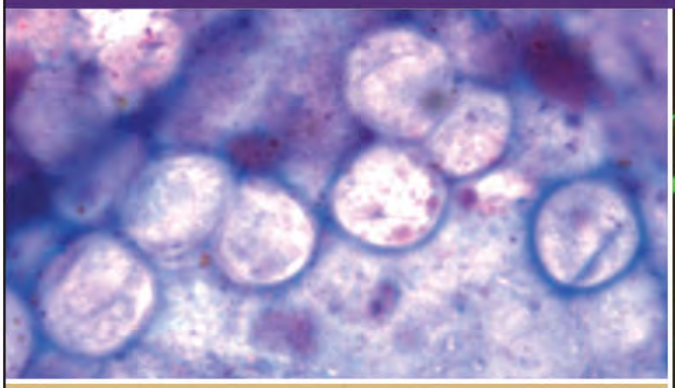
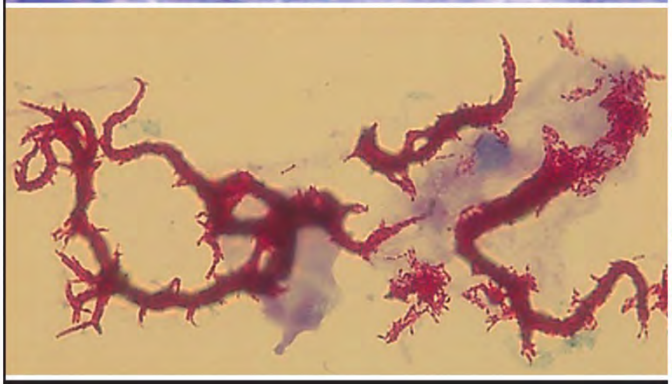
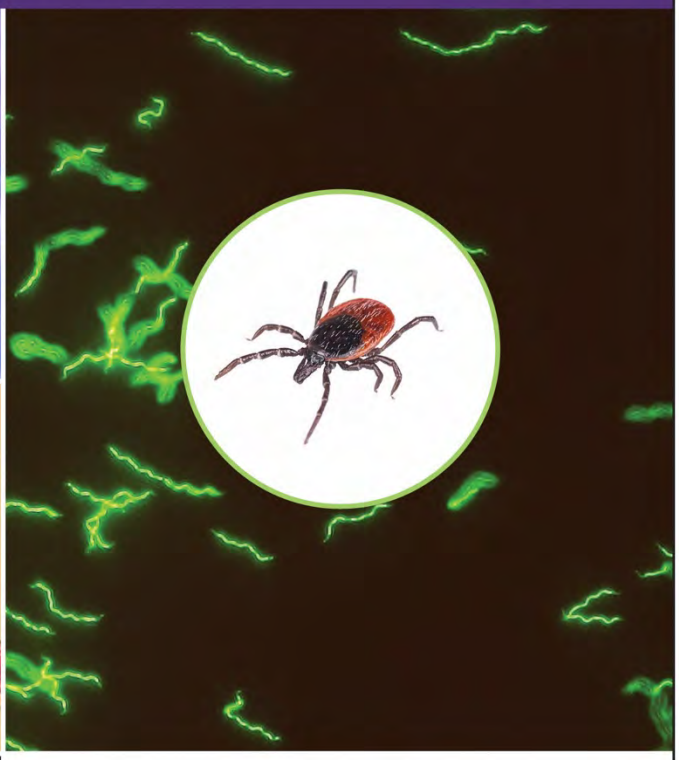
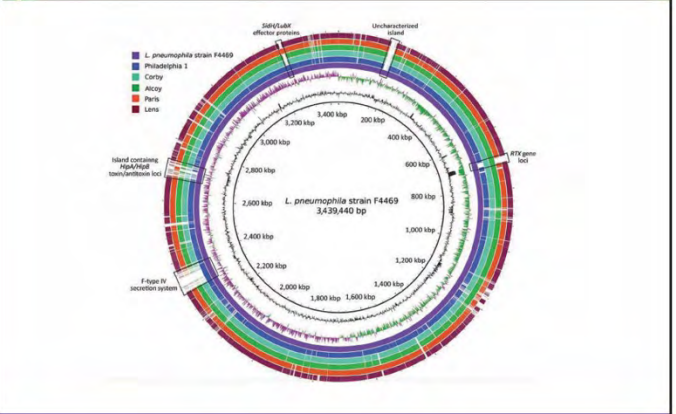
Laboratory Reporting of Communicable Diseases

2020 Edition









NEW YORK STATE | Department of Health | Wadsworth Center

New York State Department of Health

Laboratory Reporting and Specimen Submission Requirements for Communicable Diseases

2020

Dear Colleague in the Medical Laboratory Community,

We are pleased to present the updated guidelines for reporting communicable diseases and specimen submission for New York public health epidemiologists and laboratorians. These guidelines are designed to assist laboratories in determining what diseases need to be reported and which specimens to submit. **The requirements below are for patients residing in New York State (excluding NYC).** New York City requirements are in a companion document. Please note that the reporting jurisdiction is based on the patient's permanent residence regardless of the location of the healthcare facility, provider or laboratory.

