



RHODE ISLAND DEPARTMENT OF HEALTH

Positive Laboratory Results Required to be Reported by Licensed Laboratories

Arbovirus (EEE, SLE, WNV)^a	Histoplasma capsulatum (Histoplasmosis)
Babesia microti (Babesiosis)^a	Human Immunodeficiency virus (HIV) ^a
*Bacillus anthracis (Anthrax)^a	Legionella species (Legionellosis) ^a
Bordetella pertussis (Whooping cough)^a	Listeria monocytogenes (Listeriosis) ^{a, b}
Borrelia burgdorferi (Lyme Disease)	Morbillivirus (Measles)^d
*Brucella sp. (Brucellosis)^a	Mumps virus (Mumps)^d
*Burkholderia mallei (Glanders)^a	Mycobacterium leprae (Hansen's disease or leprosy)
Calymmatobacterium granulomatis (Granuloma inguinale)	Mycobacterium tuberculosis-all sites ^a
Campylobacteriosis spp. (Campylobacteriosis) ^a	Neisseria gonorrhoeae (Gonorrhea)
Chlamydia psittaci (Psittacosis)	Neisseria meningitidis (Meningococcal disease)^{a, b}
Chlamydia trachomatis (Chlamydia)	Plasmodium sp. (Malaria) ^a
*Clostridium botulinum (Botulism)^a	Polio virus (Poliomyelitis)
Coccidioides immitis (Coccidioidomycosis)	Rabies virus (Rabies)^a
Corynebacterium diphtheriae (Diphtheria)	Rickettsia prowazekii (Typhus)
*Coxiella burnetii (Q-fever)^{a, b}	Rickettsia rickettsii (Rocky Mountain Spotted Fever)
Cryptosporidium parvum (Cryptosporidiosis)	Rubella virus (Rubella)^d
CSF Pleocytosis ≥ 10 WBC cu.mm. in a patient with a clinical diagnosis of aseptic/viral meningitis or encephalitis ^{a, c}	Salmonella spp. (Salmonellosis) ^a
Cyclospora cayentanensis (Cyclosporiasis)	Salmonella typhi (Typhoid fever)^a
Dengue virus, type 1, 2, 3, or 4 (Dengue fever)	Shigella spp. (Shigellosis) ^a
E. coli O157:H7 and other toxin producing strains ^a	Staphylococcus aureus--vancomycin resistant or intermediate (VRSA/VISA)^a
Ehrlichia equi or E. chaffeensis (Ehrlichiosis)^a	Streptococcus agalactiae (Group B Streptococcus Disease) ^b
Entamoeba histolytica (Amebiasis)	Streptococcus pneumoniae (Pneumococcal Disease) ^{b, f}
Enterococcus sp. - vancomycin resistant (VRE) ^{a, b}	Streptococcus pyogenes (Group A Streptococcal Disease) ^b
*Francisella tularensis (Tularemia)^a	Treponema pallidum (dark field exams, serology for syphilis)^g
Giardia lamblia (Giardiasis)	Trichinella spiralis (Trichinosis)
Haemophilus ducreyi (Chancroid)	*Variola virus (Smallpox)^a
Haemophilus influenzae ^{a, b}	Vibrio cholerae (Cholera)^a
Hantavirus^a	Vibrio parahaemolyticus^a
Hepatitis A virus^{d, e}	Vibrio vulnificus^a
Hepatitis B surface antigen (HbsAg) positive pregnant women	*Viral hemorrhagic fevers (Ebola, Lassa, Marburg)^a
Hepatitis B virus with or without Hepatitis D virus ^c	Yellow fever virus (Yellow fever)
Hepatitis C virus ^e	Yersinia enterocolitica (Yersiniosis) ^a
Hepatitis E virus ^e	*Yersinia pestis (plague)^a

According to the Rhode Island Rules and Regulations pertaining to the Reporting of Communicable, Environmental and Occupational Diseases (R23-10-DIS), for all agents listed, reports of positive results shall include the name of the patient (except for in the case of HIV test results), address of the patient's residence, gender, race and ethnicity, date of birth, age, telephone number. Also report attending physician's name with address or phone number.

Laboratories shall report positive results/agents in red letters within 24 hours. Reports of positive findings of markers of all other communicable diseases shall be reported within four working days.

*** AGENT OF BIOTERRORISM - Report to RI HEALTH Laboratory (401-222-5586) and Office of Communicable Diseases (401-222-2577) immediately when test is ordered or specimen/isolate is suspicious for one of these agents.**

^a Submit isolate, specimen or stained slide (**stained slide only for Babesia and Ehrlichia**) to the Rhode Island Department of Health Laboratory. For details on the submission of isolates, specimens, and slides, refer to the Rhode Island Epidemiology and Laboratory Manual or call the laboratory at 401-222-5600.

^b Invasive disease: confirmed by isolation from blood, CSF, pericardial fluid, pleural fluid, peritoneal fluid, joint fluid, or other normally sterile site.

^c Submit CSF to State Laboratory for arboviral testing, June through October, only.

^d For the following viral agents, please report IgM only.

^e Also report AST, ALT, and bilirubin.

^f For Streptococcus pneumoniae, laboratories must report zone size by oxacillin disk testing in mm or MIC to Penicillin in $\mu\text{g/ml}$. If zone size < 20 mm and MIC not performed, isolate must be sent to State Laboratory. In addition, all isolates in patients age 5 or less must be submitted for further serotyping.

^g Submit reagin reactive sera.

VERSION 2-April 2003

WHERE TO REPORT?

For STDs:

MAIL: Rhode Island Dept. of Health, 3 Capitol Hill-Room 106, Providence RI, 02908-5097; PHONE: 401-222-2577; FAX: 401-222-1105.

For VPDs:

MAIL: Rhode Island Dept. of Health, 3 Capitol Hill-Room 302, Providence, RI, 02908-5097; PHONE: 401-222-2312; FAX: 401-222-3805.

For HIV and CD4 counts:

MAIL: Attention: Sr. Disease Control Representatives (HIV/AIDS Surveillance), Rhode Island Dept. of Health, 3 Capitol Hill-Room 106, Providence, RI 02908-5097; Please mark envelope "CONFIDENTIAL, TO BE OPENED BY ADDRESSEE ONLY". PHONE: 401-222-2320.

For all other reportable laboratory results, reports are received at:

Rhode Island Dept. of Health, 3 Capitol Hill-Room 106, Providence RI, 02908-5097; PHONE: 401-222-2577 (8:30 am-4:30 pm), 401-272-5952 (after hours and weekends, on-call answering service); FAX: 401-222-2488 or 401-222-2477.