

**Laboratory
Reporting
Guidelines
for Reportable Diseases
and Conditions
in Florida**



Based on Revisions to Rule 64D-3.029
Florida Administrative Code
Effective October 20, 2016

To All State of Florida Licensed Laboratories and Blood Banks



Dear Colleagues:

All practitioners, hospitals, and laboratories in Florida are required to notify the Florida Department of Health (Department) of diseases and conditions of public health significance under section 381.0031, Florida Statutes, and Chapter 64D-3, Florida Administrative Code. Laboratories, practitioners, hospitals, medical facilities, schools, nursing homes, state institutions, and other locations providing health services are required to notify the Department of diseases or conditions and the associated laboratory test results listed in the *Table of Reportable Diseases or Conditions to Be Reported*, Rule 64D-3.029, Florida Administrative Code. The public health system depends upon notification of diseases by physicians, laboratorians, infection preventionists, and other health care providers to monitor the health of the community and to guide preventive action.

Laboratories are required to report the receipt of a laboratory test order for some diseases, as this is considered suspicion of the disease. Diseases warranting notification upon suspicion (termed *Suspect Immediately*) should be reported 24 hours a day, seven days a week so the necessary public health response can be initiated in a timely and effective manner. Additionally, laboratories are required to submit isolates or specimens to the Department's Bureau of Public Health Laboratories as specified in the list of reportable diseases.

The Department has updated the *Table of Reportable Diseases or Conditions to Be Reported*, Rule 64D-3.029, Florida Administrative Code (effective October 20, 2016), and section 381.985, Florida Statutes (effective July 1, 2017), related to reporting elevated blood lead levels and screening results to the Department. In an effort to assist laboratories in meeting their obligations to notify the Department of reportable diseases and conditions, the Department has prepared this guide. This guide is not intended to cover every aspect of Chapter 64D-3, Florida Administrative Code, but rather to provide a summation and explanation of laboratory reporting requirements.

To obtain more information, such as the updated version of Chapter 64D-3, Florida Administrative Code, or other important reporting documents and guidelines, please:

1. Visit www.FloridaHealth.gov/DiseaseReporting
2. Contact the Department's Central Office (see page 2 of this guide)
3. Contact your local county health department (visit www.FloridaHealth.gov/CHDEpiContact to locate contact information)

The included list of reportable laboratory findings is current as of October 2016. This list is not static and will change over time.

We hope you will find this guide a useful aid as we all work to improve reportable disease and condition surveillance, prevention, and control in Florida. The assistance and support of health care providers are invaluable. Thank you for your partnership.

Sincerely,

A handwritten signature in blue ink that reads "Carina Blackmore".

Carina Blackmore, DVM, PhD, Dipl ACVPM
Director, Division of Disease Control and Health Protection
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Florida Department of Health

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AFTER-HOURS notification of *Suspect Immediately* and *Immediately* reportable diseases or conditions, accessible 24 hours a day, 7 days a week (24/7):

Notifications before or after regular county health department business hours shall be made to the after-hours duty official.

- To locate local county health department after-hours disease reporting phone number, visit www.FloridaHealth.gov/CHDEpiContact

Record your county health department contact information below.

Business hours phone: _____

Fax: _____

After-hours phone: _____

- If unable to reach the county health department after-hours official, contact:
Bureau of Epidemiology after-hours phone: (850) 245-4401
Bureau of Public Health Laboratories after-hours phone: (866) 352-5227 (866-FLA-LABS)

Coming soon: “What’s Reportable?” app for iOS and Android

I. Contact Information, Florida Department of Health

To contact the Department about a reportable disease or condition during regular business hours or receive consultation regarding diagnosis and management of patients and contacts, laboratories should contact their county health department.

Visit www.FloridaHealth.gov/CHDEpiContact to obtain local county health department contact information.

For technical consultation or consultation regarding disease notification, diagnosis and management of patients and contacts, contact the Department Central Office:

Division of Disease Control and Health Protection

Phone: (850) 245-4300
Physical: 4025 Esplanade Way
Mailing: 4052 Bald Cypress Way, A-09
Tallahassee, Florida 32399-1720

Bureau of Epidemiology

Phone: (850) 245-4401, accessible 24/7
Confidential Fax: (850) 414-6894

Bureau of Communicable Diseases

HIV/AIDS Section

Phone: (850) 245-4334

Immunization Section

(850) 245-4342

Sexually Transmitted Disease and Viral

Hepatitis Section

(850) 245-4303

Tuberculosis Control Section

(850) 245-4350

(800) 4TB-INFO

Useful websites:

Diseases and Conditions

www.FloridaHealth.gov/diseases-and-conditions/index.html

Disease Reporting Information for Health Care Providers and Laboratories

www.FloridaHealth.gov/DiseaseReporting

Florida Birth Defects Registry

www.FloridaHealth.gov/AlternateSites/FBDR/

Florida Cancer Registry

www.FloridaHealth.gov/diseases-and-conditions/cancer/cancer-registry/index.html

Florida Lead Poisoning Prevention Program

www.FloridaHealth.gov/environmental-health/lead-poisoning/index.html

Florida Meaningful Use Public Health Reporting

www.FloridaHealth.gov/MeaningfulUse

Electronic Laboratory Reporting

email: ELR@flhealth.gov

For laboratory consultation or to arrange for receipt of specimens, contact the Bureau of Public Health Laboratories:

Jacksonville

Phone: (904) 791-1500
Fax: (904) 791-1567
Physical: 1217 North Pearl Street
Jacksonville, Florida 32202
Mailing: P.O. Box 210
Jacksonville, Florida 32231

Tampa

Phone: (813) 974-8000
Fax: (813) 974-3425
Address: 3602 Spectrum Boulevard
Tampa, Florida 33612

Miami

Phone: (305) 324-2432
Fax: (305) 324-2560
Address: 1325 Northwest 14th Avenue
Miami, Florida 33125

Bureau of Public Health Laboratories 24/7 Phone: (866) 352-5227 (866-FLA-LABS)

During regular business hours, use contact information above.

