

APPENDIX 2

Microbiology Organisms Always Requiring Notification – based on Title 17 Section 2505 Notification by Clinical Laboratories

A. REPORT TO PUBLIC HEALTH SERVICES WITHIN ONE (1) HOUR OF IDENTIFICATION:

The notification for **List (e)(1) diseases** shall be reported by telephone within one (1) hour. **Call the Epidemiology Unit at 619-692-8499 After Hours 858-565-5255**, followed by a written report submitted by electronic facsimile transmission or electronic mail within **one (1) working day**. Fax the Epidemiology Unit at 858-715-6458 , to the local health officer in the jurisdiction where the health care provider who submitted the specimen is located.

Disease/Microorganism	NOTIFY PATIENT'S CAREGIVER ★=Criticals within 1 hr of ID X= within 1 working day of ID by calling EPI @ 619-692-8499	Call MDL or VRDL within 1 hr of ID	Call SDPH within 1 hr of ID	Written report to SDPH within 1 working day of ID L= faxed Epic report M = Morbidity form E=electronic interface	Send specimen to SDPH
Anthrax, human (<i>B. anthracis</i>)	★	X	X	E	suspect isolate
Botulism	★	X	X	E	serum
Brucellosis, human (all <i>Brucella spp.</i>)	★	X	X	E	suspect isolate
<i>Burkholderia pseudomallei</i> and <i>B. mallei</i> (detection or isolation from a clinical specimen)	★	X	X	E	suspect isolate
Corona virus, novel strains	★	X	X	E	respiratory specimen in VTM
Influenza, novel strains (human)	★	X	X	E	respiratory specimen in VTM
Plague, human (<i>Yersinia pestis</i>)	★	X	X	M, E	suspect isolate
Smallpox (Variola)	★	X	X	L	scab, scab fluid, dry/wet swab of lesion
Tularemia, human (<i>F. tularensis</i>)	★	X	X	E	suspect isolate
Viral hemorrhagic fever agent, human (VHF), (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)	★	X	X	L	serum

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Disease/Microorganism	NOTIFY PATIENT'S CAREGIVER ★=Criticals within 1 hr of ID X= within 1 working day of ID by calling EPI @ 619-692-8499	Notify MDL or VRDL	Notify SDPH	Written report to SDPH within 1 working day of ID L= faxed Epic report M = Morbidity form E=electronic interface	Send specimen to SDPH
Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)	<p>Inpatients – call positives from 'COVID-19 Rapid' orders to the floor</p> <p>Outpatients - Released in the Epic EMR</p>	within 8 hrs of ID	within 8 hrs of ID	<ul style="list-style-type: none"> All results – positive, negative, indeterminate and specimen unsatisfactory Include race and ethnicity <p>E</p>	Upon request

B. REPORT TO PUBLIC HEALTH SERVICES WITHIN ONE (1) WORKING DAY OF IDENTIFICATION:

The notification for **List (e)(2) diseases** shall be submitted by courier, mail, electronic facsimile transmission or electronic mail within **ONE (1) WORKING DAY** to the local health officer in the jurisdiction where the health care provider who submitted the specimen is located. Fax the Epidemiology Unit (858) 715-6458

Disease/Microorganism	NOTIFY PATIENT'S CAREGIVER ★=Criticals within 1 hr of ID	L= faxed Epic report M = Morbidity form E=electronic interface	Send specimen to SDPH
Acid-fast bacillus (AFB)**		TB Form	
Anaplasmosis		E	
Babesiosis		E	
Bartonella quintana infections		L	