Laboratory reporting of suspected or confirmed positive findings or markers of communicable diseases is mandated under the New York State (NYS) Public Health Laws 2102 and 576-C and NYC Health Code Articles 11 and 13.

If further information is needed, please contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439. For additional details on the submission of isolates or specimens to the NYSDOH Wadsworth Center, contact the Microbiology Laboratories or Biodefense Laboratory at 518-474-4177 or visit www.wadsworth.org. Outside routine business hours contact the NYSDOH Duty Officer at 866-881-2809.

We thank you for your commitment to public health in New York!

Cover photos: Clockwise from top left: Modified acid fast stained oocysts of *Cyclospora*; deer tick *Ixodes scapularis* overlayed on fluorescent stained cells of *Borrelia burgdorferi*; diagram of the genome of *Legionella pneumophila* strains; *Candida auris* on CHROMagar with an inset of lactophenol cotton blue stained cells; Ziehl-Neelsen stained cells of *Mycobacterium tuberculosis* showing classical roping morphology.

Directory

New York State (Outside New York City):
New York State Department of Health (NYSDOH)

Division of Epidemiology, Center for Community Health

Bureau of Communicable Disease Control	(518) 473-4439
Bureau of Healthcare-Associated Infections	(518) 474-1142
Bureau of Tuberculosis Control	(518) 474-4845
Bureau of Immunization	(518) 473-4437

Division of Epidemiology, Evaluation and Partner Services, AIDS Institute

Bureau of HIV/AIDS Epidemiology	(518) 474-4284
Bureau of Sexual Health and Epidemiology	(518) 474-3598

Electronic Clinical Laboratories Reporting System (ECLRS)

ECLRS (eclrs@health.ny.gov)	(866) 325-7743

Wadsworth Center (518) 474-4177
- Microbiology Laboratories
- Biodefense Laboratory

Laboratory Reporting of HIV Results (518) 474-4284

NYSDOH Duty Officer (after hours) (866) 881-2809

New York City:
New York City Department of Health and Mental Hygiene (NYC DOHMH)

Provider Access Line (866) 692-3641 (NYC-DOH1)
- Bureau of Communicable Disease
- Bureau of HIV/AIDS Prevention and Control
- Bureau of Immunization
- Bureau of Sexually Transmitted Infections
- Bureau of Tuberculosis Control

Public Health Laboratory

Virology Laboratory	(212) 447-2864
Microbiology Laboratory	(212) 447-6783
Biothreat Response Laboratory	(212) 671-5834

Electronic Clinical Laboratories Reporting System (ECLRS) nyceclrs@health.nyc.gov

Laboratory Reporting of HIV Results (518) 474-4284

Poison Control (for reporting poisonings) (212) 764-7667 (POISONS)

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NYS - Frequently Asked Questions

A. Are laboratories and blood banks required to report communicable diseases?
Yes, NYS Public Health Law 2102 requires laboratories and blood banks to report to public health authorities positive and, in select cases, negative findings or markers of the specific communicable diseases indicated below for all NYS residents. Specimen source, test and result must be indicated. Specimens obtained from cord blood must have "cord blood" listed as the specimen source.

B. To whom should reports of positive findings or markers of disease be submitted?
Under NYS Public Health Law Section 576-c all reports for residents of NYS should be made via the Electronic Clinical Laboratory Reporting System (ECLRS), which will direct the reports to the appropriate jurisdiction (see section D).

C. What information should be provided to public health authorities (ECLRS) for residents of NYS?

1) **Patient Information** - Patient/donor name, date of birth, address, telephone number, and if known: gender; race/ethnicity, email address, mobile phone number, medical record number, and known or probable pregnancy status (for individuals with reportable diseases for which pregnancy status is clinically relevant, including chlamydia, gonorrhea, HIV, hepatitis B and C, influenza, listeriosis, malaria, measles, rubella, invasive *Streptococcus* Group A, syphilis, tuberculosis and Zika virus);
2) **Specimen Information** - Accession number, source of specimen, date collected, date of specimen receipt by the testing laboratory;
3) **Test information** - Name of test performed, test results, including quantitative results if performed, and observation/result date, date of final report;
4) **Facility Information** - Requesting facility, including the health care facility or clinical laboratory that referred the specimen for testing, facility address and telephone number;
5) **Provider Information** - Requesting provider's name, address, telephone number, and if available: email address, fax number, mobile phone number, and National Provider Identification (NPI).
6) **Laboratory information** - Name and address of clinical laboratory that performed the test.

