. Vibriosis. 3.5.c. Reports of Category III.A diseases and conditions are reported on reporting forms as listed in the West Virginia Reportable Diseases Protocol Manual (available online at www.dide.wv.gov). 3.5.d. Category III.B diseases and conditions reportable by laboratories are: 3.5.d.1. *Campylobacter* species; 3.5.d.2. *Cryptosporidium*; 3.5.d.3. Cyclospora; 3.5.d.4. *Giardia lamblia*, microscopic or immunodiagnostic evidence; 3.5.d.5. *Listeria monocytogenes;* 3.5.d.6. *Salmonella* (any species, excluding *Salmonella* Typhi), including the results of susceptibility testing; 3.5.d.7. *Shigella* (any species), including the results of susceptibility testing; 3.5.d.8. *Trichinella*, demonstration of cysts or serologic evidence; 3.5.d.9. Non-cholera *Vibrio* species; and 3.5.d.10. Any other laboratory evidence suggestive of current infection with any of the diseases or conditions listed in Category III.A.

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Citation	**Requirements**
	3.5.e. Laboratory reports of Category III.B. diseases and conditions shall be submitted to the local health department in accordance with the West Virginia Reportable Diseases Protocol Manual (available online at www.dide.wv.gov). A laboratory designated by the Commissioner to be a validated submitter to the WVHIN or WVEDSS may substitute real time electronic laboratory reporting by HL7 messaging for the required paper-based reporting. 3.6. Category IV Reportable Diseases and Conditions. 3.6.a. Health care providers and health care facilities shall report cases of Category IV diseases or conditions to the local health department serving the patient's county of residence within one week of diagnosis, by filing a written report with the local health department in the county of residence of the patient. Reports from health care providers and health care facilities shall include the patient's name, address, telephone number, date of birth, sex, race, ethnicity, the patient's physician's name, office address and office phone and fax, and any other information requested by the Commissioner relevant to the purposes of this rule. 3.6.a.1. Laboratories shall report to the local health department in the patient's county of residence through a written copy of the laboratory report. A laboratory designated by the Commissioner to be a validated submitter to the WVHIN or WVEDSS may substitute real time electronic laboratory reporting by HL7 messaging for the required paper-based reporting. Reports from laboratories shall include the patient's name, address, telephone number, date of birth, sex, race, ethnicity; and the physician's name, office address, office phone and fax numbers; name of person or agency submitting the specimen for testing, specimen source, date of specimen collection, date of result, name of the test, test result, normal value or range; and name, address, phone and fax number of the laboratory. The local health department shall file an electronic report with WVEDSS within one week of receiving the report from a provider, facility or laboratory. 3.6.b. Category IV.A diseases reportable by health care providers and health care facilities are: 3.6.b.1. Anaplasmosis; 3.6.b.2. Arboviral infection; 3.6.b.3. Babesiosis; 3.6.b.4. Chickenpox (numerical totals only); 3.6.b.5. Erlichiosis; 3.6.b.6. Hantavirus pulmonary syndrome; 3.6.b.7. Influenza-like illness (numerical totals only); 3.6.b.8. Influenza-related death in an individual less than 18 years of age; 3.6.b.9. Legionellosis; 3.6.b.10. Leptospirosis; 3.6.b.11. Lyme disease; 3.6.b.12. Malaria; 3.6.b.13. Psittacosis;

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Citation	**Requirements**
	3.6.b.14. Rocky Mountain spotted fever; 3.6.b.15. Streptococcal disease, invasive Group B; 3.6.b.16. Streptococcal toxic shock syndrome; 3.6.b.17. *Streptococcus pneumoniae*, invasive disease, (include antibiotic susceptibility patterns); 3.6.b.18. Tetanus; 3.6.b.19. Toxic shock syndrome; and 3.6.b.20. Tuberculosis, latent infection (limited to individuals with a positive Mantoux tuberculin skin test conversion in the last two years or any positive Mantoux tuberculin skin test in a child less than five years of age). 3.6.c. Reports of Category IV.A diseases and conditions are reported on reporting forms as listed in the West Virginia Reportable Diseases Protocol Manual (available online at www.dide.wv.gov). 3.6.d. Category IV.B conditions reportable by laboratories are: 3.6.d.1. *Anaplasmosis phagocytophilum*, laboratory evidence; 3.6.d.2. Arboviral infection, virologic, serologic, or other evidence; 3.6.d.3. *Babesia* species, laboratory evidence; 3.6.d.4. *Borrelia burgdorferi* from culture, or diagnostic levels of IgG or IgM, (with Western blot confirmation); 3.6.d.5. Carbapenem-resistant *Enterobacteriaceae* (carbapenem-resistant *Escherichia coli* and *Klebsiella pneumoniae*); 3.6.d.6. *Ehrlichia* species, serologic or other laboratory evidence; 3.6.d.7. Hantavirus infection, serologic, PCR, immunohistochemistry, or other evidence; 3.6.d.8. *Legionella*, bacteriologic or serologic evidence; 3.6.d.9. Leptospirosis, laboratory evidence; 3.6.d.10. Malaria organisms on smear of blood; 3.6.d.11. Psittacosis, microbiologic or serologic evidence; 3.6.d.12. Rocky Mountain spotted fever, serologic evidence; 3.6.d.13. *Streptococcus*, Group B, from a normally sterile site; 3.6.d.14. *Streptococcus pneumoniae*, from a normally sterile site (include antibiotic susceptibility patterns on all isolates); and 3.6.d.15. Any other laboratory evidence suggestive of current infection with any of the diseases or conditions listed in Category IV.A. 3.7. Category V Reportable Diseases and Conditions. 3.7.a. Health care providers and health care facilities shall report Category V diseases and conditions by filing a written report with the Bureau within one week of diagnosis unless otherwise indicated. Reports shall include the patient's name, address,

