

West Virginia Reportable Infectious Diseases Laboratories (W. Va. Code 16-3-1; 64CSR7)



Reporting of the following communicable diseases is required by law as follows:

Category I Report suspect or confirmed cases immediately to the Local Health Department	Category II Report within 24 hours to the Local Health Department	Category III Report within 72 hours to the Local Health Department	Category IV Report within 1 week to the Local Health Department	Category V Report within 1 week to the State Health Department
<ul style="list-style-type: none"> • <i>Bacillus anthracis</i>^a • Bioterrorist event^c • <i>Clostridium botulinum</i>^c • Foodborne outbreak^c • <i>Francisella tularensis</i>^{a,b} • Intentional exposure to an infectious agent^c • Middle East respiratory syndrome coronavirus (MERS-CoV)^c • Novel influenza infection, animal or human^a • Orthopox infection^c • Outbreak or cluster^c • Rubella^b • Rubeola (measles)^b • SARS coronavirus infection^c • Smallpox^c • Viral hemorrhagic fever^b • Waterborne outbreak^c • <i>Yersinia pestis</i>^a • Any laboratory evidence of current infection listed in Category I 	<ul style="list-style-type: none"> • <i>Bordetella pertussis</i> • <i>Brucella</i> species^{a,b} • <i>Corynebacterium diphtheriae</i>^a • <i>Coxiella burnetii</i> • Dengue Fever^b • <i>Haemophilus influenzae</i> from a normally sterile site^{1,a} • Hepatitis A, positive IgM² • Hepatitis B, positive anti-HBc IgM or HBsAg² • Hepatitis D² • Mumps, evidence of acute infection from any site^{a,b} • <i>Mycobacterium tuberculosis</i> from any site^{1,a} • <i>Neisseria meningitidis</i> from a normally sterile site^a • Poliomyelitis^c • Rabies, animal or human^c • <i>Salmonella typhi</i> from any site^a • Shiga toxin-producing <i>Escherichia coli</i> (STEC)^a • <i>Staphylococcus aureus</i>, glycopeptide intermediate (GISA/VISA) or glycopeptide resistant (GRSA/VRSA)^{1,a} • <i>Vibrio cholerae</i>^{a,b} • Yellow Fever^{b,c} • Zika virus disease, laboratory evidence • Any laboratory evidence of current infection listed in Category II 	<ul style="list-style-type: none"> • <i>Campylobacter</i> species • <i>Cryptosporidium</i> species • <i>Cyclospora</i> species • <i>Giardia lamblia</i> • <i>Listeria monocytogenes</i>^a • <i>Salmonella</i> species (except <i>Salmonella typhi</i>)^{1,a} • <i>Shigella</i> species^{1,a} • <i>Trichinella</i> species • Non-cholera <i>Vibrio</i> species^a • SARS CoV-2 (Covid-19)^d • Any laboratory evidence of current infection listed in Category III 	<ul style="list-style-type: none"> • <i>Anaplasma phagocytophilum</i> • Arboviral infection^b <ul style="list-style-type: none"> ▪ LaCrosse encephalitis ▪ West Nile virus ▪ Eastern equine encephalitis ▪ Saint Louis encephalitis ▪ Powassan encephalitis ▪ Western equine encephalitis • <i>Babesia</i> species • <i>Borrelia burgdorferi</i> (with Western blot confirmation) • Carbapenem resistant <i>Enterobacteriaceae</i>¹ • <i>Ehrlichia</i> species • Hantavirus infection^b • <i>Legionella pneumophila</i> • <i>Leptospira interrogans</i> • Malaria (<i>Plasmodium</i> species) • <i>Mycobacterium tuberculosis</i> by interferon gamma release assay (IGRA) • Psittacosis (<i>Chlamydia psittaci</i>) • <i>Rickettsia</i> species • <i>Streptococcus pneumoniae</i>, from a normally sterile site^{1,a} • Any laboratory evidence of current infection listed in Category IV 	<ul style="list-style-type: none"> • CD4+ T lymphocyte or percentages³ • <i>Chlamydia trachomatis</i> • Enterovirus (non-polio), culture confirmed, numerical totals only, by serotype as available • <i>Haemophilus ducreyi</i> • Hepatitis C² • HIV type 1 or 2 • HIV-1/2 Type-Differentiating Immunoassay (Multi-spot) • HIV-1 RNA/DNA NAAT (Qualitative) • HIV-2 RNA/DNA NAAT (Qualitative) • HIV-1 RNA/DNA NAAT (Quantitative viral load) • HIV-2 RNA/DNA NAAT (Quantitative viral load) • Influenza, confirmed by culture, PCR or immunofluorescence, numerical totals only, by type and subtype as available • <i>Mycobacterium tuberculosis</i> from any site (report within 24 hours)^{1,a} • <i>Neisseria gonorrhoeae</i>: drug resistant from any site; from the female upper genital tract; or from the eye of a newborn (within 24 hours) • <i>Neisseria gonorrhoeae</i>, all other • Syphilis, serologic evidence • <i>Treponema pallidum</i>, positive darkfield (within 24 hours) • Any laboratory evidence of current infection listed in Category V

^a Submit an isolate to the Office of Laboratory Services for further testing or confirmation
^b Submit a serologic specimen to the Office of Laboratory Services for further testing or confirmation
^c Consult DIDE regarding laboratory confirmation 1-800-423-1271, ext 2 or (304) 558-5358, ext 2
^d SARS CoV-2: Report positive and negative NAAT test results. Non-NAAT test, report positive results only

¹ Including susceptibility test results
² Including hepatitis A and B serologies and transaminase and bilirubin levels
³ Related to HIV/AIDS

Report name, address, telephone number, date of birth, sex, race, ethnicity and the physician's name, office address, office phone and fax numbers, name of person or agency submitting the specimen for testing, specimen source, date of specimen collection, date of result, name of the test, test result, normal value or range; and name, address, phone and fax number of the laboratory. Laboratories may report with a copy of the laboratory report. For information on electronic laboratory reporting or the Reportable Disease Protocol Manual, see: www.oeps.wv.gov

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