

WEST VIRGINIA REPORTABLE DISEASES AND CONDITIONS - LABORATORIES

CATEGORY 1

REPORTABLE TO THE LOCAL HEALTH DEPARTMENT

WITHIN 24 HOURS OF DIAGNOSIS

*Bacillus anthracis***
Bordetella pertussis, microbiologic or PCR evidence
 Brucellosis (*B. abortus*, *B. melitensis*, *B. suis*, *B. canis*)
Clostridium botulinum, microbiologic or toxicologic evidence**
Corynebacterium diphtheriae, microbiologic or histopathologic evidence**
 Dengue Fever, serologic evidence
 Enterohemorrhagic *E. coli* (EHEC) including but not limited to *E. coli* O157:H7 and Shiga-like toxin-producing *E. coli* O157:MN, from any clinical specimen*
Haemophilus influenzae, from any normally sterile body site*
 Hepatitis A, positive IgM
 Hepatitis B, positive anti-HBc IgM or HBsAg
 Hepatitis D, positive serology
Neisseria meningitidis from a normally sterile body site*
 Outbreaks or clusters of any illness or condition; suspect or confirmed
 Poliomyelitis, virologic or serologic evidence**
 Rabies, human** or animal*
 Rubella, virologic or serologic evidence**
 Rubeola, virologic or serologic evidence**
Salmonella typhi, from any site*
 Smallpox, virologic or serologic evidence**
Staphylococcus aureus with GISA/VISA or GRSA/VRSA susceptibilities*
 Tularemia (*Francisella tularensis*), culture or antigen or serologic evidence**
Vibrio cholerae, microbiologic or serologic

evidence**

Yellow Fever, virologic or serologic evidence
Yersinia pestis, microbiologic or serologic evidence**

CATEGORY 2

REPORTABLE TO THE LOCAL HEALTH DEPARTMENT

WITHIN 1 WEEK OF DIAGNOSIS

Borrelia burgdorferi, from culture or diagnostic levels of IgG or IgM (preferably followed by Western Blot)
*Campylobacter**
Cryptosporidium parvum
 Cyclospora
 Ehrlichiosis, serologic, microbiologic, or other evidence
 Encephalitis, virologic, serologic or other evidence of arboviral or other encephalitides **
 Eastern Equine Encephalitis
 LaCrosse Encephalitis (California Group)
 St. Louis Encephalitis
 Western Equine Encephalitis
 West Nile Encephalitis
Entamoeba histolytica
 Giardia lamblia
 Hantavirus infection, serologic, PCR, immunohistochemistry, or other evidence**
 Influenza, culture-confirmed (numerical totals only, by type and subtype as available)
 Legionella, bacteriologic or serologic evidence
 Leptospira, microbiologic, PCR or serologic evidence
*Listeria monocytogenes**
 Malaria, organisms on blood smear
 Meningitis, as indicated by isolation of organisms from CSF
 Meningitis, Viral, virologic or serologic evidence
 Mumps, virologic or serologic evidence
 Psittacosis, microbiologic or serologic evidence
 Rocky Mountain Spotted Fever, serologic evidence
Salmonella, any species excluding *Salmonella typhi**

Shigella sp.*

Streptococcus pyogenes (Group A *Streptococcus*), from a sterile site
Streptococcus, group B, from a normally sterile site
Streptococcus pneumoniae, from a normally sterile site – include antibiotic susceptibility patterns on all isolates*
 Trichinosis, cysts or serologic evidence
 Unexplained or ill-defined illness, condition, or health occurrence of potential public health significance

CATEGORY 3

REPORTABLE TO THE WV BUREAU FOR PUBLIC HEALTH (STATE HEALTH DEPARTMENT)

WITHIN 1 WEEK (UNLESS OTHERWISE NOTED) INFECTIOUS

CD4+ T-lymphocyte count of $\leq 200/\text{mm}^3$ or $< 14\%$ (twice a month)
Chlamydia trachomatis, by culture, DNA probe, antigen, or other procedure
Haemophilus ducreyi
 Hepatitis C/Other non-A or non-B, virologic or serologic evidence
 Herpes simplex virus, viral isolation or viral antigen detection from cervical, urethral or anogenital lesion specimens; or demonstration of multinucleated giant cells on a Tzanck smear of scrapings from an anogenital lesion
 HIV (within 30 days)
Mycobacterium tuberculosis from any site (including drug susceptibility patterns) (within 24 hours)*
Neisseria gonorrhoeae, from the newborn eye or female upper genital tract, or any drug resistant isolate (within 24 hours)
Neisseria gonorrhoeae, positive culture or laboratory evidence (all other)

Syphilis, serologic evidence
Treponema pallidum, positive darkfield examination
(within 24 hours)

Lead, all blood lead test results

NON-INFECTIOUSREPORTABLE CONDITIONS

(See "Special Notes")

Down Syndrome Chromosomal Abnormality

***Submit one isolate per case to the Office of Laboratory Services (167 11th Ave / South Charleston, WV 25303; Phone:304-558-5358)**

****Usually requires CDC or Office of Laboratory Services confirmation. Reserve acute serum specimen or isolate and contact Infectious Disease Epidemiology Program urgently (304-558-5358 or 800-423-1271; 24/7 emergency pager: 888-882-5135) to arrange confirmatory testing.**

Reporting of these diseases and conditions is required by state law (WV Code 16-3-1; 64 CSR 7). Failure to report may result in a fine of up to \$500 per offense.

All reports should include the patient's name, full address, date of birth, gender, name and address of ordering physician, date of specimen, source of specimen, date of result, reference ranges, and result.

For questions on disease reporting or for epidemiologic consultation, call your local health department or the WV Bureau for Public Health, Division of Surveillance and Disease Control: HIV/AIDS Surveillance 800-423-1271; Immunization Program 800-642-3634; STD Program 800-642-8244; WV Statewide Immunization Information System (WVSIIS) 877-408-8930; Tuberculosis Program 800-330-8126; Lead Office of Maternal and Child Health, Division of Research and Evaluation at 304-558-7996; all other diseases 800-423-1271 or 304-558-5358. Website: www.wvdhhr.org/bph/oehp/sdc

Your Local Health Department:

West Virginia Department of Health and Human Resources, Bureau for Public Health:

Division of Surveillance and Disease Control

Room 125

350 Capitol St.

Charleston, WV 25301-3715

Phone: 304-558-5358 Fax: 304-558-6335 Page: 888-882-5135

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