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Citation	**Requirements**
	telephone number, date of birth, sex, race, ethnicity, the patient's physician's name, office address, and office phone and fax, and any other information requested by the Commissioner relevant to the purposes of this rule. 3.7.a.1. Laboratories shall report Category V conditions through a written copy of the laboratory report. A laboratory designated by the Commissioner to be a validated submitter to WVHIN or WVEDSS may substitute real time electronic laboratory reporting using HL7 standards for the required paper-based reporting. Reports from laboratories shall include the patient's name, address, telephone number, date of birth, sex, race, ethnicity; the physician's name, office address, office phone and fax numbers; name of person or agency submitting the specimen for testing, specimen source, date of specimen collection, date of result, name of the test, test result, normal value or range; and name, address, phone and fax number of the laboratory. The Commissioner may request that local health departments complete an investigation of the disease or condition using WVEDSS. 3.7.b. Category V.A diseases and conditions reportable by health care providers and health care facilities are: 3.7.b.1. AIDS diagnosed from the presence of AIDS defining diseases or conditions (including previously reported HIV positive individuals), according to the time frame in the Bureau rule, "AIDS Related Medical Testing and Confidentiality", 64CSR64.** 3.7.b.2. Autism spectrum disorder; reportable to researchers at Marshall University Autism Training Center at (800)-344-5115 or (304) 696-2332 or http://www.marshall.edu/wvasdr/ 3.7.b.3. Birth defects, including Down's syndrome; 3.7.b.4. Cancer, including non-malignant intracranial and central nervous system tumors, in time frame noted in the Bureau rule, "Cancer Registry," 64CSR68; 3.7.b.5. Chancroid;** 3.7.b.6. Chlamydia;** 3.7.b.7. Gonococcal disease** - conjunctivitis in the newborn or drug-resistant disease (within 24 hours); 3.7.b.8. Gonorrhea (all other sites);** 3.7.b.9. Hemophilia; 3.7.b.10. Hepatitis C, acute, including results of hepatitis A and B serologies and transaminase and bilirubin levels; 3.7.b.11. HIV (Human Immunodeficiency Virus) according to the time frame in the Bureau rule, "AIDS Related Medical Testing and Confidentiality", 64CSR64;** 3.7.b.12. Lead, all blood lead test results; 3.7.b.13. Pelvic inflammatory disease;** 3.7.b.14. Syphilis (late latent, late symptomatic, or neurosyphilis);** and 3.7.b.15. Syphilis** - primary, secondary, early latent (less than one (1) year), or congenital (all within 24 hours).

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	3.7.c. Reports of Category V.A. diseases and conditions are submitted on forms as specified in the West Virginia Reportable Diseases Protocol Manual (available online at www.dide.wv.gov). 3.7.d. Category V.B. diseases and conditions reportable by laboratories are: 3.7.d.1. All CD4+ T-lymphocyte or percentages according to the time frame in the Bureau rule, "AIDS Related Medical Testing and Confidentiality", 64CSR64. 3.7.d.2. *Chlamydia trachomatis* by culture, antigen, DNA probe methods, or other positive laboratory evidence;* 3.7.d.3. Down's Syndrome chromosomal anomaly; 3.7.d.4. Enterovirus (non-polio), culture confirmed, (numerical totals only, by serotype as available, and including echovirus, coxsackievirus, and parechovirus); 3.7.d.5. *Haemophilus ducreyi*;** 3.7.d.6. Hepatitis C, virologic or serologic evidence, including results of hepatitis A and B serologies and transaminase and bilirubin levels; 3.7.d.7. HIV (Human Immunodeficiency Virus) Type 1 or 2, confirmed antibody or virus detection test (serology, culture, antigen, PCR, DNA, RNA probe, etc.), according to the time frame in the Bureau rule, "AIDS Related Medical Testing and Confidentiality", 64CSR64;** 3.7.d.8. Influenza, confirmed by culture, PCR or immunofluorescence, (numerical totals only, by type of test performed, and by influenza type and subtype); 3.7.d.9. Lead, all blood lead test results; 3.7.d.10. *Mycobacterium tuberculosis* from any site** (include drug susceptibility patterns) (within 24 hours); 3.7.d.11. *Neisseria gonorrheae* (drug resistant) from any site** (within 24 hours); 3.7.d.12. *Neisseria gonorrheae* from female upper genital tract** (within 24 hours); 3.7.d.13. *Neisseria gonorrheae* from the eye of a newborn** (within 24 hours); 3.7.d.14. *Neisseria gonorrheae,*** culture or other positive laboratory evidence, (all other); 3.7.d.15. Syphilis,** serologic evidence; 3.7.d.16. *Treponema pallidum*, positive dark-field examination** (within 24 hours); and 3.7.d.17. Any other laboratory evidence suggestive of current infection with any of the diseases or conditions listed in Category V.A. 3.7.e. Reports of Category V diseases and conditions marked with two (2) asterisks (**) shall be made on the appropriate STD/HIV/AIDS and TB report forms provided by the Bureau, until such time as these diseases can be reported electronically using the WVEDSS.