II. Frequently Asked Questions (FAQs)

1. What are the laboratory notification requirements for reportable diseases under Chapter 64D-3, Florida Administrative Code?

Each person in charge of a public, federal, private, military, or hospital laboratory responsible for receiving the initial order to perform serologic, immunologic, microscopic, biochemical, molecular, or culture tests on specimens derived from a human body or an animal or for collecting the specimen **shall notify the Department of any laboratory test suggestive of or diagnostic of diseases or conditions listed in the *Table of Reportable Diseases or Conditions to Be Reported*, Rule 64D-3.029, Florida Administrative Code.** See pages 9-13 for the *Table of Reportable Diseases or Conditions to Be Reported*. The public health system depends upon notification of disease to monitor the health of the community and to inform preventive actions.

Per subsection 64D-3.031(4), Florida Administrative Code, laboratories located out of state licensed under Chapter 483, Part 1, Florida Statutes, that collect specimens in Florida or that receive an order for testing from a practitioner, blood bank, plasmapheresis center, or other health care provider located in Florida, shall notify the department of reportable disease laboratory findings in the same way as if the findings had been obtained by a laboratory located in Florida (see FAQs #2 and #4 for whom to notify and what information to include).

Practitioners are also required to notify the department of reportable diseases and conditions. Duplicate reporting of the same illness may occur, though laboratories and practitioners have different reporting requirements (see FAQ #5). Information contained in practitioner reports (e.g., symptoms, pregnancy status, treatment, occupation, illness in family members) supplements data provided by laboratories. **Laboratory submission of test results to the Department does not nullify the practitioner's obligation to also report the disease or condition.** Practitioners also play an important role in supplying laboratories with all necessary information to fulfill laboratory notification requirements.

Public health authorities will identify any duplicate reports received and de-duplicate the records. Although multiple reports may be received, this is preferable to not receiving any report, which would likely lead to additional transmission and increased morbidity. All people with reporting responsibilities should verify that notification systems are in place at the medical practices and hospitals in which they work and at the laboratories they use.

2. Whom should laboratories notify when a reportable disease or condition is identified?

Notification of reportable disease or condition laboratory results should be made directly to the county health department in the county where the patient resides. It is important to know how to contact the county health department epidemiology staff during business hours as well as after hours for notification of **Suspect** **Immediately** and **Immediately** reportable diseases or conditions in the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-13).

Please note that there are some diseases with different notification requirements. See FAQ #9 for additional information on exceptions.

3. When should notification of reportable diseases or conditions occur?

Notification of reportable diseases or conditions should be submitted according to timeframes specified in the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-13). For a description of the requirements for each notification timeframe, see page 7. Notification via telephone should be followed with a subsequent written report within 72 hours by facsimile, electronic data transfer, or other confidential means of written communication.

4. What information are laboratories required to submit to the Department?

As per Rule 64D-3.031, Florida Administrative Code, report content must include:

- a. The patient's:
 1. First and last name, including middle initial
 2. Address (including street, city, state, and ZIP code)
 3. Telephone number (including area code)
 4. Date of birth
 5. Sex
 6. Race
 7. Ethnicity (Hispanic or non-Hispanic)
 8. Pregnancy status, if applicable
 9. Social security number
- b. The laboratory's:
 1. Name, address, and telephone number of laboratory performing the test
 2. Specimen collection date
 3. Type of specimen (e.g., stool, urine, blood, mucus)
 4. Specimen collection site (e.g., cervix, eye) if applicable
 5. Date of report
 6. Type of tests performed and results, including reference range; titer when quantitative procedures are performed; all available results on speciation, grouping, or typing of organisms; and antimicrobial susceptibilities
- c. The submitting practitioner's:
 1. Name
 2. Address (including street, city, state, and ZIP code)
 3. Telephone number (including area code)
 4. National provider identifier (NPI)

5. Do notification requirements for laboratories and practitioners differ?

Yes, practitioners and laboratories have slightly different notification requirements. For example, practitioners are required to report treatment information, which is not applicable for laboratories. Submission methods also differ; laboratories are required to submit results electronically. Please refer to the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-13) for specific requirements for practitioners and laboratories.

Please note that laboratory notification does not nullify the practitioner notification requirements.

6. Should laboratories call the Department about suspect cases of diseases or conditions of a highly infectious nature of urgent public health importance?

Yes, laboratories are required to call the Department about suspected cases of certain diseases of urgent public health importance. Laboratories should refer to the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-13); the column labeled as *Suspect Immediately* designates which diseases or conditions should result in notifying the Department upon initial suspicion of disease, prior to confirmatory diagnostic results. Requests for laboratory tests for identification of an organism are considered evidence that the disease is considered as part of the practitioner's differential diagnosis and should be reported. Laboratories should immediately (24 hours a day, seven days a week) call their county health department about diseases designated as *Suspect Immediately*. Upon confirmation of the disease or presence of the agent, the laboratory should also call their county health department about the confirmation.

7. Are laboratories required to send isolates or specimens to the Department's Bureau of Public Health Laboratories (BPHL)?

Yes, laboratories are required to send specimens, isolates, sera, slides or diagnostic preparations for certain etiologic agents to BPHL for confirmation or additional characterization of the organism. Laboratories should refer to the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-13); the column labeled *Submit Isolates or Specimens for Confirmation* designates etiologic agents for which specimens, isolates, slides, or other relevant diagnostic materials must be sent.

Laboratories are encouraged to submit specimens in any instance where additional characterization or confirmation of the organism is needed in order to confirm the etiology of diseases of public health importance. During epidemiological investigations, public health investigators may request that specimens or isolates for **any** disease or condition be sent to BPHL for further characterization or to confirm the etiology of the disease.

See page 2 for BPHL contact information. The BPHL Clinical Specimen Submission Form (see www.FloridaHealth.gov/LaboratoryReferenceDocuments) must be completed at the time of submission.

