

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



Rev. 02/2007

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	Category II Report within 24 hours to the local health department	Category III Report within 72 hours to the local health department	Category IV Report within 1 week to the local health department	Category V Report within 1 week to the state health department
<ul style="list-style-type: none"> o <i>Bacillus anthracis</i>^a o Bioterrorist event^a o <i>Clostridium botulinum</i>^c o Foodborne outbreak^c o <i>Francisella tularensis</i>^{a,b} o Intentional exposure to an infectious agent^c o Novel influenza infection, animal or human^a o Orthopox infection^a o Outbreak or cluster^c o Rubeola (measles)^b o SARS coronavirus infection^{a,b} o Smallpox^a o Viral hemorrhagic fever^b o Waterborne outbreak^c o <i>Yersinia pestis</i>^a 	<ul style="list-style-type: none"> o <i>Bordatella pertussis</i> o Brucellosis^{a,b} o <i>Corynebacterium diphtheriae</i>^a o <i>Coxiella burnetii</i> o Dengue Fever^b o <i>Haemophilus influenzae</i> from a normally sterile site^{1,a} o Hepatitis A, positive IgM² o Hepatitis B, positive anti-HBc IgM or HBsAg² o Hepatitis D² o <i>Mycobacterium tuberculosis</i> from any site^{1,a} o <i>Neisseria meningitidis</i> from a normally sterile site^a o Poliomyelitis^{a,b} o Rabies, animal or human o Rubella^b o Shiga toxin-producing <i>Escherichia coli</i> (STEC)^a o <i>Salmonella typhi</i> from any site^a o <i>Staphylococcus aureus</i> with glycopeptide-intermediate (GISA/VISA) or glycopeptide resistant (GRSA/VRSA)^{1,a} o <i>Vibrio cholerae</i>^{a,b} o Yellow Fever^{a,b} o Any other unusual condition or emerging infectious disease^c 	<ul style="list-style-type: none"> o <i>Campylobacter</i> species^a o <i>Cryptosporidium</i> o Cyclospora o <i>Entamoeba histolytica</i> o <i>Giardia lamblia</i> o <i>Listeria monocytogenes</i>^a o <i>Salmonella</i> species (except <i>Salmonella typhi</i>)^{1,a} o <i>Shigella</i> species^{1,a} o Trichinosis o <i>Yersinia enterocolitica</i>^a 	<ul style="list-style-type: none"> o Arboviral infection^b <ul style="list-style-type: none"> o LaCrosse encephalitis o West Nile virus o Eastern equine encephalitis o Saint Louis encephalitis o Powassan encephalitis o <i>Borrelia burgdoferi</i> (with Western blot confirmation) o Ehrlichiosis o Hantavirus infection^b o Legionella o Leptospirosis o Malaria o Mumps^c o Psittacosis o Rocky Mountain Spotted Fever o <i>Streptococcus pyogenes</i> (Group A <i>Streptococcus</i>) from a normally sterile site¹ o <i>Streptococcus agalactiae</i>, (<i>Streptococcus</i> Group B), from a normally sterile site o <i>Streptococcus pneumoniae</i>, from a normally sterile site^{1,a} 	<ul style="list-style-type: none"> o CD4+ T lymphocyte or percentages³ o <i>Chlamydia trachomatis</i> o Enterovirus (non-polio), culture confirmed, numerical totals only, by serotype as available o <i>Haemophilus ducreyi</i> o Hepatitis C / other non-A non-B² o HIV type 1 or 2 o Influenza, culture confirmed, numerical totals only, by type and subtype as available o <i>Mycobacterium tuberculosis</i> from any site (report within 24 hours)^{1,a} o <i>Neisseria gonorrhoeae</i> (drug resistant) from any site (within 24 hours) o <i>Neisseria gonorrhoeae</i> from the female upper genital tract (within 24 hours) o <i>Neisseria gonorrhoeae</i> from the eye of a newborn (within 24 hours) o <i>Neisseria gonorrhoeae</i>, all other o Syphilis, serologic evidence o <i>Treponema pallidum</i>, positive darkfield (within 24 hours)

^aSubmit an isolate to the Office of Laboratory Services for further testing or confirmation

^bSubmit a serologic specimen to the Office of Laboratory Services for further testing or confirmation

^cConsult IDEP regarding laboratory confirmation 1-800-423-1271 or (304) 558-5358.

¹including susceptibility test results

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

³Related to HIV/AIDS

Report name, address, telephone number, date of birth, sex 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 or by filling out a yellow card available through the Reportable Disease Protocol Manual:

<http://www.wvdhhr.org/idep/a-z/a-z-wv-reportable-diseases.asp>

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

Reportable Condition	How to Report
Down's Syndrome Chromosomal Anomaly	Birth defects including Down's syndrome anomaly are reported to the Office of Maternal, Child and Family Health in the Bureau for Public Health. Report forms and information on reporting of birth defects can be obtained by calling the Division of Research, Evaluation and Planning, Office of Maternal, Child and Family Health at 304-558-5388.
Lead	Reported information should include the patient's name, address, (including county, date of birth, sex and lead level as well as the reporting provider's name and address, and any other information required by the director relevant to the purpose of this rule. Questions on lead reporting should be directed to the Office of Maternal, Child and Family Health, Division for Research, Evaluation and Planning at 304-558-5388.