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Citation	**Requirements**
Other	
West Virginia Reportable Infectious Diseases - Laboratories	

West Virginia Reportable Infectious Diseases - Laboratories (WV Code 16-3-1; 64CSR7) (August 2013)

Reporting of the following communicable diseases is required by law as follows:

Category I *Report suspect or confirmed cases immediately to the Local Health Department*	*Bacillus anthracis a* *Bioterrorist event c* *Clostridium botulinum c* *Foodborne outbreak c* *Fransicella tularensis a,b* *Intentional exposure to an infectious agent c* *Novel influenza infection, animal or human a* *Orthopox infection c* *Outbreak or cluster c* *Rubella b* *Rubeola (measles) b* *SARS coronavirus infection c* *Smallpox c* *Viral hemorrhagic fever b* *Waterborne outbreak c* *Yersinia pestis a*

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Citation	**Requirements**
	Category II *Report within 24 hours to the Local Health Department*
	Bordetella pertussis *Brucella species a,b* *Corynebacterium diphtheriae a* *Coxiella burnetii* *Dengue Fever b* *Haemophilus influenzae from a normally sterile site 1,a* *Hepatitis A, positive IgM 2* *Hepatitis B, positive anti-HBc IgM or HBsAg 2* *Hepatitis D 2* *Mumps, evidence of acute infection from any site a,b* *Mycobacterium tuberculosis from any site 1,a* *Neisseria meningitidis from a normally sterile site a* *Poliomyelitis c* *Rabies, animal or human c* *Salmonella* Typhi *from any site a* *Shiga toxin-producing Escherichia coli (STEC) a* *Staphylococcus aureus, glycopeptide intermediate (GISA/VISA) or glycopeptide resistant (GRSA/VRSA) 1,a* *Vibrio cholerae a,b* *Yellow Fever b,c* *Any other unusual condition or emerging infectious disease of public health importance c*
	Category III *Report within 72 hours to the local health department*
	Campylobacter species *Cryptosporidium species* *Cyclospora species* *Giardia lamblia* *Listeria monocytogenes a* *Salmonella species (except Salmonella* Typhi*) 1,a* *Shigella species 1,a* *Trichinella species* *Non-cholera Vibrio species a*

WEST VIRGINIA	
Citation	**Requirements**
	Category IV *Report within 1 week to the local health department* *Anaplasma phagocytophilum* *Arboviral infection b* *La Crosse encephalitis* *West Nile virus* *Eastern equine encephalitis* *Saint Louis encephalitis* *Powassan encephalitis* *Western equine encephalitis* *Babesia species* *Borrelia burgdorferi (with Western blot confirmation)* *Carbapenem resistant Enterobacteriaceae 1* *Ehrlichia species* *Hantavirus infection b* *Legionella pneumophila* *Leptospira interrogans* *Malaria (Plasmodium species)* *Psittacosis (Chlamydia psittaci)* *Rocky Mountain spotted fever (Rickettsia rickettsii)* *Streptococcus agalactiae, (Streptococcus Group B), from a normally sterile site* *Streptococcus pneumoniae, from a normally sterile site 1,a*

WEST VIRGINIA	
Citation	**Requirements**

Category V *Report within 1 week to the state health department*	*CD4+ T lymphocyte or percentages 3* *Chlamydia trachomatis* *Enterovirus (non-polio), culture confirmed, numerical totals only, by serotype as available* *Haemophilus ducreyi* *Hepatitis C 2* *HIV type 1 or 2* *HIV-1/2 Type-Differentiating Immunoassay (Multi-spot)* *HIV-1 RNA/DNA NAAT (Qualitative)* *HIV-2 RNA/DNA NAAT (Qualitative)* *HIV-1 RNA/DNA NAAT (Quantitative viral load)* *HIV-2 RNA/DNA NAAT (Quantitative viral load)* *Influenza, confirmed by culture, PCR or immunofluorescence, numerical totals only, by type and subtype as available* *Mycobacterium tuberculosis from any site (report within 24 hours) 1,a* *Neisseria gonorrhoeae: drug resistant from any site; from the female upper genital tract; or from the eye of a newborn (within 24 hours)* *Neisseria gonorrhoeae, all other* *Syphillis, serologic evidence* *Treponema pallidum, positive darkfield (within 24 hours)*