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Disease/Microorganism	NOTIFY PATIENT'S CAREGIVER ★=Criticals within 1 hr of ID	L= faxed Epic report M = Morbidity form E=electronic interface	Send specimen to SDPH
<i>Bordetella pertussis</i> acute infection, by culture or molecular identification		E	
<i>Borrelia burgdorferi</i>		E	
Campylobacteriosis (<i>Campylobacter spp.</i>) (detection or isolation from a clinical specimen)		E	
Candida auris	★	E	
Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)	★	E	
Chancroid (<i>Haemophilus ducreyi</i>)		E	
Chikungunya Virus infection		L	
Clostridium sordellii infections		E	
Coccidioidomycosis		M, E	
Cryptococcus		E	
Cryptosporidiosis		E	
Cyclosporiasis (<i>Cyclospora cayetenensis</i>)		E	
Dengue (dengue virus)		E	serum
Diphtheria	★	E	
Ehrlichiosis		E	

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Disease/Microorganism	NOTIFY PATIENT'S CAREGIVER ★=Criticals within 1 hr of ID	L= faxed Epic report M = Morbidity form E=electronic interface	Send specimen to SDPH
Encephalitis, arboviral		E	
<i>Escherichia coli</i> : shiga toxin producing (STEC), including <i>E. coli</i> O157		E	isolate, broth
Flavivirus infection of undetermined species		L	
Giardiasis (<i>Giardia lamblia</i> , <i>intestinalis</i> , or <i>duodenalis</i>)		E	
<i>Haemophilus influenzae</i> (report an incident of less than 15 years of age, from sterile site)		M	
Hantavirus Infections		E	serum
Hepatitis A, acute infection		E	
Hepatitis B, acute or chronic infection (specify gender)		E	
Hepatitis C, acute or chronic infection		E	
Hepatitis D (Delta), acute or chronic infection		E	
Hepatitis E, acute infection (detection of hepatitis E virus RNA from a clinical specimen or positive serology)		E	
Human Immunodeficiency Virus (HIV), any stage		Report to a secure server	HIV-1/2 antigen or antibody reactive sera or plasma upon request from CDPH
Influenza-associated deaths in laboratory confirmed cases in persons less than 18 years of age		E	
Legionellosis (<i>Legionella spp.</i>) (antigen or culture)		E	

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Disease/Microorganism	NOTIFY PATIENT'S CAREGIVER ★=Criticals within 1 hr of ID	L= faxed Epic report M = Morbidity form E=electronic interface	Send specimen to SDPH
Leprosy (Hansen Disease) (<i>Mycobacterium leprae</i>)		L	
Leptospirosis (<i>Leptospira spp.</i>)		E	
Listeriosis (<i>Listeria</i>)		M	isolate
Malaria (<i>Plasmodium spp.</i>)**		M	blood film slide, EDTA blood tube
Measles (Rubeola), acute infection		E	serum, urine, NP
Middle East Respiratory Syndrome Coronavirus (MERS CoV)		L	
Mumps (mumps virus), acute infection		E	serum
<i>Neisseria meningitidis</i> (sterile site isolate or eye specimen)		E	CSF, EDTA blood tube, isolate
Poliovirus		M	
Psittacosis (<i>Chlamydophila psittaci</i>)		L	
Q Fever (<i>Coxiella burnetii</i>)		E	whole blood and serum
Rabies, animal or human		E	
Relapsing Fever (<i>Borrelia spp.</i>) (identification of <i>Borrelia spp.</i> spirochetes on peripheral blood smear)		E	
<i>Rickettsia</i> , any species, acute infection (detection from a clinical specimen or positive serology)		E	
Rocky Mountain Spotted Fever (<i>Rickettsia rickettsii</i>)		E	

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Disease/Microorganism	NOTIFY PATIENT'S CAREGIVER ★=Criticals within 1 hr of ID	L= faxed Epic report M = Morbidity form E=electronic interface	Send specimen to SDPH
Rubella, acute infection		E	
Salmonellosis (<i>Salmonella spp.</i>)		M to SDPH & MDL	isolate
Shiga toxin (detected in feces)		E	broth, feces
Shigellosis (<i>Shigella spp.</i>)		M, E	isolate
Trichinosis (<i>Trichinella</i>)		E	
Typhoid		M	isolate
<i>Vibrio cholerae</i> , <i>V. parahaemolyticus</i> , <i>Vibrio</i> if unable to speciate		E	isolate
West Nile virus infection		E	CSF, serum
Yellow Fever (yellow fever virus)		L	serum
Yersiniosis (<i>Yersinia spp.</i> , non-pestis) (isolation from a clinical specimen)		M	isolate
Zika virus infection		E	

