Laboratory Reporting Guidelines for Reportable Diseases and Conditions in Florida

Based on Revisions to Chapter 64D-3, *Florida Administrative Code*, Effective June 4, 2014

Florida HEALTH

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 (DOH) of diseases or conditions of public health significance under Section 381.0031, *Florida Statutes* and Chapter 64D-3, *Florida Administrative Code* (*FAC*). Laboratories, practitioners, hospitals, medical facilities, schools, nursing homes, state institutions or other locations providing health services are required to notify DOH 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, *FAC*. 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 provide the basis for 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.

DOH has updated the *Table of Reportable Diseases or Conditions to Be Reported*, Rule 64D-3.029, *FAC*, effective June 6, 2014. In an effort to assist laboratories in meeting their obligations to notify DOH of reportable diseases and conditions, DOH has prepared this guide. This guide is not intended to cover every aspect of Chapter 64D-3, *FAC*, but rather to provide a summation and explanation of practitioner notification requirements.

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

1. Visit http://floridahealth.gov/diseasereporting.
2. Contact the Florida Department of Health (see page 1 of this guide).
3. Contact your local county health department (visit http://floridahealth.gov/chdepicontact to locate contact information).

The included list of reportable laboratory findings is current as of June 2014. This list is not static and will change as the technology of laboratory diagnostics evolves.

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,

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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 the county health department (CHD) regular business hours shall be made to the CHD after-hours duty official.

To locate CHD after-hours disease reporting phone, visit http://floridahealth.gov/chdepicontact
Record your CHD's contact information below.

Business hours phone:	(352) 521 - 1450 option 6
Fax:	(352) 521 - 1435
After-hours phone:	(727) 257 - 1177

- If unable to reach CHD after-hours official:
  Bureau of Epidemiology after-hours phone: (850) 245-4401
  Bureau of Public Health Laboratories after-hours phone: (866) 352-5227 (866-FLA-LABS)

I. Contact Information, Florida Department of Health

To notify the Florida Department of Health (DOH) of reportable diseases or conditions during regular business hours *or receive consultation regarding diagnosis and management of patients and contacts, contact your local county health department (CHD).*

Visit http://floridahealth.gov/chdepicontact to obtain CHD contact information.

For technical consultation or consultation regarding disease notification, diagnosis and management of patients and contacts, contact DOH central offices:

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 and Hepatitis Section
Phone:(850) 245-4334

Immunization Section
(850) 245-4342

Sexually Transmitted Disease 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
http://floridahealth.gov/diseasereporting

Florida Birth Defects Registry
www.floridahealth.gov/AlternateSites/FBDR/

Florida Cancer Data System
http://fcds.med.miami.edu/inc/welcome.shtml

Florida Lead Poisoning Prevention Program
www.floridahealth.gov/%5C/healthy-environments/lead-poisoning/index.html

Florida Meaningful Use Public Health Reporting
www.floridahealth.gov/meaningfuluse

Electronic Laboratory Reporting
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

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

Pensacola
Phone: (850) 595-8895
Fax: (850) 595-6380
Address: 50 West Maxwell Street
Pensacola, Florida 32501

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

Bureau of Public Health Laboratories
Phone: (866) 352-5227 (866-FLA-LABS), accessible 24/7
(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* (*FAC*)?**
   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 report or cause to be reported 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-3.0029, *FAC*, (see pages 9-18).** The public health system depends upon notification of disease to monitor the health of the community and to provide the basis for preventive action.

   Per 64D-3.031(4), *FAC*, laboratories located out of state, licensed under Chapter 483, Part 1, *Florida Statutes*, that collect specimens in Florida or that receive the initial order for testing from a practitioner, blood bank, plasmapheresis center, or other health care provider located in Florida, shall notify the Florida Department of Health (DOH) 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 who to notify and what information to include).

   Practitioners are also required to notify DOH 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 including symptoms, pregnancy status, treatment, occupation, illness in family members, etc. supplements data provided by laboratories. Laboratory submission of test results to the county health 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 report systems are in place at the medical practices and hospitals in which they work and at the laboratories they use.

