



# Electronic Laboratory Reporting Supplemental Document, version 1

## Table of Contents

<b>Purpose</b>	<b>3</b>
<b>Technical Requirements</b>	<b>4</b>
Health Level 7 (HL7) Message Specifications	4
Secure Message Transmission	4
Timeliness	4
<b>Required Data Sets</b>	<b>5</b>
Reportable Information	5
Patient Demographics	5
Hospitalization Information	5
Reporting Laboratory	6
Ordering Facility	6
Laboratory Test(s)	6
<b>Reportable Tests</b>	<b>8</b>
Enteric Diseases- Bacterial	8
Enteric Diseases- Viral and Parasitic	11
Healthcare-Associated Infections	12
HIV/AIDS	14
Mycobacterial infections (including Tuberculosis and Leprosy)	14
Sexually Transmitted Diseases	15
Vaccine Preventable and Invasive Diseases	16
Vectorborne/Zoonotic Diseases – Bacterial	22
Vectorborne/Zoonotic Diseases – Viral	25



Vectorborne/Zoonotic Diseases – Parasitic	27
Viral Hepatitis	28
Other Diseases	30
<b>Resources and Further Material</b>	<b>33</b>
Resources	33
Contact Information	33
<b>Version History</b>	<b>34</b>



## Purpose

---

This document is a supplement to The Communicable Disease Rule, and details the requirements for reporting electronic laboratory reporting (ELR). This includes: technical specifications for ELR, required data sets, and the test types considered reportable for each condition identified in the Communicable Disease Rule. The Utah Department of Health and Human Services (DHHS) strongly encourages electronic reporters to use automated computer algorithms to identify reportable laboratory tests for transmission to public health.

Algorithms should be programmed using the guidance in this document and routinely validated. A separate document is available for entities who report electronic case reports (eCR), as reporting specifications differ slightly.



## Technical Requirements

### Health Level 7 (HL7) Message Specifications

Laboratories must submit messages in HL7 v2.5.1:ORU^R01. All messages must conform to the “HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health (US Realm)” which may be found at [www.HL7.org](http://www.HL7.org). Test messages should be assessed against the PHIN Message Quality Framework to ensure that message structure is compliant with HL7 standards.

### Secure Message Transmission

ELR submitted to Utah DHHS must be sent through a secure platform. Utah is currently accepting messages through a secure file transfer protocol (SFTP), the Association of Public Health Laboratories (APHL) Informatics Messaging Service (AIMS) Platform Route-not-Read, the Utah Health Information Network (UHIN) Clinical Health Information Exchange (cHIE), and CDC messages services i.e. CDC ReportStream. Alternative methods of reporting may be approved on a case by case basis.

### Timeliness

It is required that ELR be reported within 24 hours of final test completion. Tests that are considered preliminary reportable must be reported within 24 hours of preliminary result completion and within 24 hours of final test completion. Corrected or amended reports must be reported within 24 hours of correction or amendment.



## Required Data Sets

This section includes a list of the required information, if known, when reporting events as specified in Subsections R386-702-4(2) through R386-702-4(6) to public health. This list is not inclusive of all HL7 V2 message segments or fields required for structural compliance. All message segments and fields required to generate a structurally compliant message are required under the Health Level 7 (HL7) Message Specifications section.

## Reportable Information

### Patient Demographics

- I. Patient name
  - A. First
  - B. Middle
  - C. Last
  - D. Suffix
- II. Patient unique identifier, i.e. Medical Record Number
- III. Date of birth
- IV. Sex
- V. Race
- VI. Ethnicity
- VII. Patient address, including address identifier, i.e. suite number
- VIII. Patient city
- IX. Patient state
- X. Patient zip
- XI. Patient contact telephone number
- XII. Patient email
- XIII. Patient death date and time
- XIV. Patient death indicator
- XV. Patient pregnancy status

### Hospitalization Information

- I. Hospitalization identifier
- II. Patient admit date and time



- III. Patient discharge date and time
- IV. Primary physician name
  - A. First
  - B. Last

### Reporting Laboratory

- I. Reporting facility
- II. Software vendor
- III. Message sent date and time

### Ordering Facility

- I. Ordering provider name
  - A. First
  - B. Last
- II. Ordering provider contact telephone number
- III. Ordering facility address, including address identifier, i.e. suite number
- IV. Ordering facility city
- V. Ordering facility state
- VI. Ordering facility zip code