** See Appendix 3 – Additional testing requirements

C. SEXUALLY TRANSMITTED DISEASES

REPORT TO PUBLIC HEALTH SERVICES WITHIN ONE (1) WORKING DAY OF IDENTIFICATION:

Fax to STD Program 619-692-8541

Disease/Microorganism	L= faxed Epic report M = Morbidity form E=electronic interface	Send specimen to SDPH
<i>Chlamydia trachomatis</i> infections, including <i>Lymphogranuloma Venereum (LGV)</i>	E	n/a
Gonorrhea	E	Isolate (Quinilone-resistant <i>Neisseria gonorrhoeae</i>)
Syphilis	E	n/a

D. TUBERCULOSIS

REPORT TO PUBLIC HEALTH SERVICES WITHIN ONE (1) WORKING DAY OF IDENTIFICATION:

Fax to TB Program 619-692-5516

Disease/Microorganism	L= faxed Epic report M = Morbidity form E=electronic interface	Send specimen to SDPH
<i>Mycobacterium tuberculosis</i> ** (see additional requirements for drug susceptibility testing and reporting)	TB Form	<ul style="list-style-type: none"> • Isolate • If not available, specimen available to the laboratory must be submitted to the public health laboratory upon request from the local health officer, public health laboratory, or CDPH • Results of molecular assays for drug resistance must be reported. • Resistant cultures must be submitted ASAP
Latent tuberculosis infection identified by a positive laboratory test (including positive interferon gamma release assays) such as Quantiferon QTB	E	

E. Microbiology Organisms Always Requiring Notification – based on Title 17 Section 2500, §2593, §2641.52643.20, and §2800-2812 Reportable Diseases and Conditions by Healthcare Provider

The following conditions may be discoverable by the laboratory. Call SDPH to seek guidance as to the next steps:

Disease/Microorganism	NOTIFY PATIENT'S CAREGIVER ★=Criticals within 1 hr of ID	L= faxed Epic report M = Morbidity form E=electronic interface	Send specimen to SDPH
Cryptococcus (Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic)		E Call SDPH within one hour of ID	
Cysticercosis or taeniasis		E Report within 7 calendar days	
Foodborne Disease, Norovirus *Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness		L Call SDPH within one hour of ID*	
Tetanus		L within 7 calendar days	

Locally reportable conditions in San Diego County

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/disease_reporting_requirements_for_health_care_providers.html

- Bartonella quintana
- Candida auris
- Clostridium sordellii
- Necrotizing fasciitis
- Vaping-related pulmonary injury

F. THE FOLLOWING ARE NOT LISTED IN TITLE 17 AND ARE DEFINED BY SCRIPPS POLICY. CALL SDPH TO SEEK GUIDANCE.

Disease/Microorganism	NOTIFY PATIENT'S CAREGIVER ★=Criticals within 1 hr of ID	L= faxed Epic report M = Morbidity form E=electronic interface	Send specimen to SDPH
Varicella zoster (only inpatient)		E	
Vancomycin intermediate/Vancomycin resistant S. aureus (VISA/VRSA)		L	

APPENDIX 3 - ADDITIONAL REPORTING REQUIREMENTS

A. SARS Co-V-2

1. For the latest guidelines on reporting COVID 19 results, refer to the Centers for Diseases Control and Prevention website: <https://www.cdc.gov/coronavirus/2019-ncov/lab/reporting-lab-data.html>
2. **Required Elements:**

The following data elements must be collected and reported for SARS-CoV-2 laboratory tests, for the transmission of complete laboratory testing data to the CDC or the Secretary's designee. (Note: additional data elements may be requested at a future date.)