2. **Who should laboratories notify of reportable diseases or conditions?**
   Notification of reportable disease or condition laboratory results should be made directly to the county health department (CHD) in the county where the patient resides. It is important to know how to contact the local CHD 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 9-18). Visit http://floridahealth.gov/chdepicontact to obtain CHD contact information.

   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 9-18). 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 Florida Department of Health?

As per Chapter 64D-3.031, *Florida Administrative Code* (*FAC*), Notification by Laboratories, report content must include:

a) The patient's:
   1. First and last name, including middle initial
   2. Address, including 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
   2. Type of specimen (e.g., stool, urine, blood, mucus)
   3. Specimen collection date
   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, address and telephone number
   2. National provider identifier (NPI)

5. Do notification requirements for laboratories and practitioners differ?

Yes, laboratories and practitioners have slightly different lists of reportable diseases or conditions and associated laboratory test results that they must report, as well as different required notification methods (e.g., laboratories are required to submit electronic results). Please refer to the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-18). Additionally, there are notification requirements for practitioners, such as treatment information, that are not applicable for laboratories.

6. Should laboratories notify the Florida Department of Health (DOH) of suspect cases of diseases or conditions of a highly infectious nature of urgent public health importance?

Yes, laboratories are required to notify DOH of 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 9-18); the column labeled as *Suspect Immediately* designates which diseases or conditions should result in DOH notification 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. Practitioners should immediately (24 hours a day, seven days a week) notify the local

county health department of diseases designated as *Suspect Immediately*. Upon confirmation of the disease or presence of the agent, the laboratory should also report the confirmation to the appropriate county health department.

7. **Are laboratories required to send isolates or specimens to the Florida Department of Health (DOH) Bureau of Public Health Laboratories (BPHL)?**
   Yes, laboratories are required to send specimens, isolates, sera, slides or diagnostic preparations for certain etiologic agents to DOH 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 9-18); 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 characterization or to confirm the etiology of the disease.

   See page 1 for BPHL contact information. The BPHL Clinical Specimen Submission Form (see http://floridahealth.gov/laboratoryreferencedocuments) must be completed at the time of submission.

8. **Does the Florida Department of Health (DOH) conduct surveillance for antimicrobial susceptibility?**
   Yes, DOH does conduct antimicrobial susceptibility surveillance. Effective June 4, 2014, DOH has 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 FDCS 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

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 a normally sterile site 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 a normally sterile site for all ages (not just in children <6 years old).
- ***Staphylococcus aureus:*** notification required for isolation from a normally sterile site.

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

Yes, laboratories are required to submit test results electronically. The Florida Department of Health (DOH) 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 DOH. Laboratories should contact the DOH 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 http://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 9-18).

III. Notification Timeframes

! *Suspect Immediately*

Reportable disease or condition of a highly infectious nature of urgent public health importance; **notify the Florida Department of Health (DOH) immediately 24 hours a day, seven days a week, by phone upon initial clinical suspicion or laboratory test order.**

Notify DOH without delay upon the occurrence of any of the following: initial clinical suspicion, receipt of a specimen with an accompanying request for an indicative or confirmatory test, findings indicative thereof or suspected diagnosis. The goal of the *Suspect Immediately* timeframe is to notify 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) can be initiated in a timely and effective manner to prevent further exposure or infection.

Notification should be directly to the local county health department (CHD). Notifications before or after CHD regular business hours shall be made to the CHD after-hours duty official. Visit http://floridahealth.gov/chdepicontact to obtain CHD contact information. If unable to reach CHD after-hours official, contact the DOH Bureau of Epidemiology after-hours duty official at (850) 245-4401.

Immediately

Reportable disease or condition of urgent public health importance**; notify DOH immediately 24 hours a day, seven days a week, by phone.** Report without delay upon the occurrence of any of the following: an indicative or confirmatory test result, finding or diagnosis.

Notification should be directly to the local CHD. Notifications before or after CHD regular business hours shall be made to the CHD after-hours duty official. Visit http://floridahealth.gov/chdepicontact to obtain CHD contact information. If unable to reach CHD after-hours official, contact the DOH Bureau of Epidemiology after-hours duty official at (850) 245-4401.

Next Business Day

Notify DOH no later than the close of the next CHD business day following confirmatory testing or diagnosis.

