

## Laboratory Reporting Rule Guidelines and FAQs (Revised 11/27/07)

Laboratory reporting rules in Oregon changed significantly in March 2002 and there were a few added changes in July 2005, December 2006 and January 2007. 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 will generate questions, and we’ve tried to answer them with these frequently asked questions (FAQ’s) that can be used as guidelines. Please feel free to call 971-673-1111 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* as are positive HbsAg or core Antibody IgM . Additional tests have been added for required hepatitis B reporting. Also 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 laboratory reporting rules

#### **Q. The list of reportable organisms and conditions looks longer than it used to be. What’s new?**

A. A number of rare pathogens have been added. They are as follows: *Bacillus anthracis*, *Bordetella pertussis*, *Borrelia*, *Brucella*, *Clostridium botulinum* and *tetani*, *Coxiella*, *Ehrlichia*, shiga-toxigenic *E.coli*, *Francisella*, *Legionella*, *Leptospira*, *Rickettsia*, all species of *Vibrio*, Creutzfeldt-Jacob disease (CJD) and other transmissible spongiform encephalopathies, *Cyclospora cayetanensis*, *Taenia*, *Trichinella*, hantavirus, yellow fever, vector-borne diseases, all lead levels and any uncommon illness of potential public health significance. All Hepatitis C, CD4+ T-lymphocyte and HIV viral load tests are reportable.

#### **Q. Did anything get dropped?**

A. Yes, *Entamoeba histolytica* was dropped.

#### **Q. The 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: dengue fever, 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. 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. Always report the dilution with the positive results. For more information about syphilis testing, contact the STD program: 971-673-0153.

**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 must be submitted to the Oregon State Public Health Laboratory (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?**

A. Based on the July 15, 2005 rule change, all hepatitis C positive results are reportable.

**Q. What about hepatitis B?**

A. All positive surface antigen tests (HBsAg) and HbeAg are reportable, as well as any IgM tests for core antibody (IgM anti-HBc). Positive Hepatitis B virus DNA testing is reportable. Although it is not necessary to report other tests in isolation (e.g., total or IgG+ tests for core antibody or surface antibody tests done to screen for immunity), it is helpful to get these test results (as well as any other viral hepatitis serological tests) if they came in conjunction with one of the reportable laboratory markers (HbsAg or IgM anti-HBc).

**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 must be submitted. *Salmonella*, *Shigella*, *E.coli* O157, *Vibrio*, and *Yersinia* isolates from any source must be submitted for confirmation and/or serotyping. Serum that tests positive for IgM antibody to hepatitis A virus or IgM core antibody to hepatitis B virus must also be submitted.

**Q. When did the requirement start that serum testing positive for IgM antibody to hepatitis A virus or IgM core antibody to hepatitis B virus, be submitted to the OSPHL?**

A. For hepatitis A, the change took effect in July 15, 2005. For Hepatitis B it was December 18, 2006.

**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 and Severe Acute Respiratory Syndrome (SARS). As for the less virulent organisms, the Public Health Division 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.

**Q. What if a county health department asks me about patient results that are negative?**

A. Laboratories must now provide additional relevant information to public health authorities as they investigate or control reportable diseases or conditions. This could include negative test results.

**Q. Should the laboratory report preliminary or presumptive results to the Local Health Department or wait for the confirmatory or antibiotic susceptibility reports?**

A. Since most of the diseases and conditions in the reporting rules are of public health significance, the laboratory should notify the county as soon as they reasonably believe they have identified the organism or have a positive test. The laboratory should report to the county at the same time they submit an isolate to the OSPHL or a reference laboratory for confirmation.

**Q. We noticed that all CD4+ T lymphocyte counts and all HIV viral load tests are to be reported to the DHS HIV Program. When did that happen?**

A. January 16, 2007 the change was made under 333-018-005 “To Whom Reports Shall Be Made”. (5) states that licensed laboratories shall report directly to the DHS HIV Program (fax 971-673-0179 or through ELR) all tests indicative of HIV, **all** CD4 counts and **all** viral load tests regardless of the test value (undetectable, detectable, normal or abnormal). This information was inadvertently left out of 333-018-0015 (4)(c) which relates to “What Is to Be Reported and When”.

**Q. The poster states to report any HIV infection and AIDS. What does this mean to our laboratory? Also, I heard something about the consent form no longer being required for testing?**

A. A clinical test result indicative of and specific for HIV infection. Most commonly, these include confirmed (confirmed by Western Blot or IFA) antibody

testing, p24 antigen tests, positive viral loads and CD4 counts less than 200. As of January 16, 2007, the laboratory no longer is required to have a signed consent form attesting to the fact that the patient had provided informed consent for testing. Frequently asked question about the HIV test reporting in Oregon can be found at <http://oregon.gov/DHS/ph/hst/docs/FAQsaboutreporting020107.pdf>.