D. When and how should reports be submitted?
All required reports should be submitted within 24 hours of the time and date when test results are first available. **However, positive results for those diseases indicated by ☎ on the list must also be reported to the local health authorities immediately by phone so that control measures can be implemented promptly.**

For NYS residents, under Public Health Law Section 576-c, whenever a clinical laboratory or blood bank is required to report evidence of a disease or health condition to the State Health Commissioner or a local health officer, the laboratory must send such reports electronically to the NYSDOH via ECLRS. ECLRS replaces former reporting methods (mail and fax) for reportable diseases diagnosed by laboratory tests. ECLRS sends reports to the appropriate local jurisdiction as required under NYS Public Health Law, thereby meeting the laboratory's responsibility for reporting directly to local jurisdictions. ECLRS provides a secure system for reporting communicable diseases, heavy metal and other poisonings, cancer, congenital malformation testing, and HIV/AIDS.

Questions regarding ECLRS may be directed to the NYSDOH at 866-325-7743 or eclrs@health.ny.gov

E. Are providers required to report communicable diseases and poisonings too?
Yes, in addition to the reporting required by laboratories, physicians are required to report suspect or confirmed cases of communicable diseases to the local health department of the patient's/donor's residence. The clinical information contained in their reports such as symptoms, risk exposure history, treatment, occupation, illness in family members, hospitalization, and other epidemiological factors supplements the data provided by diagnostic laboratories. Providers do not need to report all the diseases laboratories are required to report.

F. Do isolates or specimens have to be submitted for confirmation?

Yes, under NYS Public Health Law Section 576-c(4), laboratories are required to submit isolates or specimens as determined by the NYS Commissioner of Health. The last column of the table indicates which isolates or specimens must be submitted to the Wadsworth Center. Preliminary laboratory results indicating the potential presence of a reportable condition should be reported immediately in ECLRS without awaiting confirmation results. Blood banks do not need to submit specimens for confirmation unless specifically requested.

When culture-independent (molecular) detection (CIDT) methods are used to diagnose/screen for enteric bacterial infections, reflex to culture of CIDT reactive/positive specimens is required for public health purposes. All reflex culture results (both positive and negative) must be reported to ECLRS. The laboratory that performed the CIDT test must also report the results of the subsequent culture test to the NYSDOH via ECLRS, regardless of the result (positive or negative). Isolates should be submitted to the NYS Wadsworth Center Public Health Laboratories. See the Table below for guidance on which enteric bacterial isolates need to be submitted to NYSDOH.

G. Is additional testing available?

Yes, the Wadsworth Center in Albany is available to assist clinical laboratories in the identification or further characterization of isolates or specimens indicating the presence of a reportable disease or condition, and also to confirm the presence of serologic markers of such diseases and conditions. To arrange such testing, the laboratories should be contacted at the telephone numbers listed in the introductory section of this document.

H. Is reporting required for donor testing?

Yes, blood banks must report positive results for any reportable condition via ECLRS (see section D) to the local health department of the donor's residence, except for positive HIV test results which are reportable directly to the NYSDOH. Blood banks do not need to report negative hepatitis B virus, hepatitis C virus, and HIV nucleic acid test results. Blood banks do not need to submit specimens for confirmation unless specifically requested.

HIV-related donor testing

Blood banks and tissue banks must report positive HIV test results directly to the NYSDOH, by submitting electronically via ECLRS, (as soon as possible but no later than 7 days after the test result). Blood and tissue banks do not need to report negative HIV nucleic acid test results. Reportable results in a donor include:

(1) HIV nucleic acid (RNA or DNA) detection tests (qualitative and quantitative)
(2) Reactive/repeatedly reactive HIV screening immunoassay (HIV-1/HIV-2 EIA or CIA; Anti-HIV-2 EIA)
(3) Supplemental Assay (HIV-1 or HIV-2 Western Blot; HIV-1 IFA)

I. Are HIV-related test results reportable?

Yes, the following test results are reportable by Clinical Laboratories and Physician Office Laboratories:

(1) <u>All</u> reactive/repeatedly reactive initial HIV immunoassay results AND <u>all</u> results (e.g. positive, negative, indeterminate) from <u>all</u> supplemental HIV immunoassays (HIV-1/2 antibody differentiation assay, HIV-1 Western blot, HIV-2 Western blot or HIV-1 Immunofluorescent assay);
(2) <u>All</u> HIV nucleic acid (RNA or DNA) detection tests (qualitative and quantitative), including tests on individual specimens for confirmation of nucleic acid test screening results;
(3) <u>All</u> CD4 lymphocyte counts and percentages, unless known to be ordered for a condition other than HIV;
(4) HIV subtype and antiviral resistance. This reporting requirement should be met with the electronic submission of the HIV nucleotide sequence (e.g. protease, reverse transcriptase and integrase sequence) determined through genotypic resistance testing; and,
(5) <u>Positive</u> HIV detection tests (culture, P24 antigen).