Other

Other reporting timeframe; specific timeframes are indicated in the “Other” column of the *Table of Reportable Diseases or Conditions to Be Reported* (see pages 9-18).

Submit isolates or specimens for confirmation

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

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

Practitioners should notify DOH of 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 notify DOH of diseases that are listed as *Suspect Immediately* **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 notify 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) 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

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 ‡		!				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 †	!			
Acanthamoeba species			☎			Amebic encephalitis		☎		
Acquired immune deficiency syndrome (AIDS)	Laboratory notification not applicable					AIDS				2 weeks
Anaplasma species	✉			X		Ehrlichiosis/anaplasmosis			X	
Antimicrobial susceptibility 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 *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	✉			X		Arboviral diseases not otherwise listed			X	

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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
Arenaviruses (e.g., Lassa, Machupo, Lujo, new world)	✉	!				Viral hemorrhagic fevers	!			
Arsenic results indicative of poisoning *4a				X		Arsenic poisoning *4a			X	
Bacillus anthracis	✉	!				Anthrax	!			
Balamuthia mandrillaris			☎			Amebic encephalitis		☎		
Bordetella pertussis			☎			Pertussis		☎		
Borrelia burgdorferi				X		Lyme disease			X	
Brevetoxin associated with neurotoxic shellfish poisoning *4a			☎			Neurotoxic shellfish poisoning		☎		
Brucella species	✉	!				Brucellosis	!			
Burkholderia mallei	✉	!				Glanders	!			
Burkholderia pseudomallei	✉	!				Melioidosis	!			
California serogroup viruses (e.g., Jamestown Canyon, Keystone, Lacrosse)	✉			X		California serogroup virus disease			X	
Campylobacter species *4b				X		Campylobacteriosis *4b			X	

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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 *5				6 months
Carbon monoxide poisoning, a volume fraction ≥0.09 (9%) of carboxyhemoglobin in blood				X		Carbon monoxide poisoning			X	
CD-4 absolute count and percentage of total lymphocytes *6					3 days	CD-4 absolute count and percentage of total lymphocytes	Practitioner notification not applicable			
Chikungunya virus				X		Chikungunya fever			X	
Chlamydia trachomatis				X		Chlamydia *7			X	
Chlamydia trachomatis				X		Lymphogranuloma venereum (LGV)			X	
Chlamydophila psittaci	✉			X		Psittacosis (ornithosis)			X	
Ciguatoxin	Laboratory notification not applicable					Ciguatera fish poisoning			X	
Clostridium botulinum and botulinum toxin for infants <12 months old	✉			X		Botulism, infant			X	
Clostridium botulinum and botulinum toxin from food, wound or unspecified source	✉	!				Botulism, foodborne, wound, and unspecified	!			
Clostridium tetani				X		Tetanus			X	

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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
Congenital anomalies	Laboratory notification not applicable					Congenital anomalies *8				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	!			
Corynebacterium diphtheriae	✉	!				Diphtheria	!			
Coxiella burnetii	✉			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 *9				X		CJD *9			X	
Cryptosporidium species *4b				X		Cryptosporidiosis *4b			X	
Cyclospora cayetanensis	✉			X		Cyclosporiasis			X	
Dengue virus	✉			X		Dengue fever			X	
Eastern equine encephalitis virus	✉			X		Eastern equine encephalitis			X	
Ehrlichia species	✉			X		Ehrlichiosis/anaplasmosis			X	
Escherichia coli, Shiga toxin-producing or Shiga toxin *4b	✉			X		*Escherichia coli* infection, Shiga toxin-producing *4b			X	

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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
Filoviruses (e.g., Ebola, Marburg)	✉	!				Viral hemorrhagic fevers	!			
Francisella tularensis	✉	!				Tularemia	!			
Giardia species *4b				X		Giardiasis, acute *4b			X	
Grimontia hollisae (formerly *Vibrio hollisae*)	✉			X		Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)			X	
Haemophilus ducreyi				X		Chancroid			X	
Haemophilus influenzae isolated from a normally sterile site for all ages*10	✉	!				*Haemophilus influenzae* invasive disease in children <5 years old	!			
Hantavirus	✉		☎			Hantavirus infection		☎		
Hemolytic uremic syndrome (HUS)	Laboratory notification not applicable					HUS		☎		
Hepatitis A *4b, 11			☎			Hepatitis A *4b, 11		☎		
Hepatitis B, C, D, E, and G viruses, all test results (positive and negative) *11				X		Hepatitis B, C, D, E, and G *11			X	
Hepatitis B surface antigen (HBsAg) for all ages				X		Hepatitis B surface antigen in pregnant women or children <2 years old			X	
Herpes B virus, possible exposure	Laboratory notification not applicable					Herpes B virus, possible exposure		☎		