Notes

a Submit an isolate to the Office of Laboratory Services for further testing or confirmation

b Submit a serologic specimen to the Office of Laboratory Services for further testing or confirmation

c Consult DIDE regarding laboratory confirmation 1-800-423-1271, ext 1 or (304) 558-5358, ext 1.

1 Including susceptibility test results

2 Including hepatitis A and B serologies and transaminase and bilirubin levels

3 Related to HIV/AIDS

Report name, address, telephone number, date of birth, sex, race, ethnicity and the physician's name, office address, office phone and fax numbers, name of person or agency submitting the specimen for testing, specimen source, date of specimen collection, date of result, name of the test, test result, normal value or range; and name, address, phone and fax number of the laboratory. Laboratories may report with a copy of the laboratory report. For information on electronic laboratory reporting or the Reportable Disease Protocol Manual, see: www.dide.wv.gov

West Virginia Department of Health & Human Resources, Bureau for Public Health
350 Capitol Street, Room 125, Charleston, WV 25301
Phone: 304.558.5358, ext 1 – In WV: 800.423.1271, ext 1 – Fax: 304.558.8736

Wisconsin

WISCONSIN	
Citation	**Requirements**
Statutes	
Wisconsin Statutes Sec. 252.05 **Reports of cases**	(1) Any health care provider, as defined in s. 146.81 (1) (a) to (p), who knows or has reason to believe that a person treated or visited by him or her has a communicable disease, or having a communicable disease, has died, shall report the appearance of the communicable disease or the death to the local health officer. The health agency of a federally recognized American Indian tribe or band may report this information to the local health officer. The local health officer shall report this information to the department or shall direct the person reporting to report to the department. Any person directed to report shall submit this information to the department. (2) Each laboratory shall report as prescribed by the department those specimen results that indicate that an individual providing the specimen has a communicable disease, or having a communicable disease, has died, or that the department finds necessary for the surveillance, control, diagnosis, and prevention of communicable diseases. (3) Anyone having knowledge or reason to believe that any person has a communicable disease shall report the facts to the local health officer or to the department. (4) Reports under subs. (1) and (2) shall state so far as known the name, sex, age, and residence of the person, the communicable disease and other facts the department or local health officer requires. Report forms, including forms appropriate for reporting under s. 95.22, may be furnished by the department and distributed by the local health officer. (5) All reports shall be made within 24 hours, unless otherwise specified by the department, by telephone, telegraph, mail or electronic means or by deposit at the office of the local health officer. (6) Any local health officer, upon receiving a report, shall cause a permanent record of the report to be made and upon demand of the department transmit the original or a copy to the department, together with other information the department requires. The department may store these records as paper or electronic records and shall treat them as patient health care records under ss. 146.81 to 146.835. (7) When an outbreak or epidemic occurs, the local health officer shall immediately report to the department, and shall at all times keep the department informed of the prevalence of the communicable diseases in the locality in the manner and with the facts the department requires. (8) The department shall print and distribute, without charge, to all local health departments and, upon request, to health care providers and facilities a chart that provides information about communicable diseases. (9) Any person licensed, permitted, registered or certified under ch. 441 or 448 shall use ordinary skill in determining the presence of communicable diseases. If there is a dispute regarding disease determination, if the disease may have potential public health significance or if more extensive laboratory tests will aid in the investigation, the local health officer shall order the tests made by the state laboratory of hygiene or by a laboratory certified under 42 USC 263a.