8. Does the Department conduct surveillance for antimicrobial susceptibility?

Yes, the Department does conduct antimicrobial susceptibility surveillance. Effective June 4, 2014, the Department expanded the list of organisms for which susceptibility data must be reported. Previously, susceptibility data were required for *Streptococcus pneumoniae* isolated from a sterile site (all laboratories) and *Staphylococcus aureus* isolated from a sterile site (only laboratories participating in electronic laboratory reporting [ELR]). Effective June 4, 2014, laboratories participating in ELR are required to report any available susceptibility data for all reportable bacteria, as well as the following bacteria isolated from sterile sites: *Acinetobacter baumannii*, *Citrobacter* species, *Enterococcus* species, *Enterobacter* species, *Escherichia coli*, *Klebsiella* species, *Pseudomonas aeruginosa*, and *Serratia* species.

9. Are there exceptions or special laboratory notification requirements?

Yes, there are exceptions or special notification requirements for the diseases/agents below.

- Isolates with antimicrobial susceptibility results
- Cancer
- Congenital anomalies
- Hepatitis B, C, D, E, and G viruses
- HIV/AIDS and HIV-exposed infants
- Human papillomavirus (HPV)
- *Haemophilus influenzae*
- Influenza virus
- Lead poisoning
- Respiratory syncytial virus
- *Streptococcus pneumoniae*
- *Staphylococcus aureus*

Details are provided for each disease or agent below.

Notification process is different:

- **Cancer:** All laboratories must notify the statewide cancer registry, the Florida Cancer Data System (FCDS), of every biopsy and surgical resection specimen of cancer (excluding non-melanoma skin cancers) and benign and borderline tumors of the brain and central nervous system (CNS) from patient encounters within Florida. All notification must be electronic. Each laboratory has multiple submission options. Details of those options and the laboratory submission file layout can be found on the FCDS website (<http://fcds.med.miami.edu/inc/path.shtml>).

All laboratory test results (both positive and negative) must be submitted by ALL laboratories:

- **Lead:** All blood results
- **HIV:** All results for children <18 months old
- **Zika:** All results, including pregnancy status

All laboratory test results (both positive and negative) must be submitted by ONLY laboratories participating in electronic laboratory reporting (ELR):

- **Hepatitis B, C, D, E and G viruses:** All viral test results, all liver function test results, and pregnancy status
- **Influenza virus:** All test results
- **Respiratory syncytial virus:** All test results

Additional notification requirements for laboratories participating in ELR:

- **Antimicrobial susceptibility:** All results for *Acinetobacter baumannii*, *Citrobacter* species, *Enterococcus* species, *Enterobacter* species, *Escherichia coli*, *Klebsiella* species, *Pseudomonas aeruginosa*, and *Serratia* species isolated from a normally sterile site
- ***Haemophilus influenzae*:** Notification required for isolation from normally sterile sites for all ages (not just in children <5 years old)
HPV: Notification required for all positive HPV tests
- ***Streptococcus pneumoniae*:** Notification required for isolation from normally sterile sites for all ages (not just in children <6 years old)
- ***Staphylococcus aureus*:** Notification required for isolation from normally sterile sites

10. Are laboratories required to submit laboratory test results electronically?

Yes, laboratories are required to submit test results electronically. The Department has established an electronic laboratory reporting (ELR) process that includes transmitting test results in Health Level Seven (HL7) messaging format or ASCII delimited flat files which reflect comparable content to HL7 version 2.5.1 utilized by the Department. Laboratories should contact the Department's ELR liaison at ELR@flhealth.gov for enrollment information and guidelines to begin the process of meeting this standard in the shortest possible timeframe. Please visit www.FloridaHealth.gov/MeaningfulUse for information on Meaningful Use for ELR.

Please note: ELR does not remove the requirement to report by telephone those diseases with notification timeframes of *Suspect Immediately* and *Immediately* in the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-13).

III. Notification Timeframes

Suspect Immediately

These reportable diseases and conditions are of immediate public health concern due to their highly infectious nature or need for immediate intervention. **Laboratories should call their county health department immediately, 24 hours a day, seven days a week by phone upon initial clinical suspicion or laboratory test order.**

Laboratories should call their county health department without delay upon the occurrence of any of the following: receipt of a specimen with an accompanying request for an indicative or confirmatory test, and findings indicative thereof or suspected diagnosis. The goal of the *Suspect Immediately* timeframe is to call public health authorities as soon as possible during the case evaluation period so the necessary public health response (e.g., issuance of isolation, quarantine, prophylaxis, anti-toxin request, mosquito control notification) can be initiated in a timely and effective manner to prevent further exposure or infection.

Notification should be directly to the county health department. Notifications before or after regular business hours shall be made to the county health department after-hours duty official. Visit www.FloridaHealth.gov/CHDEpiContact to obtain local county health department after-hours duty contact information. If unable to reach the county health department after-hours official, contact the Department's Bureau of Epidemiology after-hours duty official at (850) 245-4401.



Immediately

These reportable diseases and conditions are of urgent public health importance. **Laboratories should call their county health department immediately, by phone 24 hours a day, seven days a week following an indicative or confirmatory test result, finding, or diagnosis.**

Notification should be directly to the county health department. Notifications before or after regular business hours shall be made to the county health department after-hours duty official. Visit www.FloridaHealth.gov/CHDEpiContact to obtain local county health department after-hours duty contact information. If unable to reach the county health department after-hours official, contact the Department's Bureau of Epidemiology after-hours duty official at (850) 245-4401.

Next Business Day

Laboratories should notify their county health department no later than the close of the next business day following confirmatory testing or diagnosis.

Other

Some diseases and conditions have other reporting timeframe. Specific timeframes are indicated in the “Other” column of the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-13).

Submit isolates or specimens for confirmation

Laboratories are required to send specimens, isolates, sera, slides or diagnostic preparations for certain etiologic agents to the Department’s Bureau of Public Health Laboratories for confirmation or additional characterization of the organism.

