Laboratory Reporting Rule Changes

Lab reporting rules in Oregon changed in March 2002. Previous rules spelled out which specific test results were reportable, requiring a rule change every time new lab tests of interest came into use. The new rules use more generic language to try and capture all tests that are "indicative of and specific for" the listed organisms (or conditions), so as new tests are licensed and come into use, they are automatically covered. We feel that this is a more common sense approach to achieving our public health purpose, which is to quickly hear about cases of these diseases identified in Oregon, so proper follow-up can be initiated. There are a few diseases that we can anticipate some question on, and we've tried to answer them with these FAQ's. We will amend these annotations as we get more feedback from you, so please feel free to call 503-731-4024 if you have any questions.

Most diseases on the list should be pretty self-explanatory, and for most there is no practical difference from the old list. Positive cultures for enteric pathogens such as *Salmonella* and *Shigella* are still reportable as are positive HbsAg or core antibody IgM for hepatitis B. What's new is that we want to include some of the more recently adopted antigen tests (e.g., for *Giardia* and *Cryptosporidium*, and for Shiga toxin in enteric bacteria) and PCR assays for specific pathogens (e.g., *Bordetella pertussis*).

Frequently asked questions regarding the new Laboratory reporting rules

Q. The list of reportable organisms and conditions looks longer that it used to be. What's new in 2002?
A. A number of rare pathogens have been added. They are as follows: *Bacillus anthracis, Bordatella pertussis, Borrelia, Brucella, Clostridium botulinum* and *tetani, Coxiella, Ehrlichia*, shiga-toxigenic *E.coli*, *Francisella, Legionella, Leptospira, Rickettsia*, all species of *Vibrio, Cyclospora cayetaninsis, Taenia, Trichinella*, hantavirus, yellow fever, vector-borne diseases, all lead levels and any uncommon illness of potential public health significance.

Q. Did anything get dropped?
A. Yes, *Entamoeba histolytica* was dropped.

Q. The new rules say "any typically vector-borne infection," but only a few are specifically listed. What are some of the most common vector-borne diseases that labs would need to report?
A. The following is a list of some of the most common vector-borne diseases not already listed on the reporting poster: western equine encephalitis (WEE), eastern equine encephalitis (EEE), St. Louis encephalitis (SLE), La Crosse encephalitis (LAC), Powassan encephalitis (POW), Venezuelan equine encephalitis (VEE), Japanese encephalitis (JE), Tick- borne encephalitis (TBE), West Nile encephalitis (WNV), Kunjin and Murray Valley encephalitis, and dengue fever. There are many others and you may need to consult a reference book or check CDC's website for more information at: http://www.cdc.gov/ncidod/dvbid.

Q. Are positive screening tests for Lyme disease reportable?
A. It is not necessary to report screening serology since screening tests (e.g., EIAs) for Lyme disease are fairly non-specific. Please report confirmatory tests such as Western Blot and of course any positive biopsy cultures.

Q. Some of the syphilis tests aren't that specific; is it true that any titer RPR is reportable?
A. Any reactive RPR - regardless of dilution- is considered a reportable condition and should be reported either to the patient's local health department or to the STD section at Oregon Health Services. (The same holds true for any reactive VDRL on CSF). They will do the follow-up to see if there is a false positive or not. While positive FTA tests are obviously all reportable, it is also very helpful to hear about negative tests if they are done as part of follow-up to a reactive RPR. For more information about syphilis testing, contact the STD program: 503/731-4029.

Q. What happened to E.coli O157? What do you mean by Shiga-toxigenic E. coli?
A. *E. coli* O157 is still reportable. O157 is the most common of the *E. coli* serotypes to produce Shiga toxin but others cause illness and have been implicated in outbreaks. Specimens from positive Shiga-toxin screens should be submitted to the OSPHL for further work up.

Q. Are positive AFB smears from an initial culture set up reportable?
A. Yes, positive AFB smears should be reported to the county for appropriate investigation and follow up. True, smears are not specific tests; but it is very important to identify new TB cases.

Q. Is *Bordetella pertussis* reportable?
A. Yes. Because of clerical oversight, *B. pertussis* was never technically reportable by labs in the past. That has been corrected. Please report positive cultures and other specific tests, such as PCR.

Q. What about hepatitis C? I would have no idea if a patient has an acute infection!
A. Currently, there are no lab tests that reliably indicate acute infection (except for some kind of paired sera indicating seroconversion). Thus, in general, state law does not require reporting of hepatitis C lab results at this time. (Note, however, that Multnomah County does request reporting of all hepatitis C positive tests on their residents). Physicians are required to report infections that they believe to be new.

Q. What about hepatitis B?
A. No change from the status quo ante. All positive surface antigen tests (HbsAg) are reportable, as well as any IgM tests for core antibody (IgM ant-HBc). Although it is not necessary to report other tests in isolation (e.g., total or IgG+ tests for core or surface antigen), it is helpful to get these test results (as well as HbeAg, etc. tests) if they came in conjunction with one of the reportable conditions.

Q. I can't tell *Taenia solium* eggs from *T. saginata*. How can I report?
A. Don't worry, report all of them, as unspecified *Taenia* sp. and the health department will sort it out. The point of reporting is to try and identify others (e.g., household members) who may be infected and who could benefit from treatment.

Q. Which isolates need to be submitted to the Oregon State Public Health Lab?
A. *Neisseria meningitidis, Haemophilus influenza* and *Listeria* sp from sterile sites should be submitted. *Salmonella, Shigella, E.coli* O157, *Vibrio,* and *Yersinia* isolates from any source should be submitted for confirmation and/or serotyping.

Q. Are *Salmonella* IgG serologies reportable?
A. No. *Salmonella* serologies are not specific; i.e. don't indicate serotype or group and therefore are not necessary to report.

Q. Are all species of *Vibrio* now reportable by labs?
A. Yes. *Vibrio parahaemolyticus* (VP) is the most common *Vibrio* sp. isolated from Oregonians and has caused several outbreaks of illness over the years. When VP is reported and consumption of raw seafood is noted, the origin of the seafood is traced.

Q. What do you mean by "Unusual Diseases of Potential Public Health Significance"?
A. Lassa fever, Ebola or Marburg qualifies in this category, as would smallpox. As for the less virulent organisms, the OHS epidemiology office is always happy to hear about the unusual: coccidioidomycosis or histoplasmosis, for example.

Q. What if we don't know the patient's county of residence?
A. You may need to contact the physician office or medical records to obtain the information. The local health department, in the county where the patient resides, needs the information since they are responsible for the public health follow-up.