

West Virginia Reportable Diseases Laboratories Reporting Electronically (WV Code 16-3-1; 64CSR7)

Reporting of the following diseases by real-time electronic notification is required by law:

- *Anaplasma phagocytophilum*
- Adenovirus, evidence of acute infection
- Arboviral infection^b
 - LaCrosse encephalitis
 - West Nile virus
 - Eastern equine encephalitis
 - Saint Louis encephalitis
 - Powassan encephalitis
 - Western equine encephalitis
- *Babesia* species
- ****Bacillus anthracis*^a**
- ***Bioterrorist event^c**
- Birth defects, including Down's syndrome
- *****Bordetella pertussis***
- *Borrelia burgdorferi* (with Western blot confirmation)
- *****Brucella* species^{a,b}**
- *Campylobacter* species
- Cancer (except basal and squamous cell skin cancer or cervical cancer in situ), including nonmalignant and intracranial and CNS tumors¹
- Carbapenem-resistant *Enterobacteriaceae*
- CD4+ T lymphocyte or percentages²
- *Chlamydia trachomatis*
- ****Clostridium botulinum*^c**
- *****Corynebacterium diphtheriae*^a**
- *****Coxiella burnetii***
- *Cryptosporidium* species
- *Cyclospora* species
- ****Dengue Fever^b**
- *Ehrlichia* species
- Enterovirus (non-polio), evidence of acute infection
- ***Foodborne outbreak^c**
- ****Francisella tularensis*^{a,b}**
- *Giardia lamblia*
- *Haemophilus ducreyi*
- *****Haemophilus influenzae* from a normally sterile site^{3,a}**
- Hemophilia
- Hantavirus infection^b
- ****Hepatitis A, positive IgM⁴**
- ****Hepatitis B, positive anti-HBc IgM or HBsAg⁴**
- Hepatitis C / other non-A non-B⁴
- ****Hepatitis D⁴**
- 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)
- Human metapneumovirus, evidence of acute infection
- Influenza, laboratory evidence of acute infection, by type and subtype as available
- ***Intentional exposure to an infectious agent^c**
- Lead, all blood lead test results
- *Legionella pneumophila*
- *Leptospira interrogans*
- *Listeria monocytogenes*^a
- Malaria (*Plasmodium* species)
- **Middle Eastern respiratory syndrome coronavirus (MERS-CoV)^c**
- ****Mumps, evidence of acute infection from any site^{a,b}**
- *Mycobacterium tuberculosis* by Interferon Gamma Release Assay (IGRA)
- *****Mycobacterium tuberculosis* from any site^{3,a}**
- *Neisseria gonorrhoeae*
- *****Neisseria meningitidis* from a normally sterile site^a**
- ***Novel influenza infection, animal or human^a**
- ***Orthopox infection^c**
- ***Outbreak or cluster^c**
- Parainfluenza virus, evidence of acute infection
- ****Poliomyelitis^c**
- Psittacosis (*Chlamydia psittaci*)
- ****Rabies, animal or human^c**
- Respiratory syncytial virus, evidence of acute infection
- *Rickettsia* species
- Rotavirus
- ***Rubella^b**
- ***Rubeola (measles)^b**
- *Salmonella* species (except *Salmonella typhi*)^{3,a}
- *****Salmonella typhi* from any site^a**
- ***SARS coronavirus infection^c**
- ****Shiga toxin-producing *Escherichia coli* (STEC)^a**
- *Shigella* species^{3,a}
- ***Smallpox^c**
- *****Staphylococcus aureus*, glycopeptide intermediate (GISA/VISA) or glycopeptide resistant (GRSA/VRSA)^{3,a}**
- *Streptococcus agalactiae*, (*Streptococcus* Group B), from a normally sterile site
- *Streptococcus pneumoniae*, from a normally sterile site^{3,a}
- Syphilis, serologic evidence
- *Treponema pallidum*, positive darkfield
- *Trichinella* species
- *****Vibrio cholerae*^{a,b}**
- *Vibrio* species, Non-cholera^a
- ***Viral hemorrhagic fever^b**
- ***Waterborne outbreak^c**
- ****Yellow Fever^{b,c}**
- ****Yersinia pestis*^a**
- ****Any other unusual condition or emerging infectious disease of public health importance^c**

***Also call the local health department immediately.**

^aSubmit an isolate to the Office of Laboratory Services

^bSubmit a serologic specimen to the Office of Laboratory Services

^cConsult DIDE regarding laboratory confirmation 1-800-423-1271, ext 1 or (304) 558-5358, ext 1.

****Also call the local health department within 24 hours.**

¹ Required under West Virginia legislative rule 64CSR68

² Related to HIV/AIDS

³ Including susceptibility test results

⁴ Including hepatitis A and B serologies and transaminase and bilirubin levels

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. Validated submitters may report by HL7 messaging to WV Health Information Network or West Virginia Electronic Disease Surveillance System. See:

www.dide.wv.gov

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