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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
Herpes simplex virus (HSV) 1 and HSV 2 for children <12 years old *12				X		Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes; anogenital HSV in children <12 years old *7, 12			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) or viral culture). All viral load (detectable and undetectable) test results. *13, 14					3 days	HIV Infection				2 weeks
HIV, exposed infants <18 months old born to an HIV-infected woman, all HIV 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 *7			X	

IV. Table of Reportable Diseases or Conditions to Be Reported

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
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	!			
Klebsiella granulomatis				X		Granuloma inguinale			X	
Lead, all blood test results (positive and negative) *3, 4, 15				X		Lead poisoning *4, 15			X	
Legionella species				X		Legionellosis			X	
Leptospira interrogans				X		Leptospirosis			X	
Listeria monocytogenes	✉		☎			Listeriosis		☎		
Measles virus *16	✉	!				Measles (rubeola)	!			
Mercury results indicative of poisoning *4a				X		Mercury poisoning *4a			X	
Mumps virus				X		Mumps			X	
Mycobacterium leprae				X		Hansen's disease (leprosy)			X	
Mycobacterium tuberculosis complex *20	✉			X		Tuberculosis (TB) *20			X	
Naegleria fowleri			☎			Amebic encephalitis		☎		

IV. Table of Reportable Diseases or Conditions to Be Reported

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
Neisseria gonorrhoeae				X		Gonorrhea *7			X	
Neisseria meningitidis isolated from a normally sterile site	✉		☎			Meningococcal disease	!			
Neonatal abstinence syndrome (NAS) *17	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	
Photobacterium damselae (formerly *Vibrio damsela*)	✉			X		Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)			X	
Plasmodium species	✉			X		Malaria			X	
Poliovirus	✉	!				Poliomyelitis	!			
Rabies virus		!				Rabies, animal or human		☎		
Rabies, possible exposure *18	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 *Ricinus communis* castor beans)	✉	!				Ricin toxin poisoning	!			
Rickettsia prowazekii	✉	!				Typhus fever, epidemic	!			
Rickettsia rickettsii and other spotted fever *Rickettsia* species	✉			X		Rocky Mountain spotted fever and other spotted fever rickettsioses			X	

IV. Table of Reportable Diseases or Conditions to Be Reported

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
Rubella virus *16	✉	!				Rubella	!			
Salmonella serotype Typhi *4b	✉		☎			Typhoid fever *4b		☎		
Salmonella species *4b				X		Salmonellosis *4b			X	
Saxitoxin				X		Saxitoxin poisoning (paralytic shellfish poisoning)			X	
Shiga toxin *4b	✉			X		*Escherichia coli* infection, Shiga toxin-producing *4b			X	
Shigella species *4b				X		Shigellosis *4b			X	
St. Louis encephalitis virus	✉			X		St. Louis encephalitis			X	
Staphylococcal enterotoxin B	✉		☎			Staphylococcal enterotoxin B poisoning		☎		
Staphylococcus aureus isolated from a normally sterile site *3				X		*Staphylococcus aureus* invasive infection	Practitioner notification not applicable			
Staphylococcus aureus with intermediate or full resistance to vancomycin (VISA, VRSA); laboratory results as specified in the surveillance case definition *4	✉		☎			*Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)		☎		
Streptococcus pneumoniae isolated from a normally sterile site for all ages *19				X		*Streptococcus pneumoniae* invasive disease in children <6 years old			X	
Treponema pallidum				X		Syphilis			X	

IV. Table of Reportable Diseases or Conditions to Be Reported

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
Treponema pallidum in pregnant women and neonates			☎			Syphilis in pregnant women and neonates		☎		
Trichinella spiralis				X		Trichinellosis (trichinosis)			X	
Vaccinia virus	✉	!				Vaccinia disease	!			
Varicella virus				X		Varicella (chickenpox) *21			X	
Variola virus (orthopox virus)	✉	!				Smallpox	!			
Venezuelan equine encephalitis virus	✉	!				Venezuelan equine encephalitis	!			
Vibrio cholerae type O1	✉	!				Cholera	!			
Vibrio species excluding *Vibrio cholerae* type O1	✉			X		Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* 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	!			
Yersinia pestis	✉	!				Plague	!			

