Title 17, California Code of Regulations (CCR), Section 2505
REPORTABLE CONDITIONS: NOTIFICATION BY LABORATORIES
(Effective October 1, 2019)

California Code of Regulations, Title 17, Section 2505 requires laboratories to report laboratory testing results, including molecular and pathologic results, suggestive of diseases of public health importance to the local health department. Laboratories must report any initial findings as well as any subsequent findings. In addition, laboratories must report negative test results or findings when requested by the Department or a local health officer. The diseases included are:

Subsection (e)(1) List
- Anthrax, animal (B. anthracis)
- Anthrax, human (B. anthracis)
- Botulism
- Brucellosis, human (all Brucella spp.)
- *Burkholderia pseudomallei* (detection or isolation from a clinical specimen)
- *Burkholderia mallei* (detection or isolation from a clinical specimen)
- Influenza, novel strains (human)
- Plague, animal (Y. pestis)
- Plague, human (Y. pestis)
- Smallpox (Variola)
- Tularemia, human (F. tularensis)
- Viral hemorrhagic Fever agents, animal (VHF), (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
- Viral Hemorrhagic Fever agents, human (VHF), (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)

Subsection (e)(2) List
- Acid-fast bacillus (AFB)
- Anaplasmosis
- Babesiosis
- *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 from a clinical specimen)
- Chancroid (Haemophilus ducreyi)
- Chikungunya Virus infection
- Chlamydia trachomatis infection, including lymphogranuloma venereum
- Carbapenem-resistant *Enterobacteriaceae* *(Carbapenemase-producing)* infection
- Coccidiodomycosis
- Cryptosporidiosis
- *Cyclosporiasis* (Cyclospora cayetanensis)
- Dengue virus infection
- Diphtheria
- Ehrlichiosis
- Encephalitis, arboviral
- *Escherichia coli* infection: shiga toxin producing (STEC) including E. coli O157
- Flavivirus infection of undetermined species
- *Giardiasis* (Giardia lamblia, intestinalis, or duodenalis)
- Gonorrhea

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- **Haemophilus influenzae** infection, all types (detection or isolation from a sterile site in a person less than five years of age)
- **Hantavirus** infection
- **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)
- **Human Immunodeficiency Virus** (HIV), acute infection
- **Influenza**
- **Legionellosis** (Legionella spp.) (antigen or culture)
- **Leprosy** (Hansen Disease) (Mycobacterium leprae)
- **Leptospirosis** (Leptospira spp.)
- **Listeriosis** (Listeria)
- **Malaria** (Plasmodium spp.)
- **Measles** (Rubeola), acute infection
- **Neisseria meningitidis** (sterile site isolate or eye specimen) infection
- **Poliovirus** infection
- **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)
- **Rocky Mountain Spotted Fever** (Rickettsia rickettsii)
- **Rubella**, acute infection
- **Salmonellosis** (Salmonella spp.)
- **Shiga toxin** (detected in feces)
- **Shigellosis** (Shigella spp.)
- **Syphilis**
- **Trichinosis** (Trichinella)
- **Tuberculosis**, including Mycobacterium tuberculosis complex
- **Latent Tuberculosis Infection identified by a positive laboratory test** (includes interferon gamma release assays)
- **Tularemia**, animal (F. tularensis)
- **Typhoid**
- **Vibrio species** infection
- **West Nile virus** infection
- **Yellow Fever** (yellow fever virus)
- **Yersiniosis** (Yersinia spp., non-pestis) (isolation from a clinical specimen)
- **Zika virus** infection

Reportable laboratory findings for these diseases are those specified in 17 CCR Section 2505 or that satisfy the most recent [communicable disease surveillance case definitions](https://wwwn.cdc.gov/nndss/conditions/search/) published by the Centers for Disease Control and Prevention (https://www.cdc.gov/nndss/conditions/search/). **All laboratory reports to public health agencies are treated as confidential.**

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All reports to the local health officer must include the following: the date the specimen was obtained, the patient identification number, the specimen accession number or other unique specimen identifier, the specimen site, the diagnosis code, the laboratory findings for the test performed, and the date that the laboratory findings were identified. In addition, all reports to the local health officer and all test requisitions must include the name, gender, address, telephone number, pregnancy status, and 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.

HIV ACUTE INFECTION REPORTING REQUIREMENTS
In addition to routine reporting requirements set forth in section 2643.10, for acute HIV infection reporting, laboratories shall report all cases within one business day to the local health officer of the jurisdiction in which the patient resides by telephone. If the patient residence is unknown, the laboratory shall notify the health officer of the jurisdiction in which the health care provider is located. If evidence of acute HIV infection is based on presence of HIV p24 antigen, laboratories shall not wait until HIV-1 RNA is detected before reporting to the local health officer.

