

2023 Indiana Reportable Result/Pathogen List for Laboratories

410 IAC 1-2.5-75 & 76



REPORT IMMEDIATELY UPON SUSPICION

<i>Bacillus anthracis</i>	Rubella virus
<i>Burkholderia mallei</i>	SARS-associated coronavirus (SARS-CoV)
<i>Burkholderia pseudomallei</i>	Smallpox (variola) virus
<i>Clostridium botulinum</i>	Viral hemorrhagic fever, filoviruses
<i>Corynebacterium diphtheriae</i>	Ebola virus
Eastern equine encephalitis virus	Marburg virus
<i>Francisella tularensis</i>	<i>Vibrio cholerae</i> O1, O139, or toxigenic
Hepatitis, viral, type B, pregnant woman (acute and chronic) or perinatally exposed infant [†]	Viral hemorrhagic fever, other
Measles virus	Crimean-Congo hemorrhagic fever virus
Middle East Respiratory Syndrome Coronavirus (MERS-CoV)	Guanarito virus
<i>Neisseria meningitidis</i> , invasive disease	Junin virus
Novel influenza A	Lassa virus
Poliovirus	Lujo virus
Rabies virus	Machupo virus
	Sabia virus
	<i>Yersinia pestis</i>

For immediate reporting call: 317-233-7125 or 317-233-1325 (after hours)

Please also report via electronic laboratory reporting.

For facilities unable to submit via ELR please **fax** reports to

317-234-2812.

REPORT WITHIN ONE WORKING DAY

<i>Anaplasma</i> spp.	<i>Ehrlichia</i> spp.	<i>Neisseria gonorrhoeae</i> (list anatomic site to determine if disseminated infection)*
Arboviruses including, but not limited to:	<i>Escherichia coli</i> (<i>E. coli</i>) infection (Shiga toxin-producing (STEC), including but not limited to, <i>E. coli</i> O157, <i>E. coli</i> O157:H7, non-O157 <i>E. coli</i> , and Shiga toxin detected*	Pandrug-resistant Organisms*
Chikungunya virus		<i>Photobacterium damsela</i>
Dengue virus		(<i>Vibrio damsela</i>)
Jamestown Canyon virus		<i>Plasmodium</i> spp.
Japanese encephalitis virus		<i>Pneumocystis carinii</i> (<i>Pneumocystis pneumonia</i>)
La Crosse (California serogroup) viruses	<i>Giardia</i> spp.	<i>Rickettsia</i> (non-rickettsii spp.)
Powassan virus	<i>Grimontia hollisae</i> (<i>Vibrio hollisae</i>)	<i>Rickettsia rickettsii</i>
St. Louis encephalitis virus	<i>Haemophilus ducreyi</i>	<i>Salmonella</i> spp. (non-typhoidal)*
Western equine encephalitis virus	<i>Haemophilus influenzae</i> , invasive disease*	<i>Salmonella</i> serotype Paratyphi
West Nile virus	Hantavirus	(Paratyphoid fever)*
Zika virus	Hepatitis, viral, Type A, Anti-HAV IgM or RNA detected	<i>Salmonella</i> serotype Typhi (Typhoid fever)*
<i>Babesia</i> spp.	Hepatitis, viral, Type B [†]	SARS-CoV-2
<i>Bordetella pertussis</i>	Hepatitis, viral, Type C [†]	<i>Shigella</i> spp.*
<i>Borrelia burgdorferi</i>	Hepatitis, viral, Type Delta [†]	<i>Streptococcus</i> , group A (<i>Streptococcus pyogenes</i>), invasive disease*
<i>Brucella</i> spp.	Hepatitis, viral, Type E, Anti-HEV IgM and IgG	<i>Streptococcus pneumoniae</i> , invasive disease*
<i>Campylobacter</i> spp.	Hepatitis, viral, unspecified	<i>Treponema pallidum</i>
<i>Candida auris</i> and unusual <i>Candida</i> spp. (Species other than <i>C. albicans</i> , <i>C. parapsilosis</i> , <i>C. dubliniensis</i> , <i>C. lusitanae</i> , <i>C. tropicalis</i> , or <i>C. krusei</i>)	<i>Histoplasma capsulatum</i>	<i>Trichinella spiralis</i>
Carbapenemase-producing <i>Enterobacterales</i> , <i>Pseudomonas aeruginosa</i> , and <i>Acinetobacter baumannii</i> *	HIV and related retroviruses	Vancomycin-resistant <i>Staphylococcus aureus</i> (VRSA) and Vancomycin intermediate <i>Staphylococcus aureus</i> (VISA)*
<i>Chlamydia psittaci</i>	Influenza	Varicella-zoster virus
<i>Chlamydia trachomatis</i>	Interferon gamma release assay (IGRA) for tuberculosis (positive results only)	<i>Vibrio</i> spp.
<i>Lymphogranuloma venereum</i> (LGV) (<i>C. trachomatis</i> serotypes L1, L2, or L3)	<i>Legionella</i> spp.	West African monkeypox virus
<i>Clostridium tetani</i>	<i>Leptospira</i> spp.	Yellow fever virus
<i>Coccidioides</i> spp.	<i>Listeria monocytogenes</i>	<i>Yersinia</i> spp., <i>Enterocolitica</i> , <i>Pseudotuberculosis</i>
<i>Coxiella burnetii</i>	Lymphocytic choriomeningitis virus	
<i>Cryptosporidium</i> spp.	Mpox (Monkeypox) virus, including Non-variola Orthopox virus and Orthopox virus	
<i>Cyclospora cayetanensis</i>	Mumps virus	
	<i>Mycobacterium leprae</i>	
	<i>Mycobacterium tuberculosis</i>	

