

**64D-3.003 Notification by Laboratories.**

(1) Each laboratory director or designee in charge of a laboratory shall report, or cause to be reported evidence suggestive of or diagnostic of diseases or conditions listed in subsection 64D-3.002(1), F.A.C., from any specimen derived from a human body, or from an animal in the case of rabies or plague testing, to the county health department director or administrator or the State Health Officer or to either of their designated representatives. Such reports shall be made within 72 hours of recognition by telephone, or other electronic means, or in writing, except for certain specified diseases as indicated by a (T), which shall be reported immediately by telephone and followed by a written report. Exceptions to laboratory reporting as defined by this rule are provided for sexually transmitted diseases including AIDS, as indicated in Rule 64D-3.017, F.A.C.

(4) To allow follow-up of laboratory findings by the local county health department director/administrator or their designee, all specimens submitted for laboratory tests or examinations related to a disease or condition listed in subsection 64D-3.002(1), F.A.C., shall be accompanied by certain identifying information. In addition to the name and date of birth of the person from whom the specimen was obtained; the name, address and telephone number of the processing clinical laboratory; and the diagnostic test(s) performed, specimen type and result, the following information shall be provided: (a) Address, telephone number, race, sex, and ethnicity of the person from whom the specimen was obtained or, if this is not available, (b) Name, address and telephone number of the submitting physician, health care provider or other authorized person who submitted the specimen.

The following list of reportable lab findings is up-to-date as of June 1, 2003. It cannot be entirely complete or static, as the technology of laboratory diagnosis continues to evolve. Thus, any finding that is highly suggestive of one of the reportable diseases, but does not appear on this list, should generate a report. Some of the findings on this list are from procedures carried out in only very specialized laboratories, such as reference labs, while others are the results of widely performed tests. Questions regarding Florida reportable conditions should be directed to the Bureau of Epidemiology at 850-245-4401.

DISEASE	POSITIVE FINDING(S)
<b>Aquired Immune Deficiency Syndrome</b>	HIV diagnosis plus at least one Opportunistic Infection or CD4 count less than 200 or 14%.
<b>Anthrax</b>	Isolation of <i>Bacillus anthracis</i> from a clinical specimen, demonstration of the organism in a clinical specimen by immunofluorescence (IF), or anthrax electrophoretic immunotransblot (EITB) reaction in one or more serum samples
<b>Botulism</b>	Detection of botulinum toxin in serum, stool or food, or isolation of <i>Clostridium botulinum</i> from a clinical specimen
<b>Brucellosis</b>	Isolation of <i>Brucella</i> sp. from a clinical specimen or detection by IF, or detection of specific serum IgG or IgM antibody
<b>Campylobacteriosis</b>	Isolation of <i>Campylobacter</i> from any clinical specimen
<b>Chancroid</b>	Isolation of <i>Haemophilus ducreyi</i> from a clinical specimen
<b>Chlamydia trachomatis</b>	Isolation of <i>Chlamydia trachomatis</i> by culture or demonstration of <i>C. trachomatis</i> in a clinical specimen by detection of antigen or nucleic acid
<b>Cholera</b> (see also <i>Vibrio</i> infections)	Isolation of <i>Vibrio cholerae</i> O1 or O139 from a clinical specimen, or detection of specific serum antibody
<b>Ciguatera Poisoning</b>	Detection of ciguatoxin in food
<b>Creutzfeldt-Jakob Disease (CJD)</b>	Confirmed protease-resistant PrP by standard neuropathological techniques, immunocytochemically or Western Blot. Presence of scrapie-associated fibrils conducted on brain tissue or 14-3-3 proteins in CSF (test not specific for CJD)
<b>Cryptosporidiosis</b>	Identification of <i>Cryptosporidium</i> in stool, intestinal fluid or small bowel biopsy specimens, or detection of <i>Cryptosporidium</i> antigen in stool by an immunodiagnostic test, such as enzyme-linked immunosorbent assay (ELISA)
<b>Cyclosporiasis</b>	Identification of <i>Cyclospora cayetanensis</i> in stool, or detection of <i>Cyclospora</i> antigen by polymerase chain reaction (PCR) in clinical specimens
<b>Dengue Fever</b>	Isolation of dengue virus from serum or tissue, detection of specific serum IgG or IgM antibody, or detection of dengue virus antigen in tissue or serum by immunofluorescence (IF) or by hybridization probe