All HIV-related laboratory reporting should be made directly to the NYSDOH, by submitting electronically via ECLRS. Results from HIV tests performed on NYS residents or ordered by NYS providers (regardless of the patient's residence) are reportable to NYS.

Clinical Laboratories and Physician Office Laboratories are required to report HIV-related results with patient identifying, demographic, and locating information, as well as the original ordering medical provider's full name, address and National Provider Identifier (NPI). For reference laboratories, the original ordering medical provider's full name, address and NPI must be included. Referring laboratory name and address with NPI should be reported as well. For a complete list of this information and instructions on how to report required data elements, please call 518-474-4284 or email BHAELab@health.ny.gov.

Diagnosis of acute HIV infection, including primary HIV infection, acute retroviral syndrome, and/or early HIV infection, is reportable within one day (24 hours) of diagnosis. Acute infection is the earliest stage of HIV disease and precedes the development of detectable antibodies to HIV resulting from the viral infection and can be diagnosed based on laboratory testing results demonstrating the presence of HIV virus (p24 antigen and HIV nucleic acid RNA or DNA) in the absence of HIV antibodies. Physicians and others authorized to order diagnostic tests or make medical diagnoses should

report HIV diagnoses and AIDS diagnoses (using NYSDOH Form 4189) as soon as possible but no longer than 7 days from receipt of a positive laboratory result or after diagnosis, whichever is sooner. Clinician reporting of HIV infection can be completed electronically using the **HIV/AIDS Provider Portal** on the NYSDOH Health Commerce System at https://commerce.health.ny.gov. For questions regarding laboratory or physician reporting of HIV or accessing the **HIV/AIDS Provider Portal**, please call 518-474-4284 or email ePRFhelp@health.ny.gov.

J. How do laboratories submit specimens related to Select Agents?[①]

When a Select Agent cannot be ruled out, all work on the specimen must be stopped immediately. The specimen and all derivatives (culture plates, tubes, Gram stains, and specimen aliquots) must be secured within an incubator or refrigerator in a leak proof container (i.e., biosafety carrier). Note that clinical laboratories should not attempt to isolate viruses that are Select Agents.

For NYS residents, immediately contact the NYS Wadsworth Center Biodefense Laboratory 518-474-4177 for detailed guidance on how to proceed with specimen packaging and shipping for further testing at Wadsworth Center. If a specimen is confirmed as a Select Agent by the Wadsworth Center, additional guidance will be provided regarding specimen disposition and destruction, evaluation of laboratory exposures, and CDC reporting requirements. A current list of Select Agents and toxins can be accessed at http://www.selectagents.gov.

K. If multiple laboratories perform testing on a specimen, which testing laboratories should report results to ECLRS?
If multiple laboratories perform testing on a specimen, then each laboratory is required to report only their own test result(s) to ECLRS. If a specimen is sent to another laboratory for testing, the originating send-out laboratory must include all required information (see Sections C and I above) on the requisition to ensure each testing laboratory's reporting will be complete. For syphilis referral testing, please see footnote 9 at the end of this document.

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☎Suspected or confirmed organisms/diseases must be reported immediately by phone to the local health department in which the patient resides.

Specimens REQUIRED to be submitted for confirmation are listed in the table. Additional tests on non-required submissions are also available at public health laboratories. Details on required forms and on how to submit isolates or specimens, please visit www.wadsworth.org/programs/id or contact:

Wadsworth Center's Microbiology Laboratories or Biodefense Laboratory at 518-474-4177.
Outside routine business hours contact the NYSDOH Duty Officer at 866-881-2809.

Electronic submission of specimen information to the Wadsworth Center is preferred. Details can be found at https://www.wadsworth.org/programs/id under 'Electronic Test Request/Reporting'. Labs that do not have electronic access may print the paper requisition from the link found on that site.