### Laboratory Test(s)

- I. Performing laboratory
- II. Test identification
  - A. LOINC in accordance with HL7 standards
  - B. Test description
- III. Test result as indicated by the test
  - A. Coded values should be reported as SNOMED-CT in accordance with HL7 standards
  - B. Numerical results must include units and any associated breakpoints
  - C. Result Description
- IV. Test reference range
- V. Test abnormal flag
- VI. Test result status



- VII. Analysis date and time
- VIII. Specimen information
  - A. Accession
  - B. Source
  - C. Collection date and time
  - D. Laboratory receipt date and time



## Reportable Tests

The following tables detail the tests reportable to Utah DHHS for ELR. This list may not be inclusive of newly available tests or in-house development. Questions regarding specific tests should consult Subsections R386-702-4(2) through R386-702-4(6) or the Utah DHHS Division of Population Health: Informatics Program at [edx@utah.gov](mailto:edx@utah.gov).

### Enteric Diseases- Bacterial

<b>Condition: Botulism</b>		
<b>Organisms: <i>Clostridium botulinum</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Culture	Positive	No
Botulinum toxin	Positive	No
Botulinum toxin PCR	Positive	No

<b>Condition: Campylobacteriosis</b>		
<b>Organisms: All <i>Campylobacter</i> species</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antigen, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No
Rapid identification	Positive	No

<b>Condition: <i>Clostridioides difficile</i> infection</b>		
<b>Organisms: <i>Clostridioides difficile</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody to cytotoxin	All <sup>1</sup>	No



Culture	All <sup>1</sup>	No
Nucleic acid detection	All <sup>1</sup>	No
Rapid identification	All <sup>1</sup>	No

<sup>1</sup>All test results are reportable. This includes positive/reactive, indeterminate, equivocal, and negative/non-reactive.

<b>Condition: Cronobacter sakazakii in a person less than 12 months of age, invasive<sup>1</sup></b>		
<b>Organisms: Cronobacter sakazakii</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Culture	Positive	No
Antigen, any method	Positive	No
Nucleic acid detection	Positive	No

<sup>1</sup>Only isolates from sterile sites are reportable. This includes, but is not limited to, blood, bone, muscle (when covered by intact skin), sterile fluids (CSF, joint, vitreous, pleural, peritoneal, pericardial), or internal body site (lymph node, brain, heart, liver, spleen, kidney, pancreas, ovary, etc)

<b>Condition: Escherichia coli, Shiga-toxin producing (STEC)</b>		
<b>Organisms: Enterohemorrhagic E. coli and Shiga-toxin producing E. coli</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody against Shiga-toxin in serum	Positive	No
Culture	Positive	No
Detection of Shiga-toxin	Positive	No
Nucleic acid detection	All <sup>1</sup>	No
Rapid identification	All <sup>1</sup>	No

<b>Condition: Listeriosis</b>		
<b>Organisms: Listeria species, including Listeria monocytogenes</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>



Culture	Positive	No
Nucleic acid detection	Positive	No
Rapid identification	Positive	No

Only isolates from sterile sites are reportable. This includes, but is not limited to, blood, bone, fetal tissue, muscle (when covered by intact skin), sterile fluids (CSF, joint, vitreous, pleural, peritoneal, pericardial), or internal body site (lymph node, brain, heart, liver, spleen, kidney, pancreas, ovary, placenta).

<b>Condition: Salmonellosis, including typhoid<sup>1</sup> and paratyphoid fever</b>		
<b>Organisms: <i>Salmonella</i> species, including <i>Salmonella typhi</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibiotic susceptibility, any method <sup>2</sup>	All	No
Culture	Positive	No
Nucleic acid detection	Positive	No
Rapid identification	Positive	No

<sup>1</sup>Includes both Typhoid cases and carriers

<sup>2</sup>Complete antibiotic susceptibility results are reportable when performed on *Salmonella* species.