WISCONSIN	
Citation	**Requirements**
	[Paragraph 10 omitted in text of statute] (11) If a violation of this section is reported to a district attorney by a local health officer or by the department, the district attorney shall forthwith prosecute the proper action, and upon request of the department, the attorney general shall assist.
Regulations	
Wisconsin Administrative Code DHS Sec. 145.04 **Reports of communicable diseases**	(1) RESPONSIBILITY FOR REPORTING. (a) Any person licensed under ch. 441 or 448, Stats., knowing of or in attendance on a case or suspected case shall notify the local health officer or, if required under Appendix A of this chapter, the state epidemiologist, in the manner prescribed in this section. (b) Each laboratory shall report the identification or suspected identification of a disease-causing organism or laboratory findings indicating the presence of a communicable disease to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist. (bg) Each laboratory shall forward a specimen to the state laboratory of hygiene, or another laboratory designated by the state epidemiologist, for confirmatory or investigation purposes if requested by the state epidemiologist. (br) Each laboratory shall report a negative test result to the local health officer to justify release from isolation or quarantine if requested by the state epidemiologist or the local health officer. (c) Each health care facility shall ensure that reports are made to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist, in the manner specified in sub. (3). When a case is identified or suspected in a health care facility having an organized program of infection control, the person in charge of the infection control program shall ensure that the case or suspected case is reported to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist, minimizing unnecessary duplication. (cm) Each health care facility shall report a negative test result to the local health officer to justify release from isolation or quarantine if requested by the state epidemiologist or the local health officer. (d) Any teacher, principal or nurse serving a school or day care center knowing of a case or suspected case in the school or center shall notify the local health officer or, if required under Appendix A of this chapter, the state epidemiologist, in the manner prescribed in this section. (e) Any person who knows or suspects that a person has a communicable disease shall report the facts to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist. (g) Nothing in this subsection lessens the requirement for confidentiality of HIV test results under s. 252.15, Stats. [Note: Paragraph numbering in text of rule.]

WISCONSIN	
Citation	**Requirements**
	(2) CONTENT OF REPORT. (a) Each report under sub. (1) (a) to (d) of a case or suspected case of a communicable disease to the local health officer or the state epidemiologist shall include the name and address of the person reporting and of the attending physician, if any, the diagnosed or suspected disease, the name of the ill or affected individual, that individual's address and telephone number, age or date of birth, race and ethnicity, sex, county of residence, date of onset of the disease, name of parent or guardian if a minor, and other facts the department or local health officer requires for the purposes of surveillance, control and prevention of communicable disease. (b) Reports may be written, verbal, or by electronic transmission. Written reports shall be on the individual case report form provided by the department and distributed by the local health officer or on a form containing the information required under par. (a). Reports shall be submitted to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist. (c) Reports by laboratories of the identification or suspected identification of a disease-causing organism or laboratory findings indicating the presence of a communicable disease shall be made to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist. These reports shall include the name of the individual affected or ill, the individual›s address, telephone number, county of residence, age or date of birth, the name of the attending physician and the identity or suspected identity of the organism or the laboratory findings. (d) All information provided under this subsection shall remain confidential except as may be needed for the purposes of investigation, control and prevention of communicable diseases. (3) URGENCY OF REPORTS. (a) A person, laboratory or health care facility required to report under sub. (1) shall report communicable diseases of urgent public health importance as listed in category I of Appendix A of this chapter to the local health officer immediately upon identification of a case or suspected case. If the local health officer is unavailable, the report shall be made immediately to the state epidemiologist. (b) A person, laboratory or health care facility required to report under sub. (1) shall report communicable diseases of less urgent public health importance as listed in categories II and III of Appendix A of this chapter to the local health officer or, if required under Appendix A, to the state epidemiologist, by individual case report form or by telephone within 72 hours of the identification of a case or suspected case. (4) HANDLING OF REPORTS BY THE LOCAL HEALTH OFFICER. (a) The local health officer shall notify the state epidemiologist immediately of any cases or suspected cases reported under sub. (3)(a) (b) At the close of each week, the local health officer shall notify the state epidemiologist in writing on a form provided by the department of all cases of reported diseases listed in Appendix A. (c) Local health departments serving jurisdictions within the same county may, in conjunction with the department, establish a combined reporting system to expedite the reporting process.