DISEASE	POSITIVE FINDING(S)
<b>Diphtheria</b>	Isolation of <i>Corynebacterium diphtheriae</i> from a clinical specimen
<b>Ehrlichiosis</b>	Detection of specific serum IgG or IgM antibody by IFA or EIA, detection of specific antigen in serum or CSF by PCR, or demonstration of intracytoplasmic morulae in clinical specimens
<b>Encephalitis, arboviral</b>	Detection of serum or cerebrospinal fluid (CSF) IgG or IgM antibody to Eastern Equine, St. Louis, or other mosquito-borne encephalitis agents by serologic assay such as HAI, CF, IF, SN, or EIA
<b>Encephalitis, post-infectious</b>	Detection of measles, mumps, chickenpox, herpes, or influenza specific antibody in CSF
<b>Epsilon Toxin of <i>Clostridium perfringens</i></b>	<i>Clostridium perfringens</i> isolation from clinical specimen or detection of the epsilon toxin by ELISA from same isolation
<b>E. coli, pathogenic</b>	Isolation of any of the enteropathogenic (EPEC), enterotoxigenic (ETEC), enterohemorrhagic (EHEC), enteroinvasive (EIEC), enteroaggregative (EaggEC) <i>E. coli</i> species; or detection of Shiga-like toxin from a clinical specimen
<b>Giardiasis</b>	Identification of <i>Giardia lamblia</i> trophozoites or cysts in stool, duodenal fluid or small bowel biopsy, or detection of <i>G. lamblia</i> antigen in stool by specific immunodiagnostic tests
<b>Glanders</b>	Isolation of <i>Burkholderia mallei</i> from blood, sputum, urine, or skin lesions
<b>Gonorrhea</b>	Isolation of typical gram-negative, oxidase-positive diplococci (presumptive <i>Neisseria gonorrhoeae</i> ) from a clinical specimen, demonstration of <i>N. gonorrhoeae</i> in a clinical specimen by detection of antigen or nucleic acid, or observation of gram-negative intracellular diplococci in a urethral smear obtained from a male
<b>Granuloma Inguinale</b>	Demonstration of intracytoplasmic Donovan bodies in Wright or Giemsa-stained smears or biopsies of granulation tissue
<b><i>Haemophilus influenzae</i> invasive disease</b>	Isolation of <i>H. influenzae</i> from blood, CSF or other sterile site (not including sputum), or detection of antigen in CSF
<b>Hansen's Disease (Leprosy)</b>	Demonstration of acid fast bacilli in biopsy specimens from lepromatous lesions
<b>Hantavirus Infection</b>	Detection of hantavirus-specific serum antibody, or detection of antigen in clinical specimens by IF or hybridization probe
<b>Hemorrhagic Fever</b>	Isolation of Junin, Machupo, Hantaan, Seoul, or Puumala viruses from blood, or detection of specific serum IgG or IgM antibody
<b>Hepatitis A</b>	Detection of IgM antibody to hepatitis A virus (anti-HAV)
<b>Hepatitis B</b>	Detection of any hepatitis B marker
<b>Hepatitis C</b>	Detection of any hepatitis C marker
<b>Hepatitis, Other</b>	Detection of any hepatitis D or E marker
<b>Herpes Simplex Virus (HSV) [in neonates and infants to 6 months of age]</b>	For information contact the Bureau of STD at 850-245-4303
<b>Human Immunodeficiency Virus</b>	Antibody-based test such as repeat ELISA positive followed by a confirmatory test.
<b>Human Papillomavirus (HPV) [in neonates and children through 12 years of age]</b>	For information contact the Bureau of STD at 850-245-4303
<b>Lead Poisoning</b>	Demonstration of a blood lead value of $\geq 10 \mu\text{g/dL}$ with venous or capillary specimen type specified
<b>Legionellosis</b>	Isolation of <i>Legionella pneumophila</i> from any normally sterile site, detection of <i>L. pneumophila</i> serogroup 1 specific serum IgG or IgM antibody by IFA, detection of <i>L. pneumophila</i> serogroup 1 in respiratory secretions, lung tissue or pleural fluid by direct fluorescent antibody (DFA), or detection of <i>L. pneumophila</i> serogroup 1 antigen in urine by RIA or ELISA
<b>Leptospirosis</b>	Isolation of <i>Leptospira</i> from a clinical specimen, demonstration of a four-fold or greater rise in <i>Leptospira</i> serum antibody, or detection of <i>Leptospira</i> in a clinical specimen by IFA
<b>Listeriosis</b>	Isolation of <i>Listeria monocytogenes</i> from any normally sterile site
<b>Lyme Disease</b>	Isolation of <i>Borrelia burgdorferi</i> from a clinical specimen, or detection of IgG or IgM antibody in serum or CSF by EIA, IFA or Western Blot (WB)
<b>Lymphogranuloma Venereum</b>	Isolation of <i>Chlamydia trachomatis</i> , serotype L1, L2, or L3, from clinical specimen, demonstration of inclusion bodies by immunofluorescence in leukocytes of an inguinal lymph node (bubo) aspirate, or positive microimmunofluorescent serologic test for a lymphogranuloma venereum strain of <i>C. trachomatis</i> (in a clinically compatible case)