Proper packaging and shipping of infectious substances and diagnostic specimens are defined in the International Air Transport Association (IATA), Department of Transportation (DOT), and United States Postal Service (USPS) regulations. The shipper's responsibility is to properly classify, identify, package, mark, label, and document shipments for transport by air or surface. Consult the following web sites for compliance with packaging and shipping regulations:

http://www.iata.org
https://bookstore.gpo.gov/agency/department-transportation-dot
http://www.who.org
http://www.cdc.gov

Agent	Reportable Disease	What to report to the Local Health Department	Submit specimens to NYS Wadsworth Center
Anaplasma phagocytophilum	Anaplasmosis	Positive by any method	No
Arboviruses: California serogroup virus (LaCrosse, Jamestown Canyon, etc.), Chikungunya virus, Deer Tick virus, Dengue virus, Venezuelan, Western equine or ☎ **Eastern encephalitis virus**, Japanese encephalitis virus, ☎ **Powassan virus**, Rift Valley fever virus, St. Louis encephalitis virus, ☎ **West Nile virus**, Yellow Fever virus, Zika virus. ***Note: telephone those in red/bold only***	**Arboviral infection (acute), viral encephalitis/ meningitis**	Positive by culture, nucleic acid test or IgM antibody	**Yes** - Submit positive serum serology specimens, IgM positive CSF specimens, and culture or nucleic acid test positive specimens①
☎ **Arenaviruses (Lassa, Junin)**	**Viral hemorrhagic fever**	Positive by any method	**Yes** - Submit primary specimens only. Do not attempt to culture①
Babesia species	Babesiosis	Positive blood smear, nucleic acid test, immunoblot, or *Babesia*-specific antibody titer ≥ 256 with an indirect fluorescent antibody (IFA) test for IgG or total antibody	**Yes** - Positive blood smear or nucleic acid test positive specimens
☎ ***Bacillus anthracis***	**Anthrax**	Positive by any method	**Yes**①
Bordetella pertussis	Pertussis	Positive by any method	No
Borrelia burgdorferi	Lyme disease	Report a positive or equivocal ELISA/IFA/EIA only when the second step assay (immunoblot/WB) is positive, equivocal, inconclusive, or if a second step assay is not performed; if alternative two-tiered ELISA testing is done, report the results from both tests.	No
☎ ***Brucella* species**	**Brucellosis**	Positive by any method	**Yes**①
☎ ***Burkholderia mallei***	**Glanders**	Positive by any method	**Yes**①
☎ ***Burkholderia pseudomallei***	**Melioidosis**	Positive by any method	**Yes**①
Campylobacter species	Campylobacterio-sis	Positive by any method	No②

Candida auris	*Candida auris* infection or colonization	Positive by any method	**Yes**
Chikungunya - See Arboviruses	Chikungunya	*See Arboviruses*	*See Arboviruses*
Chlamydia psittaci	Psittacosis	Positive by any method	No
Chlamydia trachomatis	*C. trachomatis*, including lymphogranuloma venereum	Positive by any method	No
☎ ***Clostridium botulinum***	**Botulism**	Positive by any method	**Yes**①
Clostridium tetani	Tetanus	Positive culture	No
☎ ***Corynebacterium diphtheriae***	**Diphtheria**	Positive culture	**Yes**
☎ ***Coxiella burnetii***	**Q fever**	Positive by any method, including serology when IgG antibody titer is ≥ 64	**Yes** – Nucleic acid test positive specimens only
Creutzfeldt-Jakob agent	Creutzfeldt-Jakob disease	Positive by any method③	No
Cryptosporidium species	Cryptosporidiosis	Positive by any method	**Yes** - Submit original slide and stool specimens. Stool specimens should be unfixed or be in PCR-compatible fixative.
Cyclospora cayetanensis	Cyclosporiasis	Positive by any method	**Yes** - Submit original slide and stool specimens. Stool specimens should be unfixed or be in PCR-compatible fixative.
Dengue - See Arboviruses	Dengue fever, Dengue hemorrhagic fever	*See Arboviruses*	*See Arboviruses*
Ehrlichia species	Ehrlichiosis	Positive by any method	No
Entamoeba histolytica/dispar	Amebiasis	Positive cyst, trophozoite, or antigen noted by any method	**Yes** - Submit original slide and stool specimens. Stool specimens should be unfixed or be in PCR-compatible fixative.
Enterobacteriaceae, carbapenem-resistant (CRE)	Carbapenem-resistant *Entero-bacteriaceae* infection or colonization	*Enterobacter* spp., *Klebsiella spp., and Escherichia coli* that are resistant to imipenem, meropenem, doripenem (MIC of ≥ 4 µg/ml), or ertapenem (MIC of ≥ 2 µg/ml) by standard susceptibility testing methods. Include positive and negative carbapenemase testing results (phenotypic and/or molecular), if available.	**Yes** - Only submit *Enterobacteriaceae* isolates that are positive for carbapenemase testing (*e.g.* mCIM, Carba NP) and/or positive for a non- bla_{KPC} carbapenemase resistance gene (*e.g.* bla_{NDM}, bla_{IMP}, $bla_{VIM,}$ bla_{OXA48})