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 Florida Department of Health (DOH) 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* (*FAC*), 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 1.
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 9-18).
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 9-18).

*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), *FAC*.

*4 a. Surveillance Case Definitions for Select Reportable Diseases in Florida, 2014, are located on the DOH website (http://floridahealth.gov/diseasecasedefinitions).
b. Reports should include occupational information (e.g., employer name, address, phone number).

*5 Notification within six months of diagnosis and within six months of each treatment.

*6 All CD-4 absolute counts and percentage of total lymphocytes, with or without confirmed HIV infection.

*7 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 (STD) case to a county health department does not

relieve the practitioner of their mandatory reporting responsibilities regarding child abuse pursuant to Section 39.201, *Florida Statutes* (*F.S.*).

*8 Exceptions are located in Rule 64D-3.035, *FAC*.

*9 Practitioners should contact the DOH Bureau of Epidemiology at (850) 245-4401 to arrange appropriate autopsy and specimen collection.

*10 For *Haemophilus influenzae* test results associated with people >4 years old, only electronic reporting is required, in accordance with subsection 64D-3.031(5), *FAC*.

*11 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), *FAC*, all test results performed (positive and negative) are to be submitted, including screening test results (positive and negative).

*12 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.

*13 Special requirements for Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS):

a. Each laboratory that reports a confirmed positive HIV test in persons 13 years of age and older must also report STARHS test 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 testing. 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 1 for addresses).
c. Laboratories electing to send a blood specimen will contact the Incidence and Resistance Coordinator, HIV/AIDS and Hepatitis Section, DOH 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 DOH.

*14 If a genotype is performed, the FASTA files containing the nucleotide sequence data, including the protease and reverse transcriptase regions must be reported.

*15 Special reporting requirements for reporting blood lead tests:

a. All blood lead tests (positive and negative) must be submitted to DOH 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) less than 10 micrograms/deciliter must be reported within 10 business days. Electronic reporting of results is preferred.

*16 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.

*17 Each hospital licensed under Chapter 395, *F.S.*, 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, *FAC*, then it need not comply with the reporting requirements of subsection 64D-3.029(1), *FAC*.

*18 Exposure to rabies (as defined in Rule 64D-3.028, *FAC*) that results in rabies prophylaxis for the person exposed, rabies testing, isolation or quarantine of the animal causing the exposure.

*19 For *Streptococcus pneumoniae* test results associated with people >5 years old, only electronic reporting is required, in accordance with subsection 64D-3.031(5), *FAC*.

*20 Test results must be submitted by laboratories to the DOH Tuberculosis Control Section, 4052 Bald Cypress Way, Bin A20, Tallahassee, Florida 32399-1717, (850) 245-4350.

*21 Practitioners shall also provide dates of varicella vaccination.

Reportable Diseases/Conditions in Florida

Laboratory List (Practitioner Requirements Differ)

Effective June 4, 2014

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 http://floridahealth.gov/diseasereporting for more information. To report a laboratory result, contact your local CHD epidemiology program (http://floridahealth.gov/chdepicontact). If unable to reach your CHD, please call the 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 for confirmation

! 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

Arboviruses

- • Arboviruses not otherwise listed, including but not limited to: Flaviviridae, Togaviridae (e.g., Western equine encephalitis virus), and Bunyaviridae ✉
- • California serogroup viruses (e.g., Jamestown Canyon, Keystone, Lacrosse) ✉
- • Chikungunya virus
- • Dengue virus ✉
- • Eastern equine encephalitis virus ✉
- • St. Louis encephalitis virus ✉
- • West Nile virus ✉
- ! Venezuelan equine encephalitis virus ✉

