

West Virginia Reportable Infectious Diseases

Health Care Providers and Facilities (WV Code 16-3-1; 64CSR7)



Rev. 02/2007

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"> o Anthrax o Bioterrorist event o Botulism o Foodborne outbreak o Intentional exposure to an infectious agent or biological toxin o Novel influenza infection, animal or human o Orthopox infection, including smallpox and monkeypox o Outbreak or cluster of any illness or condition o Plague o Rubeola (Measles) o SARS coronavirus infection o Smallpox o Tularemia o Viral hemorrhagic fevers ¹ o Waterborne outbreak 	<ul style="list-style-type: none"> o Animal bites o Brucellosis o Cholera o Dengue Fever o Diphtheria o <i>Hemophilus influenzae</i>, invasive disease⁴ o Hemolytic Uremic Syndrome, postdiarrheal o Hepatitis A, acute ³ o Hepatitis B, acute, chronic or perinatal ³ o Hepatitis D ³ o Meningococcal disease, invasive o Pertussis (whooping cough) o Poliomyelitis o Q-fever (<i>Coxiella burnetii</i>) o Rabies; human or animal o Rubella o Rubella, Congenital Syndrome o Shiga toxin-producing <i>Escherichia coli</i> (STEC) ² o <i>Staphylococcus aureus</i> with glycopeptide-intermediate (GISA/VISA) or glycopeptide-resistant (GRSA/VRSA) susceptibilities⁴ o Tuberculosis; all forms ⁴ o Typhoid fever (<i>Salmonella typhi</i>) o Yellow fever; o Any other unusual condition or emerging infectious disease 	<ul style="list-style-type: none"> o Amebiasis o Campylobacteriosis o Cryptosporidiosis o Cyclospora o Giardiasis o Listeria o Salmonellosis (except Typhoid fever) ⁴ o Shigellosis ⁴ o Trichinosis o Yersiniosis 	<ul style="list-style-type: none"> o Arboviral infection o Chickenpox (numerical totals only) o Community-acquired methicillin-resistant <i>Staphylococcus aureus</i>, invasive ⁴ o Death from chickenpox o Erlichiosis o Hantavirus Pulmonary Syndrome o Influenza-like illness (numerical totals only) o Influenza-related death in an individual less than 18 years of age; o Legionellosis o Leptospirosis o Lyme Disease o Malaria o Mumps o Psittacosis o Rocky Mountain Spotted Fever o Streptococcal Disease, invasive Group A ⁴ o Streptococcal Disease, invasive Group B o Streptococcal Toxic Shock Syndrome o <i>Streptococcus pneumoniae</i>, invasive ⁴ o Tetanus o Toxic Shock Syndrome o Tuberculosis, latent infection⁵ 	<ul style="list-style-type: none"> o AIDS o Chancroid o Chlamydia o Gonococcal conjunctivitis of the newborn (within 24 hours) o Gonococcal disease, drug resistant (within 24 hours) o Gonococcal disease, all other o Hepatitis C, acute ³ o HIV o Pelvic inflammatory Disease o Syphilis (late) o Syphilis, primary, secondary or early latent (less than 1 year duration) or congenital (within 24 hours)

¹ Including filoviruses such as Ebola and Marburg and arenaviruses such as Lassa fever

² Including but not limited to *E coli* O157:H7

³ Including results of hepatitis A and B serologies, transaminase levels and bilirubin

⁴ Including results of susceptibility testing

⁵ (limited to persons with a positive Mantoux tuberculin skin test conversion in the last two years or any positive Mantoux tuberculin skin test in a child less than 5 years of age)

Report name, address, telephone number, date of birth, sex and the physician's name, office address, office phone and fax numbers, using the appropriate disease reporting form in the West Virginia Reportable Disease Protocol Manual:

<http://www.wvdep.org>

Bureau For Public Health
Surveillance & Disease Control
350 Capital Street, Room 125
Charleston, WV 25301
Phone: 304.558.5358 Fax: 304.558.6335
In WV: 800.423.1271