Escherichia coli, Shiga toxin-producing	Shiga toxin-producing *E. coli* (STEC) disease	Positive culture or positive shiga toxin	**Yes** - Submit shiga toxin-positive broth and stools; or isolates
Escherichia coli O157	*E. coli* O157 disease	Positive by any method	**Yes** - Submit isolates only④
☎ **Filoviruses:** ➢ ☎ **Marburg**	**Viral hemorrhagic fever**	Positive by any method	**Yes** - Submit primary specimens only. Do not attempt to culture①
➢ ☎ **Ebola**	**Viral hemorrhagic fever**	Positive by any method	**Yes** - Submit primary specimens only. Do not attempt to culture①
☎ ***Francisella tularensis***	**Tularemia**	Positive by any method	**Yes**①
Giardia duodenalis (formerly *G. lamblia, G. intestinalis*)	Giardiasis	Positive by any method	No
Haemophilus ducreyi	Chancroid	Positive by any method	No
Haemophilus influenzae	Invasive *Haemophilus influenzae* disease	Positive culture or nucleic acid test from any sterile site; CSF positive antigen test	**Yes** - Submit isolates only
☎ **Hantavirus**	**Hantavirus pulmonary syndrome**	Positive IgM or rising IgG titer, positive RNA by nucleic acid test, or positive immunohistochemistry	**Yes**- Submit primary specimens only. Do not attempt to culture.
Hepatitis A virus	Hepatitis A	Positive IgM anti-HAV Along with positive reportable hepatitis results, include results for all other viral hepatitis markers (positive or negative), ALT and bilirubin results	**Yes** - Positive IgM anti-HAV only
Hepatitis B virus	Hepatitis B	Positive IgM anti-HBc, HBsAg, HBeAg, or HBV nucleic acid test (including genotype) Along with any positive reportable hepatitis B results, include all other viral hepatitis markers (positive or negative), ALT and bilirubin results	No

Hepatitis C virus	Hepatitis C	Anti-HCV screening test positive and all positive and negative nucleic acid test results, including genotype⑤ Along with positive reportable hepatitis results, include all other viral hepatitis markers (positive or negative), ALT and bilirubin results If the anti-HCV test is positive, a confirmatory HCV RNA test must be performed on a specimen collected at the same time as the initial specimen. The HCV RNA test must be initiated within 72 hours of the positive anti-HCV result.	No
Herpes simplex virus	Neonatal herpes simplex infection, infants ≤60 days	Positive by any method	**Yes** - Submit primary specimens (and cultured isolates, if available)
Human immunodeficiency virus (HIV) ☎ **Acute HIV infection**	**Acute HIV infection**, HIV infection, HIV-related illness, and Stage 3 (AIDS)	**HIV-related laboratory test results are reported to the NYSDOH, <u>not</u> the local health department.** Results must include the patient name and address as well as original ordering medical provider information**.** See Sections H and I for a listing of reportable results.	No
Influenza virus	Influenza disease, laboratory confirmed	Positive by any method, excluding serology	No
☎ **Influenza - suspected novel subtype**	**Suspect novel subtype Influenza virus**	Positive by any method	**Yes** - Submit swab in viral transport media⑥. Do not attempt to culture.
☎ **Lassa fever virus – See Arenaviruses**	**Viral hemorrhagic fever**	*See Arenaviruses*	*See Arenaviruses*
Legionella species	Legionellosis	Positive culture, nucleic acid test, DFA or urine antigen or acute/ convalescent serology showing a rising titer to *L. pneumophila*	**Yes** - Submit isolates only
Listeria monocytogenes	Listeriosis	Positive by any method	**Yes** - Submit isolates only④
☎ **Measles virus (Rubeola)**	**Measles**	Positive by viral culture, nucleic acid test, single serum with IgM antibody or paired sera with rising IgG antibody	**Yes** - Submit primary specimens (and isolates, if available), and IgM positive serum only
☎ **MERS Coronavirus**	**MERS**	Positive by any method	**Yes** - Submit primary specimens only. Do not attempt to culture.

