

West Virginia Reportable Infectious Diseases Laboratories (WV Code 16-3-1; 64 CSR 7)

Diseases should be reported by law as follows: red to the [local health department](#) in the patient's county of residence within 24 hours of diagnosis, blue to the [local health department](#) in the patient's county of residence within 1 week of diagnosis, green to the [West Virginia Bureau for Public Health \(state health department\)](#) within 1 week of diagnosis (unless otherwise indicated). In addition to the specific findings noted below, other laboratory evidence suggestive of current infection with these diseases is reportable. 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.

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| <i>Bacillus anthracis</i> ** | Leptospirosis, microbiologic, PCR or serologic evidence |
| <i>Bordetella pertussis</i> , microbiologic evidence | <i>Listeria monocytogenes</i> * |
| <i>Borrelia burgdorferi</i> , from culture or diagnostic levels of IgG or IgM (preferably followed by Western Blot) | Malaria, organisms on blood smear |
| Brucellosis, microbiologic or serologic evidence | Meningitis, as indicated by isolation of bacterium from CSF |
| <i>Campylobacter</i> sp.* | Meningitis, Viral, virologic or serologic evidence |
| CD4+ T-lymphocyte count of $\leq 200/\text{mm}^3$ or $< 14\%$ (twice a month) | Mumps, virologic or serologic evidence** |
| <i>Chlamydia trachomatis</i> , by culture, antigen, DNA probe, or other procedure | <i>Mycobacterium tuberculosis</i> from any site (include drug susceptibility patterns) (within 24 hours)* |
| <i>Clostridium botulinum</i> , microbiologic or toxicologic evidence** | <i>Neisseria gonorrhoeae</i> , from the newborn eye or female upper genital tract, or any drug resistant isolate (within 24 hours) |
| <i>Corynebacterium diphtheriae</i> , microbiologic or histopathologic evidence** | <i>Neisseria gonorrhoeae</i> , positive culture or laboratory evidence (all other) |
| <i>Cryptosporidium parvum</i> | <i>Neisseria meningitidis</i> , from a normally sterile site* |
| <i>Cyclospora</i> | Outbreak or cluster of any illness or condition, suspect or confirmed |
| Dengue Fever, serologic evidence | Poliomyelitis, virologic or serologic evidence** |
| Ehrlichiosis, serologic, microbiologic, or other evidence | Psittacosis, microbiologic or serologic evidence |
| Encephalitis, virologic, serologic, or other evidence of arboviral ** or other encephalitides | Rabies, animal* or human** |
| Enterohemorrhagic <i>E. coli</i> (EHEC) including but not limited to <i>E. coli</i> O157:H7 and Shiga-like toxin-producing <i>E. coli</i> O157:NM, from any clinical specimen* | Rocky Mountain Spotted Fever, serologic evidence |
| <i>Entamoeba histolytica</i> | Rubella, virologic or serologic evidence** |
| <i>Giardia lamblia</i> , microscopic or immunodiagnostic evidence | Rubeola, virologic or serologic evidence** |
| <i>Haemophilus ducreyi</i> | <i>Salmonella</i> , any species excluding <i>Salmonella typhi</i> * |
| <i>Haemophilus influenzae</i> , from any normally sterile body site* | <i>Salmonella typhi</i> , from any site* |
| Hantavirus infection, serologic, PCR, immunohistochemistry, or other evidence** | <i>Shigella</i> sp.* |
| Hepatitis A, positive IgM | Smallpox, virologic or serologic evidence** |
| Hepatitis B, positive anti-HBc IgM or HBsAg | <i>Staphylococcus aureus</i> with Glycopeptide-Intermediate (GISA/VISA) or Glycopeptide-Resistant (GRSA/VRSA) susceptibilities** |
| Hepatitis C/Other non-A or non-B, virologic or serologic evidence | <i>Streptococcus pyogenes</i> (Group A Streptococcus), from a normally sterile site |
| Hepatitis D, positive serology | <i>Streptococcus</i> , Group B, from a normally sterile site |
| 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 | <i>Streptococcus pneumoniae</i> , from a normally sterile site (include antibiotic susceptibility patterns on all isolates)* |
| HIV Type 1 or 2, confirmed antibody or virus detection test (twice a month) | Syphilis, serologic evidence |
| Influenza, culture confirmed (numerical totals only, by type and subtype as available) | <i>Treponema pallidum</i> , positive dark-field examination (within 24 hours) |
| <i>Legionella</i> , bacteriologic or serologic evidence | Trichinosis, demonstration of cysts or serologic evidence |

*Submit one isolate per case to the WV Office of Laboratory Services, 167 11th Ave, South Charleston, WV 25303, Phone: 304-558-3530.

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

Any questions on reporting of these diseases and all report forms can be obtained from your local health department.

LHD NUMBER AND ADDRESS

West Virginia Department of Health and Human Resources
Division of Surveillance and Disease Control
Phone: 1-800-423-1271, 304-558-5358; Page: 888-882-5135
Fax: 304-558-6335
<http://www.wvdhhr.org/bph/oehp/sdc/>
