INDIANA LABORATORY SYSTEM MONTHLY PARTNER WEBCAST

Thank you for joining us.
The webcast will begin shortly.

3/21/2023

Indiana Department of Health

INDIANA LABORATORY SYSTEM MONTHLY PARTNER WEBCAST

3/21/2023

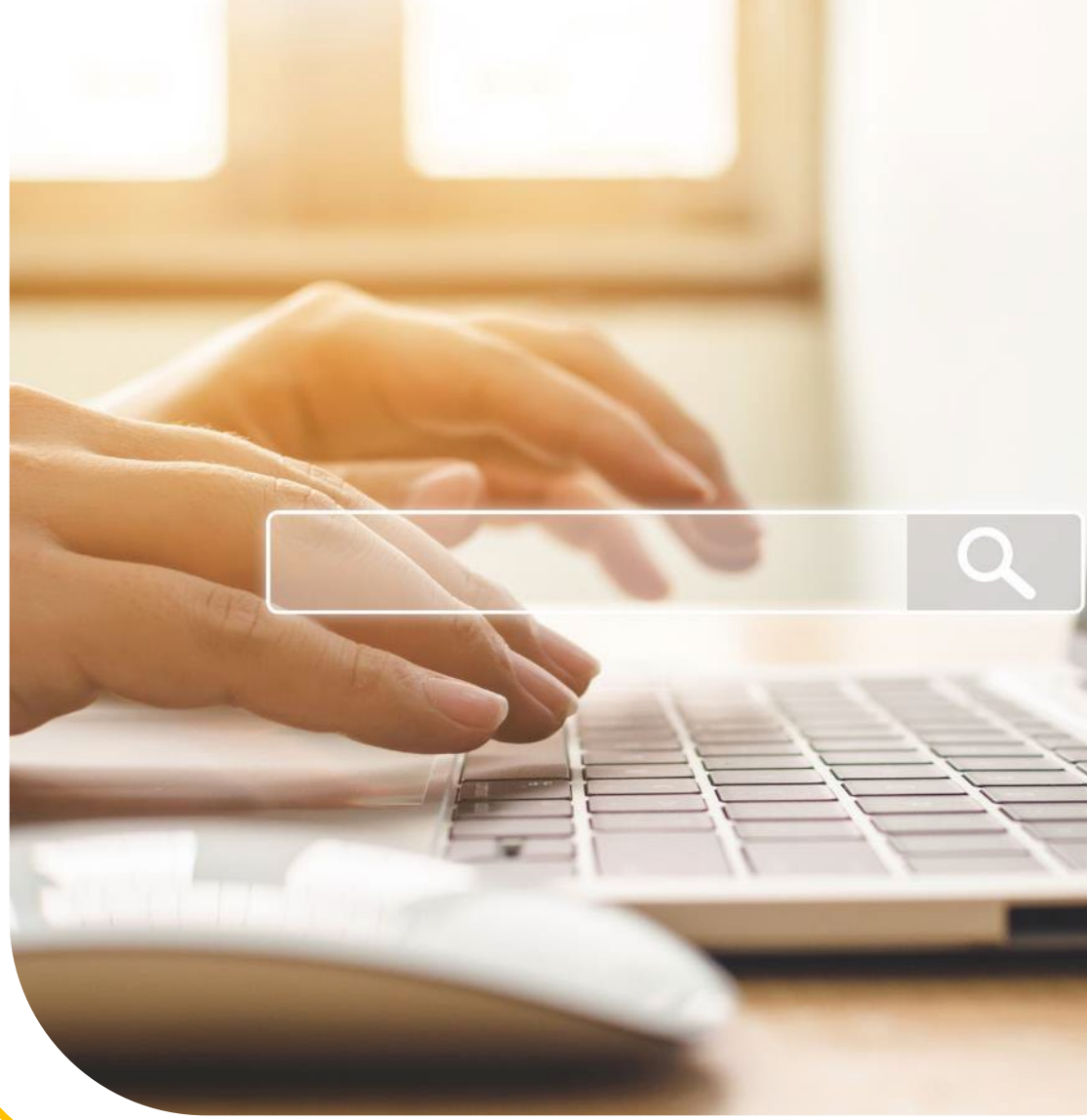
Agenda

1. **Welcome:** Mark Glazier, division director, biothreat – clinical microbiology and environmental virology division
2. **Laboratory Updates & HAN Updates:** Mark Glazier, division director, biothreat – clinical microbiology and environmental virology division
3. **Virology Updates:** Brian Pope, division director, virology & serology
4. **Environmental Microbiology Updates:** Ryan Gentry, division director, environmental microbiology
5. **IDOH & GCPH Updates:** Pam Pontones, deputy health commissioner
6. **Communicable Disease Rule Updates:** Kelly White, director of TB prevention & care, refugee & international health, and NBS/Surveillance
7. **Q & A:** The IDOHL webcast team

IDOH Laboratories

Three ways to stay in the know:

1. Email us at IDOH-Lab-Info@health.in.gov
2. Sign up for IHAN – Indiana Health Alert Network https://ihan-in.org/
3. Sign up for laboratory communications at GovDelivery



Indiana Department of Health