ADDITIONAL REPORTING REQUIREMENTS

ANTHRAX, BOTULISM, BRUCELLOSIS, GLANDERS, INFLUENZA (NOVEL STRAINS), MELIOIDOSIS, PLAGUE, SMALLPOX, TULAREMIA, and VIRAL HEMORRHAGIC FEVERS
Whenever a laboratory receives a specimen for the laboratory diagnosis of a suspected human case of one of these diseases, such laboratory shall communicate immediately by telephone with the Infectious Disease Laboratory Branch of the Department of Public Health for instruction.
TUBERCULOSIS (Section 2505 Subsections (f) and (g))
Any laboratory that isolates Mycobacterium tuberculosis complex or identifies Mycobacterium tuberculosis complex by molecular testing from a patient specimen must submit a culture to the local public health laboratory for the local health jurisdiction in which the patient resides as soon as available from the primary isolate on which a diagnosis of tuberculosis was established. If Mycobacterium tuberculosis complex is identified by molecular testing but no culture isolate is available, a specimen available to the laboratory must be submitted instead.

The information listed under “HOW TO REPORT” above must be submitted with the culture.

Unless drug susceptibility testing has been performed by the clinical laboratory on a strain obtained from the same patient within the previous three months or the health care provider who submitted the specimen for laboratory examination informs the laboratory that such drug susceptibility testing has been performed by another laboratory on a culture obtained from that patient within the previous three months, the clinical laboratory must do the following:

- Perform or refer for drug susceptibility testing on at least one isolate from each patient from whom Mycobacterium tuberculosis complex was isolated,

- Report the results of drug susceptibility testing, including molecular assays for drug resistance if performed, to the local health officer of the city or county where the patient resides within one (1) working day from the time the health care provider or other authorized person who submitted the specimen is notified, and

- If the drug susceptibility testing determines the culture to be resistant to at least isoniazid and rifampin, in addition, submit one culture or subculture from each patient from whom multidrug- resistant Mycobacterium tuberculosis complex was isolated to the local public health laboratory (as described above) as soon as available.

Whenever a clinical laboratory finds that a specimen from a patient with known or suspected tuberculosis tests positive for acid fast bacillus (AFB) staining and the patient has not had a culture which identifies that acid fast organism within the past 30 days, the clinical laboratory shall culture and identify the acid fast bacteria or refer a subculture to another laboratory for those purposes.

MALARIA (Section 2505 Subsection (h))
Any clinical laboratory that makes a finding of malaria parasites in the blood film of a patient shall immediately submit one or more such blood film slides for confirmation to the local public health laboratory for the local health jurisdiction where the patient resides. When requested, all blood films will be returned to the submitter.

SALMONELLA (Section 2612)
California Code of Regulations, Title 17, Section 2612 requires that a 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.

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Additional Specimens or Isolates to be Submitted to Public Health (Section 2505 Subsection (m)(1) and (m)(2) Lists)
The following specimens or isolates must be submitted as soon as available to the local or state public health laboratory:
(m)(1) Specimens:
- Malaria positive blood film slides (see (h) for additional reporting requirements)
- Neisseria meningitidis eye specimens
- Shiga toxin-positive fecal broths
- Zika virus immunoglobulin M (IgM)-positive sera

(m)(2) Isolates:
- Drug resistant Neisseria gonorrhoeae isolates (cephalosporin or azithromycin only)
- Listeria monocytogenes isolates
- Mycobacterium tuberculosis isolates (see (f) for additional reporting requirements)
- Neisseria meningitidis isolates from sterile sites
- Salmonella isolates (see section 2612 for additional reporting requirements)
- Shiga toxin-producing Escherichia coli (STEC) isolates, including O157 and non-O157 strains
- Shigella isolates

Additional Instructions for (m)(2) Isolates (Section 2505 Subsection (m)(3)):
If a laboratory test result indicates infection with any one of the pathogens listed in (m)(2), then the testing laboratory must attempt to obtain a bacterial culture isolate for submission to a public health laboratory in accordance with (m)(2). This requirement includes identification of Shiga toxin in a clinical specimen. If latent tuberculosis infection is identified, an attempt to obtain a bacterial culture isolate is not required. The testing laboratory shall take steps necessary to obtain an isolate, including requesting that additional specimens be collected and sending specimens to a laboratory able to carry out bacterial culture as soon as possible.

Additional Instructions for HIV-1/2 Specimens (Section 2500 Subsection (n)):
Upon written request and submission instructions by the Department, a laboratory that receives a specimen reactive for HIV-1/2 antigen or antibody shall submit the specimen to either the local public health laboratory for the jurisdiction in which the patient resides, the State Public Health Laboratory, or their designee. The specimen submission shall include the information identified in subdivision (m) and the Clinical Laboratory Improvement Amendments number.