* Include antimicrobial susceptibility testing

† Further guidance on the second page of the Indiana Reportable Result/Pathogen List for Laboratories

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HEPATITIS B

- Positive HBsAg;
- Positive/detectable HBV DNA (including quantitative, qualitative, and genotype testing);
- Positive anti-HBc IgM;
- Positive HBeAg;
- Anti-HBs (positive, negative, and indeterminate) for children \leq 2 years of age; and
- If any of the above results are reported, also report the following:

1. Pregnancy status
2. Concurrent ALT and total bilirubin result
3. Other associated positive or negative hepatitis serological results (e.g., hepatitis A, hepatitis B, hepatitis C, hepatitis D, and/or hepatitis E)
4. Negative HBsAg and/or negative/undetectable HBV DNA results

HEPATITIS C

- Positive Anti-HCV (including rapid tests);
- HCV RNA (positive/detectable and negative/undetectable results), including quantitative, qualitative, and genotype testing;
- Negative Anti-HCV results for children \leq 36 months of age; and
- If any of the above results are reported, also report the following:

1. Pregnancy status
2. Concurrent ALT and total bilirubin result
3. Other associated positive or negative hepatitis serological results (e.g., hepatitis A, hepatitis B, hepatitis C, hepatitis D, and/or hepatitis E)

ONE DAY ISOLATE SUBMISSION

Laboratories shall submit all suspect biothreat isolates of the following organisms to the IDOH Laboratory for further evaluation within one (1) business day of isolation:

1. *Bacillus anthracis*
2. *Brucella* spp.
3. *Burkholderia mallei/pseudomallei*
4. *Francisella tularensis*
5. *Yersinia pestis*

THREE DAY ISOLATE SUBMISSION

Laboratories shall submit all isolates of the following organisms to the IDOH Laboratory for further evaluation within three (3) business days of isolation:

1. Carbapenemase-producing *Enterobacteriales*, *Pseudomonas aeruginosa*, and *Acinetobacter baumannii*
2. *Candida auris* and unusual *Candida* spp. (Species other than *C. albicans*, *C. parapsilosis*, *C. dubliniensis*, *C. lusitanae*, *C. tropicalis*, or *C. krusei*)
3. *Escherichia coli* (Shiga toxin-producing *E. coli* (STEC)) isolates[‡]
4. *Haemophilus influenzae*, invasive disease
5. Arboviral IgM positive CSF or serum specimens, including Eastern Equine Encephalitis virus
6. *Listeria monocytogenes*
7. *Mycobacterium tuberculosis* complex (*M. tuberculosis*, *M. bovis*, *M. canettii*, *M. africanum*, *M. microti*)
8. *Neisseria meningitidis*, invasive disease
9. *Salmonella* spp. isolates[‡]
10. *Shigella* spp. isolates[‡]
11. *Streptococcus pneumoniae*, invasive disease, isolates from persons less than five (5) years of age
12. *Vibrio cholerae* isolates[‡]
13. *Vibrio* spp., *Grimontia hollisae* (*Vibrio hollisae*), and *Photobacterium damsela* (*Vibrio damsela*) isolates[‡]
14. Vancomycin-resistant *Staphylococcus aureus* (VRSA) and Vancomycin intermediate *Staphylococcus aureus* (VISA). *Staphylococcus aureus* isolated from any body site that are vancomycin intermediate level MIC = 4-8 μ g/mL or vancomycin resistant level MIC \geq 16 μ g/mL

[‡] If isolate of organism is not available, submit clinical specimens per IAC 1-2.5-76(f)

HEPATITIS D

- Positive hepatitis D antibody testing; and
- Positive HDV RNA (including quantitative and qualitative)
- If any of the above results are reported, also report the following:

1. Pregnancy status
2. Concurrent ALT and total bilirubin result

REPORTING REQUIREMENTS

Reporting is required of any specimen derived from the human body yielding microscopic, bacteriologic, immunologic, serologic, or other evidence of infection by any of the organisms or agents listed.

1. Test: Name, date, test results, specimen source, normal limits for the test, test result interpretation, and laboratory's accession number or other numeric identifier.
2. Person: Name, address, and date of birth (or age if date of birth is not available)
3. Submitter: Name, address, and telephone number of attending physician, hospital, clinic, or other specimen submitter
4. Laboratory: Name, address, telephone number, and CLIA ID number of the laboratory performing the test

When submitting organisms and for questions about isolate submission, Indiana Department of Health Laboratory should be notified at

317-921-5500.

Any infection, disease or condition submitted via electronic laboratory reporting should continue to be reported to the Indiana Department of Health. For facilities unable to submit via ELR please fax reports to **317-234-2812.**