Difference between the *Suspect Immediately* and *Immediately* notification timeframes

Laboratories should call their local county health department about diseases that are listed as *Suspect Immediately* or *Immediately* as soon as possible, 24 hours a day, seven days a week by phone. Practitioners should call their county health department about diseases that are listed as *Suspect Immediately* diseases and conditions should be reported **upon initial suspicion**. Notification should occur prior to a confirmatory diagnosis when the disease in question is considered highly suspect. Requests for laboratory test identification of an organism are considered evidence that the disease is part of the clinician’s differential diagnosis and should be reported. The goal of the *Suspect Immediately* timeframe is to call public health authorities as soon as possible during the case evaluation so the necessary public health response (e.g., issuance of isolation, quarantine, prophylaxis, anti-toxin request, mosquito control notification) can be initiated in a timely and effective manner to prevent further exposure or infection. *Immediately* also applies to high-priority diseases but notification should occur **following confirmatory testing or diagnosis**.

IV. Table of Reportable Diseases or Conditions to Be Reported

Table available electronically at www.FloridaHealth.gov/DiseaseReporting

Laboratory Notification					Practitioner Notification					
Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)				Reportable disease or condition	Timeframe (see page 7)			
		Suspect Immediately	Immediately	Next business day	Other		Suspect Immediately	Immediately	Next business day	Other
Detection in one or more specimens of etiological agents of a disease or condition not listed that is of urgent public health significance; agents suspected to be the cause of a cluster or outbreak ‡		!				Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance †	!			
<i>Acanthamoeba</i> species			☎			Amebic encephalitis		☎		
Acquired immune deficiency syndrome (AIDS)	Laboratory notification not applicable					AIDS				2 weeks
<i>Anaplasma</i> species	✉			X		Ehrlichiosis/anaplasmosis			X	
Antimicrobial susceptibility results for isolates from a normally sterile site for <i>Acinetobacter baumannii</i> , <i>Citrobacter</i> species, <i>Enterococcus</i> species, <i>Enterobacter</i> species, <i>Escherichia coli</i> , <i>Klebsiella</i> species, <i>Pseudomonas aeruginosa</i> , and <i>Serratia</i> species *3				X		Antimicrobial resistance surveillance	Practitioner notification not applicable			
Any bacterial or fungal species in CSF				X		Meningitis, bacterial or mycotic			X	
Arboviruses not otherwise listed, including but not limited to: Flaviviridae, Togaviridae (e.g., Western equine encephalitis virus), and Bunyaviridae (e.g., Heartland virus, Rift Valley fever virus) *5	✉	!				Arboviral diseases not otherwise listed *5	!			
Arenaviruses (e.g., Lassa, Machupo, Lujo, new world)	✉	!				Viral hemorrhagic fevers	!			
Arsenic results indicative of poisoning *4a				X		Arsenic poisoning *4a			X	
<i>Babesia</i> species	✉			X		Babesiosis			X	
<i>Bacillus anthracis</i>	✉	!				Anthrax	!			
<i>Balamuthia mandrillaris</i>			☎			Amebic encephalitis		☎		
<i>Bordetella pertussis</i>			☎			Pertussis		☎		
<i>Borrelia burgdorferi</i>				X		Lyme disease			X	
Brevetoxin associated with neurotoxic shellfish poisoning as specified in the surveillance case definition *4a			☎			Neurotoxic shellfish poisoning		☎		
<i>Brucella</i> species	✉	!				Brucellosis	!			
<i>Burkholderia mallei</i>	✉	!				Glanders	!			
<i>Burkholderia pseudomallei</i>	✉	!				Melioidosis	!			
California serogroup viruses (e.g., Jamestown Canyon, Keystone, Lacrosse)	✉			X		California serogroup virus disease			X	
<i>Campylobacter</i> species *4b				X		Campylobacteriosis *4b			X	

IV. Table of Reportable Diseases or Conditions to Be Reported (Continued)

Table available electronically at www.FloridaHealth.gov/DiseaseReporting

Laboratory Notification					Practitioner Notification					
Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)				Reportable disease or condition	Timeframe (see page 7)			
		Suspect Immediately	Immediately	Next business day	Other		Suspect Immediately	Immediately	Next business day	Other
Cancer, pathological or tissue diagnosis of cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors					6 months	Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors *6				6 months
Carbon monoxide poisoning, volume fraction ≥ 0.09 (9%) of carboxyhemoglobin in blood				X		Carbon monoxide poisoning			X	
CD-4 absolute count and percentage of total lymphocytes *7					3 days	CD-4 absolute count and percentage of total lymphocytes	Practitioner notification not applicable			
Chikungunya virus				X		Chikungunya fever			X	
<i>Chlamydia trachomatis</i>				X		Chlamydia *8			X	
<i>Chlamydia trachomatis</i>				X		Lymphogranuloma venereum (LGV)			X	
<i>Chlamydophila psittaci</i>	✉			X		Psittacosis (ornithosis)			X	
Ciguatera	Laboratory notification not applicable					Ciguatera fish poisoning			X	
<i>Clostridium botulinum</i> and botulinum toxin in food, wound or unspecified source	✉	!				Botulism, foodborne, wound, and unspecified	!			
<i>Clostridium botulinum</i> and botulinum toxin in infants <12 months old	✉			X		Botulism, infant			X	
<i>Clostridium tetani</i>				X		Tetanus			X	
Congenital anomalies	Laboratory notification not applicable					Congenital anomalies *9				6 months
Conjunctivitis in neonates <14 days old	Laboratory notification not applicable					Conjunctivitis in neonates <14 days old			X	
Coronavirus associated with severe acute respiratory disease	✉	!				Severe acute respiratory disease syndrome associated with coronavirus infection	!			
<i>Corynebacterium diphtheriae</i>	✉	!				Diphtheria	!			
<i>Coxiella burnetii</i>	✉			X		Q Fever			X	
Creutzfeldt-Jakob disease (CJD), 14-3-3 or tau protein detection in CSF or immunohistochemical test or any brain pathology suggestive of CJD *10				X		CJD *10			X	
<i>Cryptosporidium</i> species *4b				X		Cryptosporidiosis *4b			X	
<i>Cyclospora cayentanensis</i>	✉			X		Cyclosporiasis			X	
Dengue virus *5	✉	!				Dengue fever *5	!			
Eastern equine encephalitis virus	✉			X		Eastern equine encephalitis			X	
<i>Ehrlichia</i> species	✉			X		Ehrlichiosis/anaplasmosis			X	
<i>Escherichia coli</i> , Shiga toxin-producing or Shiga toxin *4b	✉			X		<i>Escherichia coli</i> infection, Shiga toxin-producing *4b			X	
Filoviruses (e.g., Ebola, Marburg)	✉	!				Viral hemorrhagic fevers	!			
<i>Francisella tularensis</i>	✉	!				Tularemia	!			