<b>Condition: Shigellosis</b>		
<b>Organisms: <i>Shigella</i> species</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibiotic susceptibility, any method <sup>1</sup>	All	No
Culture	Positive	No
Nucleic acid detection <sup>2</sup>	Positive	No
Rapid identification	Positive	No

<sup>1</sup>Complete antibiotic susceptibility results are reportable when performed on *Salmonella* species.

<sup>2</sup>This includes results that do not differentiate between *Shigella* and Enteroinvasive *E. coli* (EIEC).

<b>Condition: Vibriosis, including cholera</b>		
<b>Organisms: All <i>Vibrio</i> species, including <i>Vibrio cholerae</i></b>		



<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Culture	All	No
Antitoxin or anti-vibriocidal antibody	Positive for <i>Vibrio cholerae</i> O1 or O139	No
Nucleic acid detection	Positive	No
Rapid identification	Positive	No

### Enteric Diseases- Viral and Parasitic

<b>Condition: Cryptosporidiosis</b> <b>Organisms: <i>Cryptosporidium</i> species</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, any method	Positive	No
Antigen, any method	Positive	No
Microscopic identification	Positive for oocysts	No
Nucleic acid detection	Positive	No
Rapid Identification	Positive	No

<b>Condition: Cyclosporiasis</b> <b>Organisms: All <i>Cyclospora</i> species</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Microscopic identification	Positive for oocysts	No
Nucleic acid detection	Positive	No
Rapid identification	Positive	No

<b>Condition: Giardiasis</b> <b>Organisms: <i>Giardia</i> species</b>		
--	--	--



<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, any method	Positive	No
Antigen, any method	Positive	No
Microscopic identification	Positive for oocysts or trophozoites	No
Nucleic acid detection	Positive	No
Rapid identification	Positive	No

**Condition: Norovirus**  
**Organisms: Norovirus**

<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Nucleic acid detection	Positive <sup>1</sup>	No
Rapid identification	Positive <sup>1</sup>	No

<sup>1</sup>Laboratory results that provide presumptive or preliminary evidence should be reported.

**Condition: Trichinellosis**  
**Organisms: *Trichinella species*, organism or larvae**

<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, any method	Positive	No
Microscopic identification	Identification of <i>Trichinella</i> larvae	No

## Healthcare-Associated Infections

**Condition: *Candida auris* or *Candida haemulonii***  
**Organisms: *Candida auris*, *Candida haemulonii***

<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antifungal susceptibility, any method	All	Yes



Culture	Positive	No
MALDI-TOF or DNA sequencing	Positive	No
Nucleic acid detection	Positive	No
Rapid Identification	Positive	No

**Condition: Carbapenem resistant organism**

**Organisms: Carbapenem-resistant *Acinetobacter species*, all Enterobacterales (including *Enterobacter species*, *Escherichia coli*, *Klebsiella species*) and *Pseudomonas aeruginosa*<sup>1</sup>**

<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibiotic susceptibility, any method <sup>2</sup>	Resistant <sup>3</sup>	Yes
Phenotypic presence of carbapenemase	All <sup>4</sup>	No
Genotypic presence of carbapenemase (PCR)	All <sup>4</sup>	No

<sup>1</sup> *Pseudomonas aeruginosa* that is also not susceptible to ceftolozane/tazobactam, cefepime, or ceftazidime when ceftolozane/tazobactam resistance is unknown

<sup>2</sup> When an organism is determined to be carbapenem resistant, all other susceptibility testing on the organism, with the associated MIC values, and the culture results must be reported.

<sup>3</sup> Laboratories should report carbapenem resistance using the most current CLSI breakpoints

<sup>4</sup> All carbapenemase testing performed on these organisms are reportable, including the method used.

**Condition: Carbapenemase-producing organisms**

**Organisms: *Acinetobacter species*, all Enterobacterales (including *Enterobacter species*, *Escherichia coli*, *Klebsiella species*), and *Pseudomonas aeruginosa***

<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Phenotypic presence of carbapenemase	Positive	No
Genotypic presence of carbapenemase (PCR)	Positive	No

**Condition: Vancomycin resistant *Staphylococcus aureus* (VRSA)**



<b>Organisms: <i>Staphylococcus aureus</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibiotic susceptibility, any method <sup>1</sup>	Resistant <sup>2</sup>	Yes
Methicillin Resistance by PCR	Susceptible	No

<sup>1</sup>When an organism is determined to be vancomycin resistant, all other susceptibility testing on the organism, with the associated MIC values, and the culture results must be reported.