WISCONSIN

Citation	Requirements
Wisconsin Administrative Code DHS 145 APPENDIX A	**Communicable Diseases and Other Notifiable Conditions** CATEGORY I: The following diseases are of urgent public health importance and shall be reported IMMEDIATELY by telephone or fax to the patient's local health officer upon identification of a case or suspected case. In addition to the immediate report, complete and mail an Acute and Communicable Diseases Case Report (DOH 4151) to the address on the form, or enter the data into the Wisconsin Electronic Disease Surveillance System, within 24 hours. Public health intervention is expected as indicated. See s. DHS 145.04 (3) (a). • Any illness caused by an agent that is foreign, exotic or unusual to Wisconsin, and that has public health implications[4] • Anthrax[1,4,5] • Botulism[1,4] • Botulism, infant[1,2,4] • Cholera[1,3,4] • Diphtheria[1,3,4,5] • *Haemophilus influenzae* invasive disease,(including epiglottitis)[1,2,3,5] • Hantavirus infection[1,2,4,5] • Hepatitis A[1,2,3,4,5] • Measles[1,2,3,4,5] • Meningococcal disease[1,2,3,4,5] • Outbreaks, foodborne or waterborne[1,2,3,4] • Outbreaks, suspected, of other acute or occupationally–related diseases • Pertussis (whooping cough)[1,2,3,4,5] • Plague[1,4,5] • Poliovirus infection (paralytic or nonparalytic)[1,4,5] • Rabies (human)[1,4,5] • Ricin toxin[4,5] • Rubella[1,2,4,5] • Rubella (congenital syndrome)[1,2,5] • Severe Acute Respiratory Syndrome–associated Coronavirus • (SARS–CoV)[1,2,3,4] • Smallpox[4,5] • Tuberculosis[1,2,3,4,5] • Vancomycin–intermediate *Staphylococcus aureus* (VISA) and Vancomycin–resistant *Staphylococcus aureus* (VRSA) infection[1,4,5] • Yellow fever[1,4] CATEGORY II: The following diseases shall be reported to the local health officer on an Acute and Communicable Disease Case Report (DOH 4151) or by other means or by entering the data into the Wisconsin Electronic Disease Surveillance System within 72 hours of the identification of a case or suspected case. See s. DHS 145.04 (3) (b). • Arboviral disease[1,2,4] • Babesiosis[4,5] • Blastomycosis[5] • Brucellosis[1,4] • Campylobacteriosis (*campylobacter* infection)[3,4] • Chancroid[1,2] • *Chlamydia trachomatis* infection[2,4,5] • Cryptosporidiosis[1,2,3,4] • Cyclosporiasis[1,4,5] • Ehrlichiosis (anaplasmosis)[1,5] • *E. coli* 0157:H7, other Shiga toxin–producing *E. coli* (STEC), enteropathogenic *E. coli*, enteroinvasive *E. coli*, and enterotoxigenic *E. coli*.[1,2,3,4] • Giardiasis[3,4] • Gonorrhea[1,2,4,5] • Hemolytic uremic syndrome[1,2,4] • Hepatitis B[1,2,3,4,5] • Hepatitis C[1,2] • Hepatitis D[2,3,4,5] • Hepatitis E[3,4]

WISCONSIN	
Citation	**Requirements**
	• Histoplasmosis[5] • Influenza–associated pediatric death[1] • Influenza A virus infection, novel subtypes • Kawasaki disease[2] • Legionellosis[1,2,4] • Leprosy (Hansen Disease)[1,2,3,4,5] • Leptospirosis[4] • Listeriosis[2,4] • Lyme disease[1,2] • Lymphocytic Choriomeningitis Virus (LCMV) infection[4] • Malaria[1,2,4] • Meningitis, bacterial (other than *Haemophilus influenzae*, meningococcal or streptococcal, which are reportable as distinct diseases)[2] • Mumps[1,2,4,5] • Mycobacterial disease (nontuberculous) • Psittacosis[1,2,4] • Pelvic inflammatory disease[2] • Q Fever[4,5] • Rheumatic fever (newly diagnosed and meeting the Jones criteria)[5] • Rocky Mountain spotted fever[1,2,4,5] • Salmonellosis[1,3,4] • Syphilis[1,2,4,5] • Shigellosis[1,3,4] • Streptococcal disease (all invasive disease caused by Groups A and B Streptococci) • *Streptococcus pneumoniae* invasive disease (invasive pneumococcal)[1] • Tetanus[1,2,5] • Toxic shock syndrome[1,2] • Toxic substance related diseases: Infant methemoglobinemia; Lead intoxication (specify Pb levels); Other metal and pesticide poisonings • Toxoplasmosis • Transmissible spongiform encephalopathy (TSE, human) • Trichinosis[1,2,4] • Tularemia[4] • Typhoid fever[1,2,3,4] • Varicella (chickenpox)[1,3,5] • Vibriosis[1,3,4] • Yersiniosis[3,4] CATEGORY III: The following diseases shall be reported to the state epidemiologist on an AIDS Case Report (DOH 4264) or a Wisconsin Human Immunodeficiency Virus (HIV) Infection Confidential Case Report (DOH 4338) or by other means within 72 hours after identification of a case or suspected case. See s. 252.15 (7) (b), Stats., and s. DHS 145.04 (3)(b). • Acquired Immune Deficiency Syndrome (AIDS)[1,2,4] • Human immunodeficiency virus (HIV) infection[2,4] • CD4 + T–lymphocyte count < 200/mL, or CD4 + T–lymphocyte percentage of total lymphocytes of < 142 *Key:* 1 Infectious diseases designated as notifiable at the national level. 2 Wisconsin or CDC follow–up form is required. Local health departments have templates of these forms in the Epinet manual. 3 High–risk assessment by local health department is needed to determine if patient or member of patient's household is employed in food handling, day care or health care. 4 Source investigation by local health department is needed. 5 Immediate treatment is recommended, i.e., antibiotic or biologic for the patient or contact or both.