IV. Table of Reportable Diseases or Conditions to Be Reported (Continued)

Table available electronically at www.FloridaHealth.gov/DiseaseReporting

Laboratory Notification						Practitioner Notification					
Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)				Reportable disease or condition	Timeframe (see page 7)				
		Suspect Immediately	Immediately	Next business day	Other		Suspect Immediately	Immediately	Next business day	Other	
<i>Giardia</i> species *4b				X		Giardiasis, acute *4b			X		
<i>Grimontia hollisae</i> (formerly <i>Vibrio hollisae</i>)				X		Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1)			X		
<i>Haemophilus ducreyi</i>				X		Chancroid			X		
<i>Haemophilus influenzae</i> isolated from a normally sterile site for all ages*11		!				<i>Haemophilus influenzae</i> invasive disease in children <5 years old	!				
<i>Hantavirus</i>						Hantavirus infection					
Hemolytic uremic syndrome (HUS)	Laboratory notification not applicable					HUS					
Hepatitis A *4b, 12						Hepatitis A *4b, 12					
Hepatitis B, C, D, E, and G viruses, all test results (positive and negative) *12				X		Hepatitis B, C, D, E, and G *12			X		
Hepatitis B surface antigen (HBsAg) for all ages				X		Hepatitis B surface antigen in pregnant women and children <2 years old			X		
Herpes B virus, possible exposure	Laboratory notification not applicable					Herpes B virus, possible exposure					
Herpes simplex virus (HSV) 1 and HSV 2 in children <12 years old *13				X		Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old *7, 13			X		
Human immunodeficiency virus (HIV), repeatedly reactive enzyme immunoassay followed by a positive confirmatory test (e.g., Western blot, IFA). Positive result on any HIV virologic test (e.g., p24 AG, nucleic acid test [NAT/NAAT], viral culture). All viral load (detectable and undetectable) test results: *14, 15					3 days	HIV Infection				2 weeks	
HIV, all test results (e.g., positive and negative immunoassay, positive and negative virologic tests) for children <18 months old					3 days	HIV-exposed infants <18 months old born to an HIV-infected woman			X		
Human papillomavirus (HPV) DNA *3				X		HPV	Practitioner notification not applicable				
HPV DNA *3				X		HPV-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old *8			X		
Influenza virus in children <18 years old who died (if known)						Influenza-associated pediatric mortality in children <18 years old					
Influenza virus, all test results (positive and negative) *3				X		Influenza	Practitioner notification not applicable				
Influenza virus, novel or pandemic strain isolated from humans		!				Influenza A, novel or pandemic strains	!				
<i>Klebsiella granulomatis</i>				X		Granuloma inguinale			X		
Lead, all blood results (positive and negative) *3, 4, 16				X		Lead poisoning (blood lead level ≥5 µg/dL) *4, 16			X		

IV. Table of Reportable Diseases or Conditions to Be Reported (Continued)

Table available electronically at www.FloridaHealth.gov/DiseaseReporting

Laboratory Notification						Practitioner Notification					
Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)				Reportable disease or condition	Timeframe (see page 7)				
		Suspect Immediately	Immediately	Next business day	Other		Suspect Immediately	Immediately	Next business day	Other	
<i>Legionella</i> species				X		Legionellosis			X		
<i>Leptospira</i> species				X		Leptospirosis			X		
<i>Listeria monocytogenes</i>						Listeriosis					
Measles virus *16		!				Measles (rubeola)	!				
Mercury results indicative of poisoning as specified in the surveillance case definition *4a				X		Mercury poisoning *4a			X		
Mumps virus				X		Mumps			X		
<i>Mycobacterium leprae</i>				X		Hansen's disease (leprosy)			X		
<i>Mycobacterium tuberculosis</i> complex *21				X		Tuberculosis (TB) *21			X		
<i>Naegleria fowleri</i>						Amebic encephalitis					
<i>Neisseria gonorrhoeae</i>				X		Gonorrhea *8			X		
<i>Neisseria meningitidis</i> isolated from a normally sterile site						Meningococcal disease	!				
Neonatal abstinence syndrome (NAS) *18	Laboratory notification not applicable					NAS *17				6 months	
Pesticide results indicative of related illness and injury *4				X		Pesticide-related illness and injury, acute *4			X		
<i>Photobacterium damsela</i> (formerly <i>Vibrio damsela</i>)				X		Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1)			X		
<i>Plasmodium</i> species				X		Malaria			X		
Poliovirus		!				Poliomyelitis	!				
Rabies virus in animal or human		!				Rabies, animal or human					
Rabies, possible exposure *19	Laboratory notification not applicable					Rabies, possible exposure *18	!				
Respiratory syncytial virus, all test results (positive and negative) *3				X		Respiratory syncytial virus	Practitioner notification not applicable				
Ricinine (from <i>Ricinus communis</i> castor beans)		!				Ricin toxin poisoning	!				
<i>Rickettsia prowazekii</i>		!				Typhus fever, epidemic	!				
<i>Rickettsia rickettsii</i> and other spotted fever <i>Rickettsia</i> species				X		Rocky Mountain spotted fever and other spotted fever rickettsioses			X		
Rubella virus *17		!				Rubella	!				
<i>Salmonella</i> serotypes Typhi, Paratyphi A, Paratyphi B, and Paratyphi C *4b						Typhoid fever and paratyphoid fever *4b					
<i>Salmonella</i> species *4b				X		Salmonellosis *4b			X		
Saxitoxin				X		Saxitoxin poisoning (paralytic shellfish poisoning)			X		
Shiga toxin *4b				X		<i>Escherichia coli</i> infection, Shiga toxin-producing *4b			X		