2023 ILS Webcast Schedule

2nd Wednesdays from 10:30 – 11 a.m.

- 4/12/2023
- 5/20/2023
- 6/21/2023 (3rd Wednesday)
- 7/12/23
- 8/9/23
- 9/13/23
- 10/11/23
- 11/8/23
- 12/13/23

Indiana Department of Health

IDOH Website: Construction Coming Soon

Indiana Department of Health

Lauren Bishop

Laboratory Updates

Mark Glazier, Division Director, Biothreat – Clinical Microbiology & Environmental Virology

Indiana Department of Health

PPE from Langham

- IDOH has quantities of PPE, lab and vaccination supplies available for order, including:
  - Face masks
  - Face shields
  - Gloves
  - Goggles
  - Gowns
  - Respirators, N95s
  - Needles
  - Swabs
  - Infrared Thermometers
  - And More!

Link to access portal: warehouse@elangham.com
For portal assistance, please contact Covidsupport@elangham.com or 866-926-3420

2023 Sentinel Clinical Laboratory Certification

- ***Did your laboratory receive a survey via email for this certification?***
- If so, please fill out the emailed survey even if you are not a sentinel laboratory, so we can keep up to date contact information for the laboratories in Indiana
- If your laboratory did not receive an email, please email IDOH-lab-info@health.in.gov to request a survey