☎ **Monkeypox virus**	**Monkeypox**	Positive by any method	**Yes** - Submit primary specimens only.[1] Do not attempt to culture.
☎ **Mumps virus**	**Mumps**	Positive by viral culture, nucleic acid test, single serum with IgM antibody or paired sera with rising IgG antibody	**Yes** - Submit primary specimens (and isolates, if available). Submit IgM positive serum.
☎ ***Mycobacterium tuberculosis, M. bovis*, *M. bovis* BCG, and other members of the *M. tuberculosis* complex**	**Tuberculosis**	Positive acid-fast bacilli smear (including any subsequent nucleic acid test or culture result for that specimen); Nucleic acid test or culture positive for *M. tuberculosis, M. bovis* and other members of the *M. tuberculosis* complex from any site; Any susceptibility test results from a *M. tuberculosis* complex positive culture; Biopsy, pathology, or autopsy findings consistent with active TB; All subsequent TB test results, including negative or inconclusive results, on samples collected within one year from patients with a prior positive acid-fast bacilli smear or test for *M. tuberculosis* complex. All test results positive, negative and indeterminate for tuberculosis (TB) infection from a blood-based test for all ages.	**Yes** - Submit all initial isolates of *M. tuberculosis* complex. Save all other isolates for 1 year.
Neisseria gonorrhoeae	Gonorrhea	Positive by any method If performed, antibiotic susceptibility test results should be reported, regardless of susceptibility pattern	**Yes** - Submit isolates only if decreased susceptibility to cephalosporins or azithromycin is identified[7]
☎ ***Neisseria meningitidis***	**Meningococcal disease, invasive**	Positive culture from any sterile site, positive CSF antigen test, positive nucleic acid test, or Gram stain showing Gram-negative diplococci in CSF or blood	**Yes** - Submit isolates only
Plasmodium species	Malaria	Positive by any method	**Yes** - Submit blood smear and whole blood
☎ **Polio virus**	**Poliomyelitis**	Positive nucleic acid test	**Yes** - Submit primary specimens only. Do not attempt to culture.

☎ **Rabies virus**	**Rabies**	Only the Wadsworth Center is approved for testing human rabies cases	**Yes**
Rickettsia rickettsii	Rocky Mountain Spotted Fever	Positive by any method	No
Rotavirus	Rotavirus	Positive by any method	No
☎ **Rubella virus**	**Rubella (German measles)**	Positive culture, nucleic acid test, single serum with IgM antibody, or paired sera with rising IgG antibody	**Yes** - Submit primary specimens (and isolates if available), and IgM positive serum only
Salmonella species	Salmonellosis	Positive by any method	**Yes** - Submit isolates only④
☎ ***Salmonella* Typhi**	**Typhoid fever**	Positive by any method	**Yes** - Submit isolates only④
☎ **SARS coronavirus** Severe acute respiratory syndrome coronavirus 1 or 2 (SARS-CoV-1 or SARS-CoV-2)	**COVID-19 or Coronavirus disease**	Positive by any method	**Yes**- Submit primary specimens only for SARS-CoV-1. Do not submit specimens for SARS-CoV-2 (COVID-19). Do **not** attempt to culture either SARS-CoV-1① or SARS-CoV-2**.**
Shigella species	Shigellosis	Positive by any method	No②
☎ ***Staphylococcus aureus*, intermediate or resistant to glycopeptides**	**Glycopeptide (e.g., teicoplanin, vancomycin) intermediate or resistant *S. aureus* (GISA/ GRSA) infection**	Isolate showing reduced susceptibility or resistance to glycopeptides (e.g., vancomycin, teicoplanin)	**Yes**
☎ **Staphylococcal enterotoxin B**	**Staphylococcal enterotoxin B poisoning**	Positive for toxin in blood or urine by any method	**Yes**
Streptococcus agalactiae (Group B Strep)	Group B streptococcal disease, invasive	Positive culture from any sterile site	No②
Streptococcus pneumoniae	*Streptococcus pneumoniae* disease, invasive	Positive culture or nucleic acid test from any sterile site Penicillin MIC value or oxacillin inhibition zone diameter result must be included, if available	**Yes** - Submit invasive isolates from patients <5 years of age only For patients ≥5 years of age, submit isolates from EIP counties only②
Streptococcus pyogenes (Group A Beta Hemolytic Strep)	Group A streptococcal disease, invasive	Positive culture from any sterile site, or any surgically-obtained site, or any site from a patient with necrotizing fasciitis or toxic shock syndrome	No②

☎ ***Treponema pallidum***	**Syphilis**	Report any treponemal or non-treponemal results, whether qualitative or quantitative, which are positive or reactive by any method. In addition, any negative or non-reactive results, or any quantitative results on syphilis tests associated with the positive or reactive results must also be reported.⑧	No
Trichinella species	Trichinosis	Positive biopsy or serology	No
☎ **Vaccinia virus**	**Vaccinia infection**	Positive by any method	**Yes** - Submit primary specimens only. Do not attempt to culture.
Varicella zoster virus	Chickenpox, zoster	Positive IgM, viral culture, DFA or nucleic acid test	**Yes** - Submit primary specimens (and isolate if available).
☎ **Variola virus**	**Smallpox**	Positive by any method	**Yes**① - Submit primary specimens only. Do not attempt to culture
☎ ***Vibrio cholerae***	**Cholera**	Positive by any method	**Yes** - Submit isolates only④
Vibrio species	Vibriosis	Positive by any method	**Yes** - Submit isolates only④
☎ ***West Nile virus*** - *See Arboviruses*	**West Nile neuroinvasive disease, West Nile fever**	*See Arboviruses*	*See Arboviruses*
Yersinia species	Yersiniosis	Positive by any method	**Yes** - Submit isolate only④
☎ ***Yersinia pestis***	**Plague**	Positive by any method	**Yes**①
Zika - See Arboviruses	Zika Infection	*See Arboviruses*	*See Arboviruses*

Footnotes

① For NYS residents, if a Select Agent cannot be ruled out from a clinical specimen, please contact the Wadsworth Center Biodefense Laboratory at 518-402-4455 to arrange for the specimen and/or isolate to be sent for testing. Refer to http://www.selectagents.gov to determine which infectious agents are considered to be select agents.