DISEASE	POSITIVE FINDING(S)
<b>Malaria</b>	Identification of malaria parasites in clinical specimens
<b>Measles</b>	Detection of measles IgG or IgM serum antibody or isolation of measles virus from a clinical specimen
<b>Melioidosis</b>	Isolation of <i>Burkholderia pseudomallei</i> from blood, urine, sputum, or skin lesions
<b>Meningitis, Other Bacterial and Fungal (see <i>H.influenzae</i>, <i>S. pneumo</i>, meningococcal disease)</b>	(see also <i>H. influenzae</i> , <i>S. pneumo</i> , meningococcal disease) Isolation of any bacterial or mycotic organism from CSF
<b>Meningococcal Disease</b>	Isolation of <i>Neisseria meningitidis</i> from CSF, blood or other normally sterile site, or detection of antigen in CSF
<b>Mercury Poisoning</b>	Demonstration of mercury blood value of $\geq 20\mu\text{g/dL}$ in urine, blood or hair
<b>Mumps</b>	Isolation of mumps virus from a clinical specimen or detection of serum IgG or IgM antibody
<b>Neurotoxic Shellfish Poisoning</b>	Detection of neurotoxin from stool or from food samples
<b>Pertussis</b>	Isolation of <i>Bordetella pertussis</i> , detection of <i>B. pertussis</i> by PCR, or detection by direct <i>fluorescent antibody</i> (DFA) from clinical specimens
<b>Pesticide-Related Illness &amp; Injury</b>	Detection of specific pesticide or its metabolic product in a clinical or biological specimen, or demonstration of abnormal cholinesterase levels in red blood cells or plasma
<b>Plague</b>	Detection of serum IgG or IgM antibody titer(s) to <i>Yersinia pestis</i> fraction 1 (F1) antigen, detection of F1 antigen in a clinical specimen by fluorescent assay or isolation of <i>Y. pestis</i> from a clinical specimen
<b>Poliomyelitis</b>	Isolation of wild poliovirus from throat or stool specimens or detection of specific serum IgG or IgM antibody
<b>Psittacosis</b>	Isolation of <i>Chlamydia psittaci</i> from a clinical specimen or detection of MIF IgG or IgM serum antibody
<b>Q Fever</b>	Isolation of <i>C. burnetii</i> from a clinical specimen by culture; demonstration of <i>C. burnetii</i> in a clinical specimen by detection of antigen or nucleic acid; detection of IgG or IgM antibody in serum by IFA, CF, ELISA, IHA, or other procedure
<b>Rabies, Animal</b>	Isolation of rabies virus or detection of antigen by IF in central nervous system tissue
<b>Rabies, Human</b>	Isolation of rabies virus from saliva, CSF, or central nervous system tissue, detection of antibody by DFA in clinical specimens, or demonstration of rabies-neutralizing serum antibody
<b>Rocky Mountain Spotted Fever</b>	Isolation of <i>Rickettsia rickettsii</i> or demonstration of antigen by IF from a clinical specimen, detection of specific serum IgG or IgM antibody by IFA, CF, LA, MA, or IHA test, or a positive PCR assay
<b>Rubella</b>	Isolation of Rubella virus, detection of serum IgM antibody, or demonstration of 4-fold or greater rise in serum IgG antibody
<b>Salmonellosis</b>	Isolation of <i>Salmonella</i> sp. from a clinical specimen
<b>Saxitoxin Poisoning</b>	Toxin detection in urine or epidemiology linked food specimen
<b>Shigellosis</b>	Isolation of <i>Shigella</i> sp. from a clinical specimen
<b>Smallpox</b>	Isolation of <i>Variola</i> virus from clinical specimens, or detection of a rise in serum antibody
<b><i>Staphylococcus aureus</i>, Glycopeptide Non-Susceptible</b>	Isolation of <i>S. aureus</i> with an MIC of $\geq 8\mu\text{g/mL}$ to vancomycin from a clinical specimen
<b>Streptococcal Disease, Group A Invasive</b>	Isolation of group A Streptococcus ( <i>S. pyogenes</i> ) from a normally sterile site (does not include throat specimens)
<b><i>Streptococcus pneumoniae</i>, Invasive</b>	Isolation of <i>S. pneumoniae</i> from a normally sterile site (e.g., blood or cerebrospinal fluid, or joint, pleural or pericardial fluid) or detection of CSF antigen
<b>Syphilis, Congenital</b>	Demonstration of <i>Treponema pallidum</i> by darkfield microscopy, fluorescent antibody, or other specific stains in specimens from lesions, placenta, umbilical cord, or autopsy material
<b>Syphilis, Early Latent</b>	For information, contact the Bureau of STD at 850-245-4303
<b>Syphilis, Late Latent</b>	For information, contact the Bureau of STD at 850-245-4303
<b>Syphilis, Neuro</b>	A reactive serologic test for syphilis and reactive VDRL in cerebrospinal fluid (CSF)
<b>Syphilis, Primary</b>	Demonstration of <i>Treponem. pallidum</i> in clinical specimens by darkfield microscopy, direct fluorescent antibody (DFA-TP), or equivalent methods