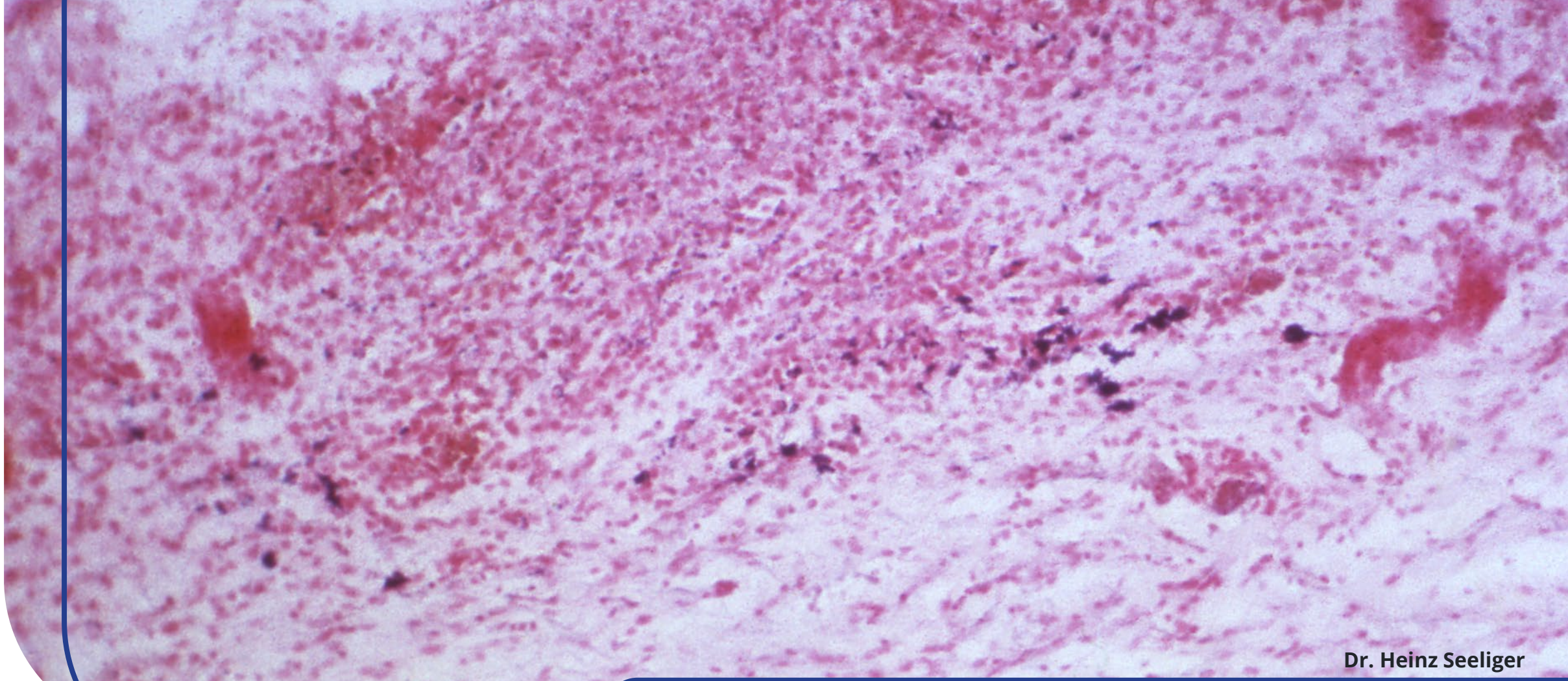
APHL Free SAF-T-PAK Training

APHL is offering free SAF-T-PAK Packaging and Shipping Trainings:

1) **Category A** – Division 6.2 Infectious Substances – LIVE Virtual SEMINARS
   - 13 dates with three different start times
2) **Category A** – Division 6.2 Infectious Substances – ONLINE SELF-PACED MODULES
   - 11 modules estimated to take approximately eight hours to complete
3) **Category B** – ONLINE SELF-PACED MODULES
   - Seven modules estimated to take approximately five hours to complete

If interested, RSVP by completing the following survey at:
https://www.surveymonkey.com/r/APHL_SAF_T_PAK_Packing_and_Shipping_2023_IDOHL

***If you have registered for a training, please don't register again just because you're still waiting on confirmation of your registration. It may take a few weeks to receive training registration confirmation.**



Dr. Heinz Seeliger

Virology Updates

Brian Pope, Division Director, Virology & Serology

Indiana Department of Health

CT/GC Shipping

- Please note: Specimens submitted to IDOHL need to be using the correct shipping labels for the specimens they are submitting.
- Recently, specimens have been shipped in for CT/GC testing under the label for TB testing
  - Specimens are still able to be tested, however they are being paid for another area and specimens are being opened under different BSL conditions as if they were the organism listed on the shipping label.

IHAN: Confirmed Measles Case in KY

- The Indiana Department of Health (IDOH) is alerting clinicians to a report from the Kentucky Department for Public Health of a confirmed case of measles in an individual who attended a large spiritual revival gathering on Feb. 17 and 18 at Asbury University in Wilmore, Kentucky, while contagious. Clinicians are encouraged to remain vigilant for measles, consider travel to Kentucky when evaluating suspected measles cases, and ensure patients remain up to date on recommended measles vaccination. Clinicians should immediately report suspected cases of measles to the IDOH.
- Measles is a highly contagious viral illness. Exposed individuals who do not have evidence of immunity to measles should be encouraged to be vaccinated and should quarantine and monitor for signs and symptoms for 21 days after exposure. Appropriate infection control practices should

Laboratory Testing

- Testing for measles is available through the IDOH Laboratories **with prior authorization**. To request testing authorization, clinicians and laboratories should contact the IDOH Infectious Disease Epidemiology and Prevention Division at 317-233-7125 during business hours (Monday – Friday, 8:15 a.m. – 4:45 p.m.) or 317-233-1325 after hours.