② The Emerging Infections Program (EIP) laboratories should submit isolates from residents of the following counties: Albany, Columbia, Genesee, Greene, Livingston, Monroe, Montgomery, Ontario, Orleans, Rensselaer, Saratoga, Schenectady, Schoharie, Wayne, and Yates. For Group B *Streptococcus*, only isolates from early and late neonatal onset cases (less than 90 days of age) should be submitted to the Wadsworth Center Laboratories.

③ Creutzfeldt-Jakob disease (and suspicion of) should be reported directly to the NYSDOH Alzheimer Disease and Other Dementias Registry at 518-473-7817.

④ When culture-independent detection (CIDT) methods are used (i.e. molecular methods) to diagnose/screen for enteric bacterial infections, reflex to culture on CIDT positive specimens is required for public health purposes. Isolates should be submitted to the NYS Wadsworth Center as indicated in the Table. The laboratory that performed the CIDT test must also report the results of the subsequent culture test to the NYSDOH via ECLRS, regardless of the result (positive or negative).

⑤ Negative hepatitis C virus RNA results are reportable. Blood banks are exempt from reporting negative hepatitis C virus RNA results (see Section H).

⑥ Suspect novel Influenza virus: For specimens from patients meeting CDC case criteria for suspected novel influenza, contact the NYS Wadsworth Center. Whenever possible, patient histories should be immediately reviewed for specimens testing positive for influenza A but failing to test positive for any seasonal circulating human subtypes. If there is any recent history of travel to a geographic location of concern regarding novel influenza activity or relevant animal contact such as poultry or swine, specimens should be forwarded immediately to the Wadsworth Center.

⑦ *Neisseria gonorrhoeae* isolates with any one of the following minimum inhibitory concentrations (MIC) values should be submitted for confirmation: a) ceftriaxone MIC greater than or equal to 0.125 ug/ml, b) cefixime MIC greater than or equal to 0.250 ug/ml, or c) azithromycin MIC greater than or equal to 2 ug/ml.

⑧ Report all reactive syphilis results via ECLRS within 24 hours. Report negative or non-reactive results for any testing associated with positive/reactive results. All reported reactive non-treponemal results must include a titer value using standard notation (e.g., end-point reactivity at a serum dilution of 1:8 is reported as a titer of 8). All reactive non-treponemal screens should be confirmed with a standard treponemal test unless the patient had a known documented prior syphilis infection. Reports of reactive non-treponemal screens must also include either current treponemal test results (positive or negative) or prior confirmation information.

The following reporting requirements are provided:

a) All positive results must be reported to ECLRS within 24 hours with the exception of positive treponemal enzyme or chemiluminescence immunoassay (EIA/CIA) results, which must be reported to ECLRS together with the reflex RPR result (reactive or non-reactive) within 24 hours of RPR result availability. Reactive non-treponemal results must include a titer value using standard notation.
b) All reactive non-treponemal tests should be confirmed with a standard treponemal test if there is no preceding positive EIA/CIA result. Reports of reactive non-treponemal results must also include the treponemal test result (reactive or non-reactive).
c) For those laboratories that perform an alternate confirmatory treponemal test (i.e. TP-PA) on sera with discordant results from the reverse sequence syphilis screening protocol, i.e., positive EIA/CIA, negative RPR/VDRL, report the results of confirmatory treponemal testing (reactive or non-reactive) together with EIA/CIA and non-treponemal test results.
d) If a laboratory performs syphilis testing on a specimen and then refers the specimen to a second laboratory for further syphilis testing, and the specimen is positive/reactive or indeterminate by any syphilis test at either laboratory, the referring laboratory is required to report all positive, negative and indeterminate test results for the specimen, whether those tests were performed by the referring or the second laboratory. This does not change the requirement for individual laboratories to report any positive/reactive or indeterminate syphilis test results along with any associated negative or non-reactive test results for syphilis obtained by an individual laboratory.
e) Labs must also report the following results immediately by telephone to LHD: non-treponemal test titer of 1:16 and higher, and reactive prenatal or perinatal test results.