DISEASE	POSITIVE FINDING(S)
<b>Syphilis, Secondary</b>	Demonstration of <i>Treponema pallidum</i> in clinical specimens by darkfield microscopy, DFA-TP, or equivalent methods
<b>Toxoplasmosis</b>	Identification of <i>Toxoplasma gondii</i> in a clinical specimen, or detection of specific serum IgG or IgM antibody
<b>Trichinosis</b>	Identification of <i>Trichinella spiralis</i> larvae in tissue or a positive serologic test
<b>Tuberculosis</b>	Isolation of <i>Mycobacterium tuberculosis</i> from a clinical specimen, demonstration of <i>M. tuberculosis</i> from a clinical specimen by nucleic acid amplification test, or demonstration of acid-fast bacilli in a clinical specimen when a culture has not been or cannot be obtained
<b>Tularemia</b>	Isolation of <i>Francisella tularensis</i> from a clinical specimen, demonstration of <i>F. tularensis</i> by IF, or detection of specific serum IgG or IgM antibody
<b>Typhoid Fever</b>	Isolation of <i>Salmonella typhi</i> from a clinical specimen
<b>Typhus Fever</b>	Demonstration of <i>Rickettsia</i> species in tissues or body fluids, or detection of specific serum IgG or IgM antibody
<b>Vibrio Infections</b>	Isolation of <i>Vibrio</i> species from a clinical specimen
<b>Yellow Fever</b>	Demonstration of yellow fever virus, antigen or genome in a clinical specimen, or detection of specific serum IgG or IgM antibody

Glossary:

CF=complement fixation

EIA=enzyme immunoassay

HAI=hemagglutination inhibition

IFA=immunofluorescent antibody

IgG=immunoglobulin G

IgM=immunoglobulin M

IHA=indirect hemagglutination

LA=latex agglutination

MA=microagglutination

MIC=minimum inhibitory concentration

PCR=polymerase chain reaction

RIA=radioimmunoassay

RIBA=recombinant immunoassay

SN=serum neutralization