IV. Table of Reportable Diseases or Conditions to Be Reported (Continued)

Table available electronically at www.FloridaHealth.gov/DiseaseReporting

Laboratory Notification						Practitioner Notification					
Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Timeframe (see page 7)				Reportable disease or condition	Timeframe (see page 7)				
		Suspect Immediately	Immediately	Next business day	Other		Suspect Immediately	Immediately	Next business day	Other	
<i>Shigella</i> species *4b				X		Shigellosis *4b			X		
St. Louis encephalitis virus				X		St. Louis encephalitis			X		
Staphylococcal enterotoxin B						Staphylococcal enterotoxin B poisoning					
<i>Staphylococcus aureus</i> isolated from a normally sterile site *3				X		<i>Staphylococcus aureus</i> invasive infection	Practitioner notification not applicable				
<i>Staphylococcus aureus</i> , intermediate or full resistance to vancomycin (VISA, VRSA); laboratory results as specified in the surveillance case definition *4						<i>Staphylococcus aureus</i> infection, intermediate or full resistance to vancomycin (VISA, VRSA)					
<i>Streptococcus pneumoniae</i> isolated from a normally sterile site for all ages *20				X		<i>Streptococcus pneumoniae</i> invasive disease in children <6 years old			X		
<i>Treponema pallidum</i>				X		Syphilis			X		
<i>Treponema pallidum</i> in pregnant women and neonates						Syphilis in pregnant women and neonates					
<i>Trichinella spiralis</i>				X		Trichinellosis (trichinosis)			X		
Vaccinia virus		!				Vaccinia disease	!				
Varicella virus				X		Varicella (chickenpox) *22			X		
Variola virus (orthopox virus)		!				Smallpox	!				
Venezuelan equine encephalitis virus		!				Venezuelan equine encephalitis	!				
<i>Vibrio cholerae</i> type O1		!				Cholera	!				
<i>Vibrio</i> species excluding <i>Vibrio cholerae</i> type O1				X		Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1)			X		
Viral hemorrhagic fever, viruses not otherwise listed that cause viral hemorrhagic fever		!				Viral hemorrhagic fevers	!				
West Nile virus				X		West Nile virus disease			X		
Yellow fever virus						Yellow fever	!				
<i>Yersinia pestis</i>		!				Plague	!				
Zika virus *5		!				Zika fever *5	!				


V. Notations, Table of Reportable Diseases or Conditions to Be Reported

 **Suspect Immediately:** see page 7 for additional information on notification timeframes.

 **Immediately:** see page 7 for additional information on notification timeframes.

† This includes human cases, clusters, or outbreaks spread person-to-person, by animals or vectors or from an environmental, foodborne or waterborne source of exposure; those that result from a deliberate act of terrorism; and unexplained deaths possibly due to unidentified infectious or chemical causes.

‡ This includes the identification of etiological agents that are suspected to be the cause of clusters or outbreaks spread person-to-person; by animals; by vectors; or from an environmental, foodborne, or waterborne source of exposure. This also includes etiological agents that are suspected to be the cause of clusters or outbreaks resulting from a deliberate act of terrorism and unexplained deaths due to unidentified infectious or chemical causes.

-  *1 Submission of isolates or specimens for confirmation to the Department's Bureau of Public Health Laboratories (BPHL):
- a. Each laboratory that obtains a human isolate or a specimen from a patient shall send isolates or specimens (such as sera, slides or diagnostic preparations) for confirmation or additional characterization of the organism.
 - b. Hospitals, practitioners and laboratories submitting specimens for reportable laboratory tests, pursuant to subsection 64D-3.031(3), Florida Administrative Code, are required to supply the laboratories with sufficient information to comply with the provisions of this section.
 - c. For the address of the closest BPHL location, see page 2.
 - d. Laboratories shall submit isolates or specimens for confirmation or additional characterization of the organism for reportable diseases listed in the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-13).
 - e. Laboratories are not prohibited from submitting isolates or specimens from a patient for a disease or condition that is not designated in the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-13).
 - f. Submission should occur within two weeks from the time the isolate or specimen is received by the laboratory, unless otherwise noted by the Department.
- *2 Include minimum inhibitory concentration (MICs) zone sizes for disk diffusion, MICs for E-test or agar dilution and interpretation (susceptible, intermediate, resistant).
- *3 Paper reports are not required. Notification is only required for laboratories performing electronic laboratory reporting as described in subsection 64D-3.031(5), Florida Administrative Code.
- *4
- a. Surveillance Case Definitions for Select Reportable Diseases in Florida are located on the Department's website (www.FloridaHealth.gov/DiseaseCaseDefinitions).
 - b. Reports should include occupational information (e.g., employer name, address, phone number).