Wyoming

WYOMING	
Citation	**Requirements**
Statutes	
Wyoming Statutes 35-4-107 **Report required of physician; record of each case to be kept; duty of individuals to report diseases.**	(a) Pursuant to department of health rules and regulations, the state health officer or his designee shall publish a list of communicable diseases or conditions to be reported by licensed physicians and laboratories in the state. It shall be the duty of every practicing or licensed physician or other health care provider as provided by department rules and regulations in the state of Wyoming to report immediately to the state health officer or his designee in the manner established by department rule and regulation through published reporting procedures provided to each licensed physician or laboratory. The state health officer or his designee shall collect and provide information which may include the name of the person suffering from disease only to the county health officer or health representatives where disease control efforts are required. For purposes of this section, "health representatives" means those health care workers assigned by federal, state or local health authorities to assist with disease control and investigation efforts under the direct supervision of the state health officer or his designee and local county health officer. Any person knowing of a case of a serious contagious or infectious disease, not under the care of a physician, may report the same to the state health officer or his designee or the health officer of the county in which the disease exists. (b) Pursuant to department of health rules and regulations, there may be a review of medical records by the state health officer, his designee or their designated health care representatives who shall be under the direct supervision of the state health officer or his designee to confirm diagnosis, investigate causes or identify other cases of disease conditions in a region, community or workplace in the state to determine if proper measures have been taken to protect public health and safety. Notwithstanding other provisions of state law, the review of records may occur without patient consent, but shall be kept confidential and shall be restricted to information necessary for the control, investigation and prevention of disease conditions dangerous to the public health. Any person who receives medical information under this subsection shall not disclose that information for any other purpose other than for purposes of the investigation and disease control efforts. Any violation of this subsection is a misdemeanor punishable by imprisonment for not more than six (6) months, a fine of not more than one thousand dollars ($1,000.00), or both.
Regulations	
Wyoming Regulations Department of Health Preventive Health & Safety Division Chapter 1, § 5 **Reporting Required**	(a) The following is a list of individuals and facilities which have an independent duty to report the occurrence of listed reportable diseases and conditions: (i) A physician or other health care provider diagnosing or treating a person having a listed reportable disease or condition; (ii) The administrator of a health care facility or penal institution in which there is a listed reportable disease or condition case; (iii) The administrator or operator of a laboratory performing a positive test for listed reportable diseases or conditions.

WYOMING	
Citation	**Requirements**
Wyoming Regulations **Department of Health** **Preventive Health & Safety Division** **Chapter 1, § 6** **Reporting Procedures/ Methods**	(a) The physician must report or cause a report to be made using an official State Disease Case Report or equivalent format, a report via telephone, or a report via secured fax. (b) The administrator of a health care facility or penal institution must report or cause a report to be made of the diagnosis or treatment of reportable diseases and conditions. (c) The administrator or operator of a laboratory must report or cause a report to be made of test findings for reportable diseases and conditions. (d) Any physician or other health care provider and any administrator or operator of a health care facility or laboratory or penal institution reporting a diagnosis or positive test result pursuant to W.S. 35-4-107 and W.S. 35-4-108 shall notify any health care employee and/or health care professional reasonably expected to be at risk of exposure to a dangerous or life-threatening listed reportable disease or condition. (i) Notification shall be verbal. (ii) Notification shall take place within 24 hours or as soon as possible. (e) Only summary statistical reports are required to be submitted from facilities designated by the State Health Officer as anonymous HIV testing sites.
Regulations	
Wyoming Department of Health Reportable Diseases and Conditions	*Wyoming Department of Health Reportable Diseases and Conditions* A report is required by law (State Statute § 35-4-107) from both the attending healthcare provider/hospital and the laboratory performing diagnostic testing. Wyoming laboratories are responsible for reporting results when a reference laboratory is used. ... *Notes:* 1. Immediate Notification at 1-888-996-9104 3. Reportable within 24 hours of diagnosis by fax or telephone 2. Reportable within 7 days of diagnosis by fax, phone, or mail LAB: In addition to reporting, submit an isolate or other appropriate material, in accordance with IATA Dangerous Goods Regulations to: State Public Health Laboratory, Combined Laboratories Facility, 208 S College Dr., Cheyenne, WY 82002