<sup>1</sup>*Staphylococcus aureus* is considered resistant when the MIC value for vancomycin is  $\geq 16$

## HIV/AIDS

<b>Condition: HIV/AIDS</b>		
<b>Organisms: Human immunodeficiency virus</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody/antigen screening test <sup>1</sup>	All <sup>3</sup>	No
Antigen screening test <sup>2</sup>	All <sup>3</sup>	No
Antibody screening test <sup>2</sup>	All <sup>3</sup>	No
Antiviral susceptibility test results via sequencing, genotyping, or phenotypic analysis	All <sup>3</sup>	No
Confirmatory and supplemental tests (e.g. Western Blot)	All <sup>3</sup>	No
Genotype (viral sequencing)	All <sup>3</sup>	No
Nucleic acid detection (Qualitative viral load)	All <sup>3</sup>	No
P24 antigen test <sup>2</sup>	All <sup>3</sup>	No
Rapid identification	All <sup>3</sup>	No
Viral Load (Quantitative viral load)	All <sup>3</sup>	Yes
Typing <sup>4</sup>	All <sup>3</sup>	No

<sup>1</sup>This is a 4th generation EIA - generally HIV 1/2 + Ag

<sup>2</sup>This is a 3rd generation EIA - generally HIV1+O+HIV2



<sup>3</sup>All test results are reportable. This includes positive/reactive, indeterminate, equivocal, and negative/non-reactive.

<sup>4</sup>This test differentiates HIV 1 from HIV 2 (e.g. Multispot, Geenius)

## Mycobacterial infections (including Tuberculosis and Leprosy)

<b>Condition: Mycobacterial infections, including Tuberculosis and Leprosy</b>		
<b>Organisms: <i>Mycobacterium</i> species</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Acid fast stain	All <sup>2</sup>	Yes
Antibiotic susceptibility, any method <sup>1</sup>	All <sup>2</sup>	No
Biopsy	Positive	No
Culture, acid fast bacillus	All <sup>2</sup>	No
Culture, speciated	All <sup>2</sup>	No
Quantiferon (including TB1, TB2, and TB minus NIL)	All <sup>2</sup>	Yes
Nucleic acid detection	All <sup>2</sup>	No
T-spot	All <sup>2</sup>	No

<sup>1</sup>Complete antibiotic susceptibility results are reportable when performed on *Mycobacterium tuberculosis* isolates.

<sup>2</sup>All test results are reportable. This includes positive/reactive, indeterminate, equivocal, and negative/non-reactive.

## Sexually Transmitted Diseases

<b>Condition: Chancroid</b>		
<b>Organisms: <i>Haemophilus ducreyi</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Culture	Positive	No

<b>Condition: Chlamydia trachomatis infection</b>		
<b>Organisms: <i>Chlamydia trachomatis</i></b>		



<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Culture	All <sup>1</sup>	No
Nucleic acid detection	All <sup>1</sup>	No

<sup>1</sup>All test results are reportable. This includes positive/reactive, indeterminate, equivocal, and negative/non-reactive.

<b>Condition: Gonorrhea, including sexually transmitted and ophthalmia neonatorum</b>		
<b>Organisms: <i>Neisseria gonorrhoeae</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antigen, any method	All <sup>1</sup>	No
Culture	All <sup>1</sup>	No
Gram stain	Gram negative intracellular diplococci	No
Nucleic acid detection	All <sup>1</sup>	No
Antibiotic susceptibility, any method <sup>2</sup>	All <sup>2</sup>	No

<sup>1</sup>All test results are reportable. This includes positive/reactive, indeterminate, equivocal, and negative/non-reactive

<sup>2</sup>Complete antibiotic susceptibility results are reportable when performed on *Neisseria gonorrhoeae*

<b>Condition: Syphilis, including syphilitic stillbirths</b>		
<b>Organisms: <i>Treponema palladium</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody (including DFA-TP, TPPA, FTA)	All <sup>1</sup>	No
IgG and IgM treponemal serology test (FTA, TP-PA, MHA-TP, EIA, latex agglutination)	All <sup>1</sup>	No
Microscopic identification	Positive for spirochete	No
Rapid plasma reagin (RPR)	All <sup>1</sup>	No
Venereal Disease Research Laboratory (VDRL) test	All <sup>1</sup>	No