General

- ☎ *Acanthamoeba* species
- • *Anaplasma* species ✉
- • Any bacterial or fungal species in CSF
- • Arsenic results indicative of poisoning
- ! *Bacillus anthracis* ✉
- ☎ *Balamuthia mandrillaris*
- ☎ *Bordetella pertussis*
- • *Borrelia burgdorferi*
- ☎ Brevetoxin associated with neurotoxic shellfish poisoning
- ! *Brucella* species ✉
- ! *Burkholderia mallei* ✉
- ! *Burkholderia pseudomallei* ✉
- • *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
- • *Chlamydia trachomatis*
- • *Chlamydophila 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 from food, wound or unspecified source ✉
- • *Clostridium botulinum* and botulinum toxin from infants <12 months old ✉
- • *Clostridium tetani*
- ! Coronavirus associated with severe acute respiratory disease ✉
- ! *Corynebacterium diphtheriae* ✉
- • *Coxiella burnetii* ✉
- • *Cryptosporidium* species
- • *Cyclospora cayetanensis* ✉
- • *Ehrlichia* species ✉
- • *Escherichia coli*, Shiga toxin-producing ✉
- ! *Francisella tularensis* ✉
- • *Giardia* species
- • *Haemophilus ducreyi*
- ! *Haemophilus influenzae* isolated from a normally sterile site from children <5 years old
- ☎ Hantavirus ✉
- ☎ Hepatitis A
- • Hepatitis B, C, D, E, and G viruses
- • Hepatitis B surface antigen (HBsAg)
- • Herpes simplex virus (HSV) 1 and HSV 2 from children <12 years old
- + Human immunodeficiency virus (HIV) test results (e.g., positive and negative immunoassay, positive and negative virologic tests) from children <18 months old
- + 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) or viral culture). All viral load (detectable and undetectable) test results.
- ☎ Influenza virus from 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 interrogans*
- ☎ *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
- • *Plasmodium* species ✉
- ! Poliovirus ✉
- ! Rabies virus from animal or human
- ! Ricinine (from *Ricinus communis* castor beans) ✉
- ! *Rickettsia prowazekii* ✉
- • *Rickettsia rickettsii* and other spotted fever *Rickettsia* species ✉
- ! Rubella virus ✉
- ☎ *Salmonella* serotype Typhi ✉
- • *Salmonella* species
- • Saxitoxin associated with paralytic shellfish poisoning
- • Shiga toxin ✉
- • *Shigella* species
- ☎ Staphylococcal enterotoxin B ✉
- ☎ *Staphylococcus aureus*, intermediate or full resistance to vancomycin (VISA, VRSA) ✉
- • *Streptococcus pneumoniae* isolated from a normally sterile site from children <6 years old
- • *Treponema pallidum*
- ☎ *Treponema pallidum* from pregnant women and neonates
- • *Trichinella spiralis*
- ! Vaccinia virus ✉
- • Varicella virus
- ! Variola virus (orthopox virus) ✉
- ☎ Yellow fever virus ✉
- ! *Yersinia pestis* ✉

***Vibrio* and related species**

- ! *Vibrio cholerae* type O1 ✉
- • *Vibrio* species excluding *Vibrio cholerae* type O1 ✉
- • *Photobacterium damselae* (formerly *Vibrio damsela*) ✉
- • *Grimontia hollisae* (formerly *Vibrio hollisae*) ✉

Viral hemorrhagic fever

- ! Viruses not listed that cause viral hemorrhagic fever ✉
- ! Arenaviruses (e.g., Lassa, Machupo, Lujo, new world) ✉
- ! Filoviruses (e.g., Ebola, Marburg) ✉

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

*Section 381.0031 (2), *Florida Statutes* (*F.S.*), provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; 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." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4), *F.S.* 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 DOH 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 9-18); 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 1 for BPHL contact information. The BPHL Clinical Specimen Submission Form (see http://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 (IATA), Department of Transportation (DOT) and United States Postal Service (USPS) 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 (IATA)
www.iata.org

World Health Organization
www.who.int/en/

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

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

Florida Department of Health Bureau of Public Health Laboratories
http://floridahealth.gov/laboratoryreferencedocuments

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Enter your county's contact information or specific instructions here. Note that if you would like to use different font styles, you can create in Word and copy/paste into this form.