V. Notations, Table of Reportable Diseases or Conditions to Be Reported (Continued)

- *5 Report on suspicion of infection. Reports should occur without delay on initial suspicion but reports do not need to be made after-hours. Reports on initial suspicion are to allow for disease control measures to be immediately implemented (such as notification of mosquito control) in order to prevent local transmission.
- *6 Notification within six months of diagnosis and within six months of each treatment.
- *7 All CD-4 absolute counts and percentage of total lymphocytes, with or without confirmed HIV infection.
- *8 Child abuse should be considered by a practitioner upon collection of a specimen for laboratory testing in any child ≤ 12 years old, excluding neonates. Reporting of a sexually transmissible disease case to the county health department does not relieve the practitioner of their mandatory reporting responsibilities regarding child abuse pursuant to section 39.201, Florida Statutes.
- *9 Exceptions are located in Rule 64D-3.035, Florida Administrative Code.
- *10 Practitioners should contact the Department's Bureau of Epidemiology at (850) 245-4401 to arrange appropriate autopsy and specimen collection.
- *11 For *Haemophilus influenzae* test results associated with people >4 years old, only electronic reporting is required, in accordance with subsection 64D-3.031(5), Florida Administrative Code.
- *12 Special reporting requirements for hepatitis B (acute and chronic), C (acute and chronic), D, E, G: Positive results should be accompanied by any hepatitis testing conducted (positive and negative results), all serum aminotransferase levels, and if applicable, pregnancy test result or indication that testing was conducted as part of a pregnancy panel. For laboratories performing electronic laboratory reporting as described in subsection 64D-3.031(5), Florida Administrative Code, all test results performed (positive and negative) are to be submitted, including screening test results (positive and negative).
- *13 A 4-fold titer rise in paired sera by various serological tests confirmatory of primary infection; presence of herpes-specific IgM suggestive but not conclusive evidence of primary infection.
- *14 Special requirements for Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS):
 - a. Laboratories that report confirmed positive HIV tests in persons ≥ 13 years old must also report STARHS results.
 - b. In lieu of producing this test result, each laboratory that reports a confirmed positive HIV test must submit a sample for additional testing using STARHS. The laboratory is permitted to send the remaining blood specimen or an aliquot of at least 0.5 mL to BPHL-Jacksonville or BPHL-Miami (see page 2 for addresses).
 - c. Laboratories electing to send a blood specimen will contact the Incidence and Molecular Coordinator, HIV/AIDS Section, at (850) 245-4430 to receive specimen maintenance and shipping instructions.
 - d. Nationally based laboratories with an existing contract to ship specimens directly to a STARHS laboratory designated by the Centers for Disease Control and Prevention will not be required to send a specimen to the department.

V. Notations, Table of Reportable Diseases or Conditions to Be Reported (Continued)

- *15 Laboratories shall submit a genotype for each confirmed positive HIV specimen on a FASTA file containing the nucleotide sequence data, including the protease and reverse transcriptase regions must be reported.
- *16 Special reporting requirements for reporting blood lead tests:
 - a. All blood lead tests (positive and negative results) must be submitted to the Department electronically. This reporting requirement pertains to all laboratories and practitioners that conduct on-site blood lead analysis (i.e., practitioners that use portable lead care analyzers or other devices to perform blood lead analysis).
 - b. Results produced by on-site blood lead analysis devices (i.e., portable lead care analyzers or other portable devices used to perform blood lead analysis) <5 µg/dL must be reported within 10 business days. Electronic reporting of results is preferred.
- *17 IgM serum antibody or viral culture test orders for measles (rubeola) or rubella should be reported as suspect immediately, but not IgG orders or results.
- *18 Each hospital licensed under Chapter 395, Florida Statutes shall report each case of neonatal abstinence syndrome occurring in an infant admitted to the hospital. If a hospital reports a case of neonatal abstinence syndrome to the Agency for Health Care Administration in its inpatient discharge data report, pursuant to Chapter 59E-7, Florida Administrative Code, then it need not comply with the reporting requirements of subsection 64D-3.029(1), Florida Administrative Code.
- *19 Exposure to rabies (as defined in Rule 64D-3.028, Florida Administrative Code) that results in rabies prophylaxis for the person exposed, rabies testing, isolation or quarantine of the animal causing the exposure.
- *20 For *Streptococcus pneumoniae* test results associated with people >5 years old, only electronic reporting is required, in accordance with subsection 64D-3.031(5), Florida Administrative Code.
- *21 Test results must be submitted by laboratories to the Department's Tuberculosis Control Section, 4052 Bald Cypress Way, Bin A20, Tallahassee, Florida 32399-1717, (850) 245-4350.
- *22 Practitioners shall also provide dates of varicella vaccination.

VI. One Page Laboratory Guide

List available electronically at www.FloridaHealth.gov/DiseaseReporting

Reportable Diseases/Conditions in Florida

Laboratory List (Health Care Practitioner Requirements Differ)

Per Rule 64D-3.029, Florida Administrative Code, promulgated October 20, 2016

Florida Department of Health
(Department)



Did you know that you are required* to report certain laboratory results to your local county health department (CHD)?

You are an invaluable part of disease surveillance in Florida!

Please visit www.FloridaHealth.gov/DiseaseReporting for more information. To report a laboratory result, contact your CHD epidemiology program (www.FloridaHealth.gov/CHDEpiContact). If unable to reach your CHD, please call the Department's Bureau of Epidemiology at (850) 245-4401.

- ! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
- 📞 Report immediately 24/7 by phone
- Report next business day
- + Other reporting timeframe
- 📧 Submit isolate or specimen to the Department's Bureau of Public Health Laboratories for confirmation (call 866-FLA-LABS for more information)

Reportable for all laboratories

! Detection in one or more specimens of etiological agents of a disease or condition not listed that is of urgent public health significance; agents suspected to be the cause of a cluster or outbreak

🦠 Acanthamoeba species

- Anaplasma species

• Any bacterial or fungal species in CSF

! Arboviruses not otherwise listed, including but not limited to: Flaviviridae, Togaviridae (e.g., Western equine encephalitis virus), and Bunyaviridae (e.g., Heartland virus)

! Arenaviruses (e.g., Lassa, Machupo, Lujo, new world)

• Arsenic results indicative of poisoning

- Babesia species

! Bacillus anthracis

🦠 Balamuthia mandrillaris

🦠 Bordetella pertussis

- Borrelia burgdorferi

🦠 Breve toxin associated with neurotoxic shellfish poisoning

! Brucella species

! Burkholderia mallei

! Burkholderia pseudomallei

- California serogroup viruses (e.g., Jamestown Canyon, Keystone, Lacrosse)

• Campylobacter species

+ Cancer, pathological or tissue diagnosis of cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors (see Rule 64D-3.034, Florida Administrative Code)

• Carbon monoxide, volume fraction ≥ 0.09 (9%) of carboxyhemoglobin in blood

+ CD-4 absolute count and percentage of total lymphocytes

• Chikungunya virus

• Chlamydia trachomatis

• Chlamydomydia psittaci

• CJD, 14-3-3 or tau protein detection in CSF or immunohistochemical test or any brain pathology suggestive of CJD