<sup>1</sup>All test results are reportable. This includes positive/reactive, indeterminate, equivocal, and negative/non-reactive

## Vaccine Preventable and Invasive Diseases

<b>Condition: Chickenpox</b>		
<b>Organisms: Varicella Zoster Virus (VZV), Human Herpesvirus 3 (HHV-3)</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including IgG	Positive	No
Antigen, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

<b>Condition: COVID-19 (SARS-CoV-2)</b>		
<b>Organisms: SARS-CoV-2 Coronavirus</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including IgG	Positive	Yes
Antigen, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No
Next Generation Sequencing (NGS)	Positive	No

<sup>1</sup>Any NGS that identifies a COVID-19 lineage is reportable. This includes reporting of the lineage name

<b>Condition: Diphtheria</b>		
<b>Organisms: <i>Corynebacterium diphtheriae</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Culture	Positive	No
Histopathology	Positive	No



Nucleic acid detection	Positive	No
------------------------	----------	----

**Condition: Haemophilus influenzae, invasive****Organisms: Haemophilus influenzae**

<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Culture <sup>1</sup>	Positive	No
Antigen, any method <sup>2</sup>	Positive	No
Nucleic acid detection	Positive	No

<sup>1</sup> Only isolates from sterile sites are reportable. This includes, but is not limited to, blood, bone, muscle (when covered by intact skin), sterile fluids (CSF, joint, vitreous, pleural, peritoneal, pericardial), or internal body site (lymph node, brain, heart, liver, spleen, kidney, pancreas, ovary, etc)

<sup>2</sup> Only reportable if specimen source is CSF

**Condition: Influenza infection****Organisms: Influenza A and influenza B, non-seasonal influenza**

<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, IgM	Positive <sup>1</sup>	No
Antigen, any method	Positive <sup>1</sup>	No
Culture	Positive <sup>1</sup>	No
Nucleic acid detection	Positive <sup>1</sup>	No
Rapid identification	Positive <sup>1</sup>	No

<sup>1</sup> Laboratory results that provide presumptive or preliminary evidence should be reported.

**Condition: Measles****Organisms: Rubeola**

<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including IgG	All <sup>1</sup>	No
Culture	All <sup>1</sup>	No



Nucleic acid detection	All <sup>1</sup>	No
------------------------	------------------	----

<sup>1</sup>All test results are reportable. This includes positive/reactive, indeterminate, equivocal, and negative/non-reactive

<b>Condition: Meningococcal disease, invasive</b>		
<b>Organisms: <i>Neisseria meningitidis</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antigen, latex agglutination <sup>1</sup>	Positive	Yes
Antigen, immunohistochemistry <sup>2</sup>	Positive	No
Gram stain <sup>1</sup>	Positive for Gram negative diplococci	No
Culture <sup>3</sup>	Positive	No
Nucleic acid detection <sup>3</sup>	Positive	No

<sup>1</sup>Only reportable if specimen source is CSF

<sup>2</sup>Formalin-fixed tissue

<sup>3</sup>Only isolates from sterile sites are reportable. This includes, but is not limited to, blood, bone, muscle (when covered by intact skin), sterile fluids (CSF, joint, vitreous, pleural, peritoneal, pericardial), or internal body site (lymph node, brain, heart, liver, spleen, kidney, pancreas, ovary, etc).