HAN: Increased Chikungunya Virus Activity in Paraguay and Associated Risk for Travelers

- The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to notify clinicians and public health authorities of an increase in the number of cases of chikungunya reported in Paraguay. Most cases have been reported in the capital district of Asunción and the neighboring Central department.
- As of Feb. 24, 2023, the Ministry of Health in Paraguay reported a total of 71,478 suspect chikungunya cases in Paraguay, with 29,362 of those being probable or confirmed cases since the outbreak began in October 2022 [1]. Further spread of the outbreak in Paraguay and to surrounding countries is possible.
- This Health Advisory provides information on the current status of the chikungunya outbreak in Paraguay and advises on evaluating and testing travelers returning from Paraguay with signs and symptoms consistent with chikungunya virus infection. It also highlights those at increased risk for severe disease and prevention measures to mitigate additional spread of the virus and potential importation into unaffected areas, including the United States.

Laboratory Testing

- Diagnostic testing is available through commercial laboratories, some state health departments, and CDC. Contact your state, territorial, or local health department for more information and to facilitate testing.

Virologic Surveillance

Circulating Influenza Viruses Detected by IDOH Laboratory*, Indiana, 2022-2023 Season				
	Week 10		Season Total	
PCR Result	Number	Percent of Specimens Received	Number	Percent of Specimens Received
2009 A/H1N1pdm virus	0	0%	8	2%
Influenza A/H3 seasonal virus	0	0%	18	5%
Influenza B Yamagata seasonal virus	0	0%	0	0%
Influenza B Victoria seasonal virus	0	0%	0	0%
Influenza B Virus, genotype pending	0	0%		
Influenza negative	10	100%	340	91%
Inconclusive	0	0%	2	<1%
Unsatisfactory specimen†	0	0%	6	2%
Influenza A unsubtypeable	0	0%	0	0%
Influenza Co-infection	0	0%	0	0%
Total	**10**	**100%**	**374**	**100%**

obtained from the IDOHL via specimens submitted from the ISDH Sentinel Influenza Surveillance System and IN
el Laboratories.
isfactory specimens include specimens that leaked in transit, were too long in transit, or were inappropriately
d.
infection of multiple influenza subtypes has been detected.
sonal total may include delayed specimens not included in weekly total.

Indiana Department of Health

Medical Illustrator: Stephanie Rossow

Environmental Microbiology Updates

Ryan Gentry, Division Director, Environmental Microbiology

Indiana Department of Health

HAN: Increase in Extensively Drug-resistant *Shigellosis* in the United States

- The Centers for Disease Control and Prevention (CDC) has been monitoring an increase in extensively drug-resistant (XDR) *Shigella* infections (shigellosis) reported through national surveillance systems.
  - In 2022, about 5% of *Shigella* infections reported to CDC were caused by XDR strains, compared with 0% in 2015.
  - XDR *Shigella* strains can spread antimicrobial resistance genes to other enteric bacteria.
  - CDC defines XDR *Shigella* bacteria strains that are resistant to all commonly recommended empiric and alternative antibiotics — azithromycin, ciprofloxacin, ceftriaxone, trimethoprim-sulfamethoxazole (TMP-SMX), and ampicillin.

Recommendations for Laboratories

Clinical Laboratories

- Report known or suspected *Shigella* cases to IDOH Epidemiology
- Submit all *Shigella* isolates or positive stools to IDOHL

Indiana Department of Health

IDOH AND GPHC UPDATE

PAM PONTONES, MA
DEPUTY HEALTH COMMISSIONER
OF LOCAL HEALTH SERVICES

03/21/23

HHS: End of the Public Health Emergency

- Department of Health and Human Services (HHS) is planning for the federal Public Health Emergency (PHE) for COVID-19 to expire at the end of the day on May 11 (renewed Feb. 11 for 90 days)
- Since the peak of the Omicron surge at the end of January 2022:
  - Daily COVID-19 reported cases are down 92%
  - COVID-19 deaths have declined by over 80%
  - New COVID-19 hospitalizations are down nearly 80%
- Access to COVID-19 vaccinations and certain treatments, such as Paxlovid and Lagevrio, will generally not be affected
- Partners across the U.S. Government (USG) are developing plans to ensure a smooth transition for the provision of COVID-19 vaccines and treatments as part of the traditional health care marketplace
- Transition to traditional healthcare coverage occurs later this year

https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html

Indiana Medicaid Reminder

Take action now to keep health care coverage!

