## **West Virginia Reportable Infectious Diseases** Laboratories (WV Code 16-3-1; 64CSR7)



| Reporting of the following communicable diseases is required by law as follows:  |  |   | July 2025   |  |
|--|--|---|---|--|
| Category I   | Category II  | Category III  | Category IV   | Category V   |
| Report suspect or confirmed  | Report within 24 hours to the  | Report within 72 hours to the   | Report within 1 week to the   | Report within 1 week to the  |
| cases immediately to the   | Local Health Department  | Local Health Department   | Local Health Department   | State Health Department  |
| Local Health Department  |  |   |   |  |
| •  | <ul> <li>Bordetella pertussis</li> <li>Brucella species<sup>a,b</sup></li> <li>Candida auris</li> <li>Corynebacterium diphtheriae<sup>a</sup></li> <li>Coxiella burnetii</li> <li>Dengue virus<sup>b</sup></li> <li>Haemophilus influenzae from a normally sterile site<sup>1,a</sup></li> <li>Hepatitis A, positive IgM<sup>2</sup></li> <li>Hepatitis B, positive anti-HBc IgM or HBsAg<sup>2</sup></li> <li>Hepatitis D<sup>2</sup></li> <li>Mumps virus, evidence of acute infection from any site<sup>a,b</sup></li> <li>Mycobacterium tuberculosis from any site<sup>1,a</sup></li> <li>Neisseria meningitidis from a normally sterile site<sup>a</sup></li> <li>Poliovirus<sup>c</sup></li> <li>Rabies, animal or human, including Lyssavirus and rabies virus <sup>c</sup></li> <li>Salmonella typhi from any site<sup>a</sup></li> <li>Shiga toxin-producing Escherichia coli (STEC)<sup>a</sup></li> <li>Staphylococcus aureus, glycopeptide intermediate (GISA/VISA) or glycopeptide resistant (GRSA/VRSA)<sup>1,a</sup></li> </ul> | <ul> <li>Campylobacter species</li> <li>Cryptosporidium species</li> <li>Cyclospora species</li> <li>Giardia lamblia</li> <li>Listeria monocytogenes<sup>a</sup></li> <li>Salmonella species (except Salmonella typhi)<sup>1,a</sup></li> <li>Shigella species<sup>1,a</sup></li> <li>Trichinella species</li> <li>Non-cholera Vibrio species<sup>a</sup></li> <li>Any laboratory evidence of current infection listed in Category III</li> </ul> | <ul> <li>Anaplasma phagocytophilum</li> <li>Arboviral infection<sup>b</sup> <ul> <li>LaCrosse encephalitis</li> <li>West Nile virus</li> <li>Eastern equine encephalitis</li> <li>Saint Louis encephalitis</li> <li>Powassan encephalitis</li> <li>Western equine encephalitis</li> </ul> </li> <li>Babesia species         <ul> <li>Borrelia burgdorferi (with Western blot confirmation)</li> <li>Carbapenem-producing organisms¹</li> <li>Carbapenemase-resistant organisms¹</li> <li>Ehrlichia species</li> <li>Hantavirus infection<sup>b</sup></li> <li>Legionella pneumophila</li> <li>Leptospira interrogans</li> <li>Malaria (Plasmodium species)</li> <li>Mycobacterium tuberculosis by interferon gamma release assay (IGRA)</li> <li>Psittacosis (Chlamydia psittaci)</li> <li>Rickettsia species</li> <li>Streptococcus pneumoniae, from a normally sterile site¹,a</li> </ul> </li> </ul> | <ul> <li>Alpha-gal slgE (IgE antibody specific to alpha-gal)</li> <li>CD4+ T lymphocyte or percentages³</li> <li>Chlamydia trachomatis</li> <li>Enterovirus (non-polio), culture confirmed, numerical totals only, by serotype as available</li> <li>Haemophilus ducreyi</li> <li>Hepatitis C²</li> <li>HIV type 1 or 2 (antibody/antigen)</li> <li>HIV-1/2 Type-Differentiating Immunoassay (Multi-spot)</li> <li>HIV-1 RNA/DNA NAAT (Qualitative)</li> <li>HIV-2 RNA/DNA NAAT (Quantitative viral load)</li> <li>HIV-2 RNA/DNA NAAT (Quantitative viral load)</li> <li>HIV-2 RNA/DNA NAAT (Quantitative viral load)</li> <li>Influenza, confirmed by culture, PCR or immunofluorescence, by type and subtype as available</li> <li>Mycobacterium tuberculosis from any site (report within 24 hours)¹.a</li> <li>Neisseria gonorrhoeae: drug resistant from any site; from the female upper genital tract; or from the eye of a newborn (within 24 hours)</li> <li>Neisseria gonorrhoeae, all other</li> <li>Syphilis, serologic evidence</li> </ul> |
|  | <ul> <li>Vibrio cholerae<sup>a,b</sup></li> <li>Yellow fever virus<sup>b,c</sup></li> <li>Zika virus disease, laboratory evidence</li> <li>Any laboratory evidence of current infection listed in Category II</li> </ul>   |   | Any laboratory evidence of current infection listed in Category IV  | <ul> <li>Treponema pallidum, positive darkfield (within 24 hours)</li> <li>Any laboratory evidence of current infection listed in Category V</li> </ul>  |
| <sup>a</sup> Submit an isolate to the Office of Laboratory Services for further testing or confirmation <sup>b</sup> Submit a serologic specimen to the Office of Laboratory Services for further testing or confirmation <sup>c</sup> Consult OEPS regarding laboratory confirmation 1-800-423-1271, ext 2 or (304) 558-5358, ext 2.  Report name, address, telephone number, date of birth, sex, race, ethnicity and the physician's name, office address, office phone and fax numless. |  |   | ¹ Including susceptibility test results ² Including hepatitis A and B serologies and transaminase and bilirubin levels ³ Related to HIV/AIDS pers, West Virginia Department of Health - Bureau for Public Health  |  |

Report name, address, telephone number, date of birth, sex, race, ethnicity and the physician's name, office address, office phone and fax numbers, I name of person or agency submitting the specimen for testing, specimen source, date of specimen collection, date of result, name of the test, test result, normal value or range; and name, address, phone and fax number of the laboratory. Laboratories may report with a copy of the laboratory report. For information on electronic laboratory reporting or the Reportable Disease Protocol Manual, see: www.oeps.wv.gov

West Virginia Department of Health - Bureau for Public Health

350 Capitol Street, Room 125 Charleston, WV 25301

Phone: 304.558.5358, ext 2 In WV: 800.423.1271, ext 2 Fax: 304.558.8736

<sup>\*</sup>For a complete list of diseases that should be reported via ELR, see the ELR chart.