<b>Condition: Mpox</b>		
<b>Organisms: Monkeypox Virus</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, IgM	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

<b>Condition: Mumps</b>		
<b>Organisms: Mumps Virus</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>



Antibody, including IgG	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

**Condition: Respiratory Syncytial Virus (RSV)****Organisms: Human Respiratory Syncytial Virus**

<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, IgM	Positive	No
Antigen, any method	Positive	No
Nucleic acid detection	Positive	No
Viral culture	Positive	No

**Condition: Tetanus****Organisms: *Clostridium tetani***

<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody to cytotoxin	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No
Rapid identification	Positive	No

**Condition: Pertussis (Whooping Cough)****Organisms: *Bordetella pertussis***

<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, IgM	Positive	No



Antigen, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

<b>Condition: Polio, paralytic and nonparalytic</b>		
<b>Organisms: Poliovirus</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including IgG	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

<b>Condition: Rubella</b>		
<b>Organisms: Rubella Virus</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including IgG	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

<b>Condition: Smallpox</b>		
<b>Organisms: Variola Major and Variola Minor</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, IgM	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No



<b>Condition: Smallpox vaccination, adverse reaction</b>		
<b>Organisms: Vaccinia virus (Orthopox genus)</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

<b>Condition: Streptococcal disease, invasive</b>		
<b>Organisms: Streptococcus pneumoniae, group A streptococcus (Streptococcus pyogenes, group B streptococcus (Streptococcus agalactiae)</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibiotic susceptibility, any method <sup>1</sup>	All <sup>2</sup>	No
Culture <sup>2</sup>	Positive <sup>2</sup>	No

<sup>1</sup> Complete antibiotic susceptibility results are reportable when performed on Streptococcus pneumoniae isolates from sterile sites.

<sup>2</sup> Laboratory results that provide presumptive or preliminary evidence should be reported.

<sup>3</sup> Only isolates from sterile sites are reportable. This includes, but is not limited to, blood, bone, muscle (when covered by intact skin), sterile fluids (CSF, joint, vitreous, pleural, peritoneal, pericardial), or internal body site (lymph node, brain, heart, liver, spleen, kidney, pancreas, ovary, placenta)

## Vectorborne/Zoonotic Diseases – Bacterial

<b>Condition: Anaplasmosis/Ehrlichiosis</b>		
<b>Organisms: Anaplasma phagocytophilum, Ehrlichia spp.</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including IgG	Positive	Yes
Antigen, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No



Microscopic identification	Positive for morulae	No
----------------------------	----------------------	----

<b>Condition: Anthrax</b>		
<b>Organisms: <i>Bacillus anthracis</i>, Anthrax toxin positive <i>Bacillus cereus</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antigen, including Red Line Alert	Positive	No
Antibody to Protective Antigen (PA)	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No
Lethal Factor by Mass Spectrometry	Positive	No

<b>Condition: Brucellosis</b>		
<b>Organisms: <i>Brucella species</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

<b>Condition: Lyme disease</b>		
<b>Organisms: <i>Borrelia burgdorferi</i>, <i>Borrelia mayonii</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including IgG <sup>1</sup>	Positive	Yes
Culture	Positive	No
Nucleic acid detection	Positive	No

<sup>1</sup>Western Blot test results should include the number of bands identified.



<b>Condition: Melioidosis</b>		
<b>Organisms: <i>Burkholderia mallei</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

<b>Condition: Plague</b>		
<b>Organisms: <i>Yersinia pestis</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including IgG and Fraction 1 (F1) antigen	Positive	Yes
Antigen, Fraction 1 (F1)	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

<b>Condition: Psittacosis</b>		
<b>Organisms: <i>Chlamydia psittaci</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including IgG	Positive	Yes
Culture	Positive	No
Nucleic acid detection	Positive	No

<b>Condition: Q Fever</b>		
<b>Organisms: <i>Coxiella burnetii</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>



Antibody, any method, including phase 1 or 2	Positive	Yes
Antigen, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

<b>Condition: Relapsing Fever</b>		
<b>Organisms: <i>Borrelia species (not burgdorferi)</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, any method	Positive	No
Culture	Positive	No
Microscopic identification	Positive for spirochetes	No
Nucleic acid detection	Positive	No

<b>Condition: Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever</b>		
<b>Organisms: <i>Rickettsia rickettsii, Rickettsia species</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including IgG	Positive	Yes
Antigen, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

<b>Condition: Tularemia</b>		
<b>Organisms: <i>Francisella tularensis</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>



Antibody, including IgG	Positive	Yes
Antigen, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

### Vectorborne/Zoonotic Diseases – Viral

<b>Condition: Arboviral infection</b>		
<b>Organisms: Zika Virus, Chikungunya Virus, West Nile Virus, Oropouche virus disease, St. Louis encephalitis virus</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including plaque reduction neutralization	Positive	No
Antigen, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

<b>Condition: Dengue fever</b>		
<b>Organisms: Dengue Virus</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including IgG and plaque reduction neutralization	Positive	Yes <sup>1</sup>
Antigen, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

<sup>1</sup>Titer quantitation must be reported, including IgM P/N ratio must be reported.