During the federal public health emergency, no one lost their Medicaid coverage. Because Medicaid coverage protections are no longer included in the federal public health emergency, redetermination actions will begin in April 2023. Many Hoosiers could lose their benefits and now is the time to take action to help you stay covered.

Is your address correct? What is your income? To help you have the right health coverage, Indiana Family and Social Services Administration needs all Medicaid members to take these steps to ensure we have current info.

- **Go to FSSABenefits.IN.gov**
- **Scroll down to the "Manage Your Benefits" section**
- **Click on "Sign in to my account" or "Create account"**

Watch your mail! Be sure to respond with any info you're asked for.
Need help updating your address? Call 800-403-0864.

HIP HEALTHY INDIANA PLAN · Hoosier Healthwise · Hoosier CARE CONNECT · FSSA

Indiana Department of Health

[Check Your Coverage (in.gov)]

TB Summit

Indiana Department of Health

https://www.intbsummit.com/

Infectious Disease Summit

- We’re excited to announce the date for the 2023 Infectious Disease Summit!
- Save the date for May 9-10, at the Renaissance North Hotel in Carmel
- Join together to Calibrate, Collaborate, and Respond
- Registration opens in soon
- Visit **www.infectiousdiseasesummit.com** for more information

INDIANA

GOVERNOR'S PUBLIC HEALTH COMMISSION

Update

Indiana Department of Health

GPHC: Senate Bill 4

- Defines core public health services that should be available in every county
- For counties that decide to opt-in to additional funding, local health departments will be responsible for ensuring core services are provided in their county and serve as the local convener of community partners
- Provides flexibility for staff LHDs could employ to carry out their duties so long as the required core services are delivered per statute
- Outlines local health officer qualifications and updated health board membership
- And more …

House Bill 1001 (budget bill)

- Increases the state's investment in public health infrastructure
- Provides local health departments with additional, stable, recurring funding by increasing the annual state appropriation to local health departments from $6.9M per year to $200M per year (increase on average of approximately $30 per capita).
- Repeals the Indiana Local Health Department Trust Account and repurposes the Local Health Maintenance Fund to consolidate state funds for local health departments into a single fund
- Accountability and transparency
- Core public health services
- And more …

https://iga.in.gov/legislative/2023/bills/house/1001

GPHC Legislative Updates

Senate Bill 4

- Successfully passed out of the Senate, vote 41-7.
- Heard in House Public Health Committee on 3/14 and held for amend and vote in the next week or two.

House Bill 1001

- Passed out of the House
  - Made changes to our funding request for counties and regional support
- Hearings and discussions ongoing in Senate Appropriations
  - Will not move until toward the end of session
  - Will end in conference committee

Indiana Department of Health

INDIANA COMMUNICABLE DISEASE REPORTING UPDATES

March 2023

Indiana Communicable Disease Rule Changes

- Streamlined timeframes for reporting
  - Immediately
  - Within one working day
- Updated reportable disease list for hospitals/providers as well as a reportable result/pathogen list for laboratories
- Changes effective **April 1**

Indiana Communicable Disease Rule Changes

2023 Indiana Reportable Disease List

- **Audience:** Healthcare providers and hospitals
- Lists the name of reportable ***diseases/conditions***

2023 Indiana Reportable Result/Pathogen List

- **Audience:** Laboratorians
- Lists the name of reportable ***pathogens/organisms***

2023 Indiana Reportable Disease List for Healthcare Providers and Hospitals

410 IAC 1-2.5-75 & 76

Indiana Department of Health

REPORT IMMEDIATELY ON SUSPICION

- Anthrax
- Botulism
- Cholera *(Vibrio cholerae* O1, O139, or toxigenic)
- Diphtheria
- Eastern equine encephalitis virus (EEEV) disease
- Hemolytic uremic syndrome (HUS), post-diarrheal
- Hepatitis, viral, Type B, pregnant woman (acute and chronic) or perinatally exposed infant
- Influenza A, Novel
- Measles (Rubeola)
- Melioidosis *(Burkholderia pseudomallei)*
- Meningococcal disease, invasive
- Middle East Respiratory Syndrome (MERS)
- Plague
- Poliomyelitis
- Rabies, human
- Rubella (German Measles)
- Rubella congenital syndrome
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox (Variola infection)
- Tularemia
- Viral hemorrhagic fever, filoviruses
  - Ebola virus
  - Marburg virus
- Viral hemorrhagic fever, other
  - Crimean-Congo hemorrhagic fever virus
  - Guanarito virus
  - Junin virus
  - Lassa virus
  - Lujo virus
  - Machupo virus
  - Sabia virus