- a. Test ordered – use harmonized LOINC codes provided by CDC
- b. Device Identifier
- c. Test result – use appropriate LOINC and SNOMED codes, as defined by the Laboratory In Vitro Diagnostics (LIVD) Test Code Mapping for SARS-CoV-2 Tests provided by CDC
Laboratories must report all positive and non-positive (negative, indeterminate, and specimen unsatisfactory) test results from molecular and antigen diagnostic tests and antibody/serology tests for SARS-CoV-2.
- d. Test Result date (date format)
- e. Accession #/Specimen ID
- f. Patient age
- g. Patient race
 - i. American Indian or Alaska Native
 - ii. Asian
 - iii. Black or African American
 - iv. Native Hawaiian or Other Pacific Islander
 - v. Other Race
 - vi. White
- h. Patient ethnicity
 - i. Hispanic or Latino
 - ii. Not Hispanic or Latino
 - iii. Unknown
- i. Patient sex
- j. Patient residence zip code
- k. Patient residence county
- l. Ordering provider name and NPI (as applicable)
- m. Ordering provider zip
- n. Performing facility name and/or CLIA number, if known
- o. Performing facility zip code

- p. Specimen Source - use appropriate LOINC, SNOMED-CT, or SPM4 codes, or equivalently
- q. detailed alternative codes
- r. Date test ordered (date format)
- s. Date specimen collected (date format)

3. Recommended Elements

The following additional demographic data elements should also be collected and reported to state or local public health departments, but these data will not be collected by CDC or the Secretary's designee. State and local privacy standards apply to the collection of these data elements. (Note: additional data elements may be requested by state, local or federal health departments at any time.)

- a. Patient name (Last name, First name, Middle Initial)
 - b. Patient street address
 - c. Patient phone number with area code
 - d. Patient date of birth
 - e. Ordering provider address
 - f. Ordering provider phone number
4. **Ask on Order Entry Questions:** The following data fields are specific to SARS-CoV-2 and considered "ask on order entry" (AOE) questions for traditional Electronic Health Records or Laboratory Information Management Systems. These elements should be collected and be conformant with the HL7 Version 2.5.1 Lab Order Interface Implementation Guide and associated standards, and comprehensive of the above data fields.
- a. First test (Y/N/U)
 - b. Employed in healthcare? Y/N/U
 - c. Symptomatic as defined by CDC? Y/N/U; if yes, then Date of Symptom Onset mm/dd/yy
 - d. Hospitalized? Y/N/U
 - e. ICU? Y/N/U
 - f. Resident in a congregate care setting (including nursing homes, residential care for
 - g. people with intellectual and developmental disabilities, psychiatric treatment facilities,
 - h. group homes, board and care homes, homeless shelter, foster care or other setting):
 - i. (Y/N/U)
 - j. Pregnant? Y/N/U

B. MALARIA

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 (and EDTA blood tube, if possible) for confirmation to the local public health laboratory for the local health jurisdiction where the health care provider is located. When requested, all blood films will be returned to the submitter.

C. SALMONELLA

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.

D. TUBERCULOSIS (AND ACID-FAST BACILLUS)

Any laboratory that isolates *Mycobacterium tuberculosis* from a patient specimen must submit a culture to the local public health laboratory for the local health jurisdiction in which the health care provider's office is located as soon as available from the primary isolate on which a diagnosis of tuberculosis was established. The information listed under "HOW TO REPORT" below must be submitted with the culture. *The San Diego County Public Health Laboratory shall retain the culture received (one culture from each culture-positive patient) in a viable condition for at least six months.*

1. 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:
 - a. Perform or refer for drug susceptibility testing on at least one isolate from each patient from whom *Mycobacterium tuberculosis* was isolated,
 - b. Report the results of drug susceptibility testing to the local health officer of the city or county where the submitting physician's office is located within **one (1) working day** from the time the health care provider or other authorized person who submitted the specimen is notified, and
 - c. 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* was isolated to the local public health laboratory. *The San Diego County Public Health Laboratory shall forward such cultures to the CDPH Microbial Disease Laboratory.*
2. 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.