



REPORTABLE PATHOGENS

Laboratory results indicating the following infections/diseases are to be reported to the OSDH by PHIDDO or telephone (405-426-8710) immediately upon suspicion, diagnosis, or positive test:

<i>Bacillus anthracis</i> *	<i>Naegleria fowleri</i>	Poliovirus
Bioterrorism - suspected organism*	<i>Neisseria meningitidis</i> (sterile site)	Rabies virus
<i>Clostridium botulinum</i>	Novel coronavirus	Rubeola virus (Measles)
<i>Corynebacterium diphtheriae</i>	Novel influenza A	<i>Salmonella</i> Typhi
Hepatitis B virus during pregnancy (HBsAg+)	Outbreaks of apparent infectious organism	Viral hemorrhagic fever*
	Orthopox viruses (Smallpox, Monkeypox)*	<i>Yersinia pestis</i> *

Laboratory evidence of the following is to be reported to the OSDH via secure electronic data transmission within one working day (Monday through Friday, State holidays excepted):

Acid Fast Bacillus (AFB) positive smear (only if no additional testing is performed or subsequent testing is indicative of <i>Mycobacterium tuberculosis</i> Complex)	<i>Escherichia coli</i> O157, O157:H7 or a Shiga toxin producing <i>E. coli</i> (STEC)	<i>Listeria monocytogenes</i>
<i>Anaplasma phagocytophilum</i>	<i>Francisella tularensis</i> *	Mumps virus
Arboviral infections (West Nile virus, St. Louis encephalitis virus, Eastern equine encephalitis virus, Western equine encephalitis virus, Powassan virus, California serogroup virus, Chikungunya virus, Zika virus)	<i>Haemophilus influenzae</i> (sterile site)	<i>Mycobacterium tuberculosis</i>
<i>Bordetella pertussis</i>	Hantavirus	<i>Plasmodium</i> spp.
<i>Borrelia burgdorferi</i>	Hepatitis A (Anti-HAV-IgM+)	<i>Rickettsia rickettsii</i>
<i>Brucella</i> spp.*	Hepatitis B virus (HBsAg+, anti-HBc IgM+, HBeAg+, and/or HBV DNA+) ¹ (For infants ≤18 months, all hepatitis B related tests ordered, regardless of test result, must be reported.)	Rubella virus
<i>Campylobacter</i> spp.	Hepatitis C virus (persons having jaundice or ALT ≥ 200 with laboratory confirmation) ¹ (If hepatitis C EIA is confirmed by NAT for HCV RNA, or s/co ratio or index is predictive of a true positive then report results of the entire hepatitis panel. For infants ≤18 months, all hepatitis C related tests ordered, regardless of test result, must be reported. Positive HCV RNA are reportable by both laboratories and providers. Negative test results for HCV RNA tests are reportable by laboratories only.)	<i>Salmonella</i> spp.
<i>Chlamydia psittaci</i>	Human Immunodeficiency Virus (HIV) (All HIV tests must be reported regardless of result, including HIV nucleotide sequences.)	SARS-CoV-2 (COVID-19)
<i>Clostridium tetani</i>	<i>Legionella</i> spp.	<i>Shigella</i> spp.
<i>Coxiella burnetii</i> *	<i>Leptospira interrogans</i>	<i>Streptococcus pneumoniae</i> (sterile site), children <5 yrs.
<i>Cryptosporidium</i> spp.		<i>Streptococcus pyogenes</i> (sterile site)
<i>Cyclospora cayetanensis</i>		<i>Treponema pallidum</i> (Nontreponemal and treponemal tests are reportable. If any syphilis test is positive, then all syphilis test results on the panel must be reported. For infants ≤18 months, all syphilis tests ordered, regardless of test result, must be reported.)
Dengue virus		<i>Trichinella spiralis</i>
<i>Ehrlichia</i> spp.		Unusual or uncommon pathogens
		<i>Vibrionaceae</i> family (<i>Vibrio</i> spp. including <i>V. cholerae</i> , <i>Grimontia</i> spp., <i>Photobacterium</i> spp. and other genera in the family)
		Yellow fever virus

¹ with entire Hepatitis panel results

Laboratory evidence of the following is to be reported to the OSDH within one month:

CD4 cell count with cell count % (by laboratories only)	Creutzfeldt-Jakob disease	<i>Lymphogranuloma Venereum</i> (LGV) is reportable as Chlamydia.
<i>Chlamydia trachomatis</i>	<i>Neisseria gonorrhoeae</i>	
	HIV viral load (by laboratories only)	

Pure isolates of the following organisms must be sent to the OSDH Public Health Laboratory within two (2) working days (Monday-Friday, state holidays excepted) of final ID/diagnosis

<i>Bacillus anthracis</i> *	<i>Listeria monocytogenes</i> (sterile site isolates)	* Call the 24/7 PHL Hotline, (405) 406-3511, prior to submitting a select agent specimen for rule out testing.
<i>Brucella</i> spp.*	<i>Mycobacterium tuberculosis</i>	** Laboratories unable to perform reflex culture for isolation/recovery of specified bacterial pathogens detected by CIDT assays shall submit positive CIDT stool samples in Cary Blair or modified Cary Blair transport media to the OSDH PHL within two (2) (Monday through Friday, state holidays excepted) working days of final CIDT result.
Carbapenem-resistant <i>Acinetobacter</i> spp.	<i>Neisseria meningitidis</i> (sterile site isolates)	
Carbapenem-resistant <i>Enterobacteriaceae</i>	<i>Plasmodium</i> spp.	
Carbapenem-resistant <i>Pseudomonas aeruginosa</i> .	<i>Salmonella</i> spp. **	
<i>Escherichia coli</i> O157, O157:H7, or a Shiga toxin producing <i>E. coli</i> **	<i>Vibrionaceae</i> family ** (Vibrio spp., Grimontia spp., Photobacterium spp. and other genera in the family) **	
<i>Francisella tularensis</i> *	<i>Yersinia</i> spp. **	
<i>Haemophilus influenzae</i> (sterile site isolates)		

Infectious Disease Prevention & Response
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