<b>Condition: Colorado Tick Fever, also known as American Mountain Tick Fever</b>
---



<b>Organisms: Colorado Tick Fever Virus, Coltivirus spp</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including IgG	Positive	No
Antigen, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

<b>Condition: Hantavirus infection</b>		
<b>Organisms: Hantavirus (Sin Nombre Virus)</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including IgG	Positive	Yes
Antigen, any method	Positive	No
Nucleic acid detection	Positive	No

<b>Condition: Rabies, human and animal</b>		
<b>Organisms: Lyssavirus</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, Rabies Neutralizing	Positive	Yes <sup>1</sup>
Antigen, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

<sup>1</sup> Positive or complete virus neutralization at 1:5 dilution.

<b>Condition: Viral Hemorrhagic Fever</b>		
<b>Organisms: Crimean-Congo Hemorrhagic Fever, Ebola, Guaranito, Junin, Lassa, Lujo, Machupo, Marburg, Rift Valley Fever, Sabia, and Yellow Fever Viruses</b>		



<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including IgG	Positive	No
Antigen, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

### Vectorborne/Zoonotic Diseases – Parasitic

<b>Condition: Babesiosis</b>		
<b>Organisms: <i>Babesia species</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Animal Inoculation	Positive	No
Antibody, including IgG	Positive	Yes
Microscopic identification	Identification of intraerythrocytic <i>Babesia</i> organisms	No
Nucleic acid detection	Positive	No

<b>Condition: Chagas Disease</b>		
<b>Organisms: <i>Trypanosoma cruzi</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including IgG	Positive	No
Antigen, any method	Positive	No
Microscopic identification	Identification of <i>Trypanosoma cruzi</i> parasite	No
Nucleic acid detection	Positive	No



<b>Condition: Leptospirosis</b>		
<b>Organisms: <i>Leptospira species</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, IgM	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

<b>Condition: Malaria</b>		
<b>Organisms: <i>Plasmodium species</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Blood film/smear	Identification of Plasmodium parasite	No
Nucleic acid detection	Positive	No
Rapid antigen test (RDT)	Positive	No

## Viral Hepatitis

<b>Condition: Hepatitis A virus infection</b>		
<b>Organisms: Hepatitis A Virus</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, IgM	All <sup>1</sup>	No
Nucleic acid detection	All <sup>1</sup>	No

<sup>1</sup>All test results are reportable. This includes positive/reactive, indeterminate, equivocal, and negative/non-reactive

<b>Condition: Hepatitis B virus infection</b>		
<b>Organisms: Hepatitis B Virus</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>



Antibody, IgM, core	All <sup>1</sup>	No
Antigen, including surface and e antigen	All <sup>1</sup>	No
Genotype	All <sup>1</sup>	No
Nucleic acid detection	All <sup>1</sup>	Yes

<sup>1</sup>All test results are reportable. This includes positive/reactive, indeterminate, equivocal, and negative/non-reactive

<b>Condition: Hepatitis C virus infection</b>		
<b>Organisms: Hepatitis C Virus</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody (anti-HCV and signal/cutoff ratio)	All <sup>1</sup>	Yes
Antigen, including surface and e antigen	All <sup>1</sup>	No
Genotype	All <sup>1</sup>	No
Immunoblot or RIBA	All <sup>1</sup>	No
Nucleic acid detection	All <sup>1</sup>	No

<sup>1</sup>All test results are reportable. This includes positive/reactive, indeterminate, equivocal, and negative/non-reactive

<b>Condition: Viral Hepatitis, other</b>		
<b>Organisms: Hepatitis D virus, Hepatitis E Virus, and Hepatitis G Virus</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, IgM	Positive	No
Antigen, any method	Positive	No

<b>Condition: Liver function tests, associated with Viral Hepatitis cases<sup>1</sup></b>		
<b>Organisms: Not Applicable</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Alanine amino transferase (ALT)	All <sup>2</sup>	Yes



Aspartate aminotransferase (AST)	All <sup>2</sup>	Yes
Bilirubin	All <sup>2</sup>	Yes

<sup>1</sup> Liver function tests are reportable when the specimen collection date is within 90 days of the specimen collection date of a positive test for viral hepatitis. For entities that cannot report using these specifications, all liver function tests may be reported.