WYOMING	
Citation	**Requirements**
	• Amoebiasis (*Entamoeba histolytica*)[3] • Anaplasma/Ehrlichiosis[3] • ANTHRAX (*Bacillus anthracis*)[1] • Babesiosis (*Babesia* sp)[3] • Bartonellosis (*Bartonella* sp)[3] • BOTULISM (*Clostridium botulinum*)[1] • Brucellosis (*Brucella* sp)[3] LAB • California Serogroup Virus (Jamestown Canyon, La Crosse, others); neuro- and non-neuro invasive[3] • Campylobacteriosis (*Campylobacter* sp)[3] LAB • Cancer[2] • *Chancroid (*Haemophilus ducreyi*)*[3] • **Chlamydia trachomatis* Infection*[3] • Cholera (*Vibrio cholerae*)[3] LAB • Coccidioidomycosis (*Coccidioides immitis*)[3] • Colorado Tick Fever[3] • Creutzfeldt-Jacob Disease (including classic CJD and variant CJD)[3] • Cryptosporidiosis (*Cryptosporidium* sp)[3] • Cyclosporiasis (*Cyclospora cayetanensis*)[3] • Dengue Fever[3] • DIPHTHERIA (*Corynebacterium diphtheriae*)[1] • Eastern Equine Encephalitis Virus (neuro- and non-neuro invasive)[3] • Ehrlichiosis/Anaplasma[3] • Encephalitis[3] • *Escherichia coli*, shiga toxin-producing (0157:H7, non-0157:H7, or untyped) LAB • Giardiasis (*Giardia lamblia*)[3] • Glanders (*Burkholderia mallei*)[3] LAB • *Gonorrhea (*Neisseria gonorrhoeae*)*[3] • *Haemophilus influenzae* (sterile site)[3] LAB • Hantaviral Disease[3] • HEMORRHAGIC FEVER VIRUSES[1] • Hemolytic Uremic Syndrome[3] • Hepatitis A, B*, D, E[3] • *Hepatitis C*[2] • HIV/AIDS (Positive/reactive detection tests, All CD4's, and all viral loads)[2] • Influenza (lab confirmed, including rapid test positives)[3] • Influenza-Associated Deaths[3] • Kawasaki Syndrome[3] • Legionellosis (*Legionella* sp)[3] • Leprosy (*Mycobacterium leprae*)[3] • Leptospirosis (*Leptospira interrogans*)[3] • Listeriosis (*Listeria monocytogenes*)[3] LAB • Lyme Disease (*Borrelia burgdorferi*)[3] • Malaria (*Plasmodium* sp)[3] LAB • Measles[3] • Melioidosis (*Burkholderia pseudomallei*)[3] LAB • Meningitis (all types)[3] • Meningococcal Disease (*Neisseria meningitidis)*[3] LAB • Methicillin-Resistant *Staphylococcus aureus* (MRSA)[3] • Related Cases, Clusters, and Outbreaks ONLY • Mumps[3] • Pertussis (*Bordetella pertussis*)[3] LAB • PLAGUE (*Yersinia pestis*)[1] • Poliomyelitis/Poliovirus Infection[3] • Powassan Virus (neuro- and non-neuro invasive)[3] • Psittacosis (*Chlamydophila psittaci*)[3] • Q-Fever (*Coxiella burnetii*)[3] • Rabies (human and animal)[3] • Relapsing Fever (*Borrelia* sp)[3] • Reyes Syndrome[3] • Rocky Mountain Spotted Fever (*Rickettsia rickettsii*)[3] • Rubella[3] • Salmonellosis (*Salmonella* sp)[3] LAB • SEVERE ACUTE RESPIRATORY SYNDROME (SARS)[1] • St. Louis Encephalitis Virus (neuro- and non-neuro invasive)[3] • Shiga toxin (stool, broth, isolate, etc.)[3] LAB • Shigellosis (*Shigella* sp)[3] LAB • SMALLPOX[1] • Streptococcal Disease, sterile site only[3] • *Syphilis (*Treponema pallidum*)*[3] • Tetanus (*Clostridium tetani*)[3] • Toxic-Shock Syndrome (Streptococcal, Staphylococcal)[3]

WYOMING	
Citation	**Requirements**
	• Trichinellosis (*Trichinella* sp)[3] • Tuberculosis (*Mycobacterium tuberculosis* complex)[3] LAB • TULAREMIA (*Francisella tularensis*)[1] • Typhoid Fever (*Salmonella* Typhi)[3] LAB • Typhus (*Rickettsia* sp)[3] • Vancomycin-Intermediate *Staphylococcus aureus* (VISA)[3] LAB • Vancomycin-Resistant *Staphylococcus aureus* (VRSA)[3] LAB • Vancomycin-Resistant Enterococcus (VRE) Related Cases, Clusters, and Outbreaks ONLY[3] • Varicella (chickenpox only)[2] • *Vibrio* sp (including non-cholera)[3] LAB • West Nile Virus (neuro- and non-neuro invasive)[3] • Western Equine Encephalitis Virus (neuro- and non-neuro invasive)[3] • Yellow Fever[3] • Yersiniosis (*Y. enterocolitica, Y. pseudotuberculosis*)[3] LAB *Other Reportable Conditions* • Animal Bites[3] • Exposures Requiring Rabies Prophylaxis[3] • Blood Lead (All levels)[2] • Clusters/Outbreaks (GI, respiratory, other illness)[3] • Methemoglobinemia/Nitrate Poisoning[3] • SUSPECTED BIOLOGICAL, CHEMICAL, OR DDD RADIOLOGICAL INCIDENT[1] • TOXIN-ASSOCIATED ILLNESS[1] • UNEXPLAINED DEATH[1] • UNUSUAL ILLNESS OF PUBLIC HEALTH IMPORTANCE[1]