! Clostridium botulinum and botulinum toxin in food, wound, or unspecified source

• Clostridium botulinum and botulinum toxin in infants <12 months old

• Clostridium tetani

! Coronavirus associated with severe acute respiratory disease

! Corynebacterium diphtheriae

• Coxiella burnetii

• Cryptosporidium species

• Cyclospora cayatanensis

! Dengue virus

• Eastern equine encephalitis virus

• Ehrlichia species

• Escherichia coli, Shiga toxin-producing

! Filoviruses (e.g., Ebola, Marburg)

! Francisella tularensis

• Giardia species

• Grimontia hollisae (formerly Vibrio hollisae)

• Haemophilus ducreyi

! Haemophilus influenzae isolated from a normally sterile site for children <5 years old

🦠 Hantavirus

🦠 Hepatitis A

• Hepatitis B, C, D, E, and G viruses

• Herpes simplex virus (HSV) 1 and HSV 2 in children <12 years old

+ HIV, all test results (e.g., positive and negative immunoassay, positive and negative virologic tests) for children <18 months old

+ Human immunodeficiency virus (HIV), repeatedly reactive enzyme immunoassay followed by a positive confirmatory test (e.g., Western blot, IFA). Positive result on any HIV virologic test (e.g., p24 AG, nucleic acid test (NAT/NAAT), viral culture). All viral load (detectable and undetectable) test results.

🦠 Influenza virus in children <18 years old who died (if known)

! Influenza virus, novel or pandemic strain isolated from humans

• Klebsiella granulomatis

• Lead, all blood results (positive and negative)

• Legionella species

• Leptospira species

🦠 Listeria monocytogenes

! Measles virus

• Mercury results indicative of poisoning

• Mumps virus

• Mycobacterium leprae

• Mycobacterium tuberculosis complex

🦠 Naegleria fowleri

• Neisseria gonorrhoeae

🦠 Neisseria meningitidis isolated from a normally sterile site

• Pesticide results indicative of related illness and injury

• Photobacterium damsela (formerly Vibrio damsela)

• Plasmodium species

! Poliovirus

! Rabies virus in animal or human

! Ricinine

! Rickettsia prowazekii

• Rickettsia rickettsii and other spotted fever

Rickettsia species

! Rubella virus

Coming soon: "What's Reportable?" app for iOS and Android

🦠 Salmonella serotypes Typhi, Paratyphi A, Paratyphi B, Paratyphi C

• Salmonella species

• Saxitoxin associated with paralytic shellfish poisoning

• Shiga toxin

• Shigella species

• St. Louis encephalitis virus

🦠 Staphylococcal enterotoxin B

🦠 Staphylococcus aureus, intermediate or full resistance to vancomycin (VISA, VRSA)

• Streptococcus pneumoniae isolated from a normally sterile site for children <6 years old

• Treponema pallidum

🦠 Treponema pallidum in pregnant women and neonates

• Trichinella spiralis

! Vaccinia virus

• Varicella virus

! Variola virus (orthopox virus)

! Venezuelan equine encephalitis virus

! Vibrio cholerae type O1

• Vibrio species excluding Vibrio cholerae type O1

! Viruses not otherwise listed that cause viral hemorrhagic fever

• West Nile virus

🦠 Yellow fever virus

! Yersinia pestis

! Zika virus

Only reportable for laboratories participating in electronic laboratory reporting (ELR)

• Antimicrobial susceptibility results for isolates from a normally sterile site for Acinetobacter baumannii, Citrobacter species, Enterococcus species, Enterobacter species, Escherichia coli, Klebsiella species, Pseudomonas aeruginosa, and Serratia species

• Haemophilus influenzae isolated from a normally sterile site, all ages

• Hepatitis B, C, D, E, and G viruses, all test results (positive and negative) and all liver function tests

• Human papillomavirus (HPV) DNA

• Influenza virus, all test results (positive and negative)

• Respiratory syncytial virus, all test results (positive and negative)

• Staphylococcus aureus isolated from a normally sterile site

• Streptococcus pneumoniae isolated from a normally sterile site, all ages

Note

All associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility results) for all laboratory results reported to the Department.

*Section 381.0031 (2), Florida Statutes, provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health (Department)." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, section 381.0031 (4), Florida Statutes, provides that "The Department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."

VII. Bureau of Public Health Laboratories Clinical Specimen Submission Form

Laboratories are required to send specimens, isolates, sera, slides, or diagnostic preparations) for certain etiologic agents to the Department's Bureau of Public Health Laboratories (BPHL) for confirmation or additional characterization of the organism. Laboratories should refer to the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-13); the column labeled *Submit Isolates or Specimens for Confirmation* designates etiologic agents for which specimens, isolates, slides or other relevant diagnostic materials must be sent.

Submission of specimens by laboratories is encouraged in any instance where additional characterization or confirmation of the organism is needed in order to confirm the etiology of diseases of public health importance. During epidemiological investigations, public health investigators may request that specimens or isolates for **any** disease or condition be sent to BPHL for further characterize or confirm the etiology of the disease.

See page 2 for BPHL contact information. The BPHL Clinical Specimen Submission Form (see www.FloridaHealth.gov/LaboratoryReferenceDocuments) must be completed at the time of submission.

VIII. Packaging and Shipping of Infectious Substances and Diagnostic Specimens

Proper packaging and shipping of infectious substances and diagnostic specimens are defined in the International Air Transport Association, Department of Transportation and United States Postal Service regulations. It is the sender's responsibility to properly classify, identify, package, mark, label, and document shipments for transport. Consult the following websites to ensure compliance with packaging and shipping regulations:

International Air Transport Association
www.iata.org

World Health Organization
www.who.int/en/

U.S. Government Printing Office
www.access.gpo.gov

Office of Health and Safety
www.cdc.gov/od/ohs

Florida Department of Health Bureau of Public Health Laboratories
www.FloridaHealth.gov/LaboratoryReferenceDocuments

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