West Virginia Reportable Infectious Diseases Laboratories (WV 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"> o <i>Bacillus anthracis</i> ^a o Bioterrorist event ^a o <i>Clostridium botulinum</i> ^c o Foodborne outbreak ^c o <i>Fransicella tularensis</i> ^{a,b} o Intentional exposure to an infectious agent ^c o Novel influenza infection, animal or human ^a o Orthopox infection ^a o Outbreak or cluster ^c o Rubeola (measles) ^b o SARS coronavirus infection ^{a,b} o Smallpox ^a o Viral hemorrhagic fever ^b o Waterborne outbreak ^c o <i>Yersinia pestis</i> ^a 	<ul style="list-style-type: none"> o <i>Bordetella pertussis</i> o Brucellosis ^{a,b} o <i>Corynebacterium diphtheriae</i> ^a o <i>Coxiella burnetii</i> o Dengue Fever ^b o <i>Haemophilus influenzae</i> from a normally sterile site ^{1,a} o Hepatitis A, positive IgM ² o Hepatitis B, positive anti-HBc IgM or HBsAg ² o Hepatitis D ² o <i>Mycobacterium tuberculosis</i> from any site ^{1,a} o <i>Neisseria meningitidis</i> from a normally sterile site ^a o Poliomyelitis ^{a,b} o Rabies, animal or human o Rubella ^b o Shiga toxin-producing <i>Escherichia coli</i> (STEC) ^a o <i>Salmonella typhi</i> from any site ^a o <i>Staphylococcus aureus</i> with glycopeptide-intermediate (GISA/VISA) or glycopeptide resistant (GRSA/VRSA) ^{1,a} o <i>Vibrio cholerae</i> ^{a,b} o Yellow Fever ^{a,b} o Any other unusual condition or emerging infectious disease ^c 	<ul style="list-style-type: none"> o <i>Campylobacter</i> species ^a o Cryptosporidium o Cyclospora o <i>Entamoeba histolytica</i> o <i>Giardia lamblia</i> o <i>Listeria monocytogenes</i> ^a o <i>Salmonella</i> species (except <i>Salmonella typhi</i>) ^{1,a} o <i>Shigella</i> species ^{1,a} o Trichinosis o <i>Yersinia enterocolitica</i> ^a 	<ul style="list-style-type: none"> o Arboviral infection ^b <ul style="list-style-type: none"> o LaCrosse encephalitis o West Nile virus o Eastern equine encephalitis o Saint Louis encephalitis o Powassan encephalitis o <i>Borrelia burgdoferi</i> (with Western blot confirmation) o Ehrlichiosis o Hantavirus infection ^b o Legionella o Leptospirosis o Malaria o Mumps ^c o Psittacosis o Rocky Mountain Spotted Fever o <i>Streptococcus pyogenes</i> (Group A <i>Streptococcus</i>) from a normally sterile site¹ o <i>Streptococcus agalactiae</i>, (<i>Streptococcus</i> Group B), from a normally sterile site o <i>Streptococcus pneumoniae</i>, from a normally sterile site ^{1,a} 	<ul style="list-style-type: none"> o CD4+ T lymphocyte or percentages ³ o <i>Chlamydia trachomatis</i> o Enterovirus (non-polio), culture confirmed, numerical totals only, by serotype as available o <i>Haemophilus ducreyi</i> o Hepatitis C / other non-A non-B ² o HIV type 1 or 2 o Influenza, culture confirmed, numerical totals only, by type and subtype as available o <i>Mycobacterium tuberculosis</i> from any site (report within 24 hours) ^{1,a} o <i>Neisseria gonorrhoeae</i> (drug resistant) from any site (within 24 hours) o <i>Neisseria gonorrhoeae</i> from the female upper genital tract (within 24 hours) o <i>Neisseria gonorrhoeae</i> from the eye of a newborn (within 24 hours) o <i>Neisseria gonorrhoeae</i>, all other o Syphilis, serologic evidence o <i>Treponema pallidum</i>, positive darkfield (within 24 hours)
^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 IDEP regarding laboratory confirmation 1-800-423-1271 or (304) 558-5358.		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 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 or by filling out a yellow card available through the Reportable Disease Protocol Manual:

<http://www.wvdep.org>