TO REPORT:

- Immediately Reportable: complete steps 1-2
- Within One Working Day: complete step 2

Step 1: Call **317-233-7125**
317-233-1325 (After hours)

Step 2:

- NBS users: Report conditions via Morbidity Report in **NBS**
- Non-NBS users: Report with **this** form

REPORT WITHIN ONE WORKING DAY

- Acquired Immunodeficiency Syndrome (AIDS)
- Acute Flaccid Myelitis (AFM)
- Anaplasmosis
- Animal bite or exposure
- Arboviral disease or infection, domestic
  - West Nile virus (WNV)
  - St. Louis encephalitis virus (SLEV)
  - Western equine encephalitis virus (WEEV)
  - California serogroup viruses (La Crosse virus (LACV), Jamestown Canyon virus (JCV)), Powassan virus (POWV)
- Arboviral disease or infection, imported
  - Chikungunya virus (CHIKV)
  - Dengue virus (DENV)
  - Zika virus (ZIKV)
- Babesiosis
- Brucellosis
- Campylobacteriosis
- *Candida auris* and unusual *Candida* spp. (species other than *C. albicans, C. parapsilosis, C. dubliniensis, C. lusitaniae, C. tropicalis or C. krusei*)
- Carbapenemase-Producing Organisms (CPO)
- Chancroid
- Chlamydia trachomatis, genital infection
  - *Lymphogranuloma venerum*
- Coccidioidomycosis
- COVID-19, cases and deaths
- Cryptosporidiosis
- Cyclosporiasis
- Ehrlichiosis
- *Escherichia coli (E. coli)* infection (Shiga toxin-producing *E. coli* (STEC)) including, but not limited to, *E. coli* O157 and other serogroups)
- Giardiasis
- Gonorrhea
  - Disseminated gonococcal infection
- Granuloma inguinale
- *Haemophilus influenzae*, invasive disease, (including antimicrobial susceptibility testing)
- Hansen's disease (leprosy)
- Hantavirus infection (pulmonary and non-pulmonary), including, but not limited to: Sin Nombre virus
  - Seoul virus
- Hepatitis, viral, Type A
- Hepatitis, viral, Type B (acute and chronic)
- Hepatitis, viral, Type C (acute and chronic)
- Hepatitis, viral, Type C, pregnant woman (acute or chronic) or perinatally exposed infant
- Hepatitis, viral, Type Delta
- Hepatitis, viral, Type E
- Hepatitis, viral, unspecified
- Histoplasmosis
- HIV infection/disease
- HIV infection/disease, pregnant woman or perinatally exposed infant
- Influenza-associated death (all ages)
- Japanese encephalitis
- Latent tuberculosis infection (LTBI)
- Legionellosis
- Leptospirosis
- Listeriosis
- Lyme disease
- Lymphocytic choriomeningitis virus
- Malaria
- Mpox (formerly known as Monkeypox)
- Multisystem Inflammatory Syndrome in adults (MIS-A)
- Multisystem Inflammatory Syndrome in children (MIS-C)
- Mumps
- Pandrug-resistant Organisms
- Pertussis
- Psittacosis
- Q Fever
- Rabies, postexposure prophylaxis administration
- Salmonellosis, non-typhoidal
- Shigellosis
- Spotted fever rickettsiosis, including Rocky Mountain Spotted fever
- *Streptococcus pneumoniae*, invasive disease (including antimicrobial susceptibility testing)
- *Streptococcus*, Group A, invasive disease
- Syphilis
- Tetanus
- Toxic shock syndrome (streptococcal or staphylococcal)
- Trichinellosis
- Tuberculosis disease, cases and suspects