<sup>2</sup> All test results are reportable

## Other Diseases

<b>Condition: CD4 Test</b>		
<b>Organisms: Not Applicable</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Value, total and percent <sup>1</sup>	All <sup>2</sup>	Yes

<sup>1</sup> All values from all patients are reportable regardless of HIV status.

<sup>2</sup> All test results are reportable. This includes positive/reactive, indeterminate, equivocal, and negative/non-reactive

<b>Condition: Coccidioidomycosis</b>		
<b>Organisms: <i>Coccidioides species</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including IgG	Positive	Yes
Fungal culture	Positive	No
Histopathology	Positive	No
Nucleic acid detection	Positive	No

<b>Condition: Coronavirus, Novel – Middle East Respiratory Syndrome (MERS)</b>		
<b>Organisms: MERS Coronavirus</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antigen, any method	Positive	No
Culture	Positive	No



Nucleic acid detection	Positive	No
------------------------	----------	----

**Condition: Coronavirus, Novel - Severe Acute Respiratory Syndrome (SARS)****Organisms: SARS-CoV-1 Coronavirus**

<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

**Condition: Cytomegalovirus, infant****Organisms: Cytomegalovirus**

<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including IgG	All <sup>1</sup>	No
Culture	All <sup>1</sup>	No
Nucleic acid detection	All <sup>1</sup>	No

<sup>1</sup>All test results in children less than one year of age are reportable. This includes positive/reactive, indeterminate, equivocal, and negative/non-reactive

**Condition: Free-living amoebae****Organisms: Acanthamoeba spp., Balamuthia mandrillaris, Naegleria fowleri**

<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antigen, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

**Condition: Legionellosis, also known as Legionnaires' disease**



<b>Organisms: <i>Legionella species</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Antibody, including IgG	Positive	Yes
Antigen, any method	Positive	No
Culture	Positive	No
Nucleic acid detection	Positive	No

<b>Condition: Transmissible Spongiform Encephalopathies</b>		
<b>Organisms: All prions, including Gerstmann-Straussler-Scheinker syndrome, CJD, vCJD, iCJD, fCJD, sCJD, or Kuru</b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
14-3-3	Positive	No
Immunohistochemistry	Positive	No
PrP Gene Sequencing by PCR	Positive	Yes
Neuron-Specific Enolase	Positive	No
Tau protein	Positive	No
Western Blot	Positive	No

<b>Condition: Toxoplasmosis</b>		
<b>Organisms: <i>Toxoplasma gondii</i></b>		
<i>Reportable Test</i>	<i>Reportable Result</i>	<i>Quantitation Required</i>
Culture	Positive <sup>1</sup>	No
Nucleic acid detection	Positive <sup>1</sup>	No
Rapid identification	Positive <sup>1</sup>	No

<sup>1</sup>Laboratory results that provide presumptive or preliminary evidence should be reported.



## Resources and Further Material

---

### Resources

Utah Code 26B-7-2: Detection and Management of Chronic and Communicable Diseases and Public Health Emergencies

[https://le.utah.gov/xcode/Title26B/Chapter7/26B-7-P2.html?v=C26B-7-P2\\_2023050320230503](https://le.utah.gov/xcode/Title26B/Chapter7/26B-7-P2.html?v=C26B-7-P2_2023050320230503)

Utah Administrative Rule 386-702: The Communicable Disease Rule

<https://adminrules.utah.gov/public/rule/R386-702/Current%20Rules?>

Communicable Disease Reporting Webpage

<https://epi.utah.gov/disease-reporting/>

\*Includes information on Promoting Interoperability reporting

Utah DHHS Meaningful Use Program Webpage

<https://epi.utah.gov/elrstage3/>

### Contact Information

Division of Population Health: Informatics Program

Phone: (801) 538-6191

Email: [edx@utah.gov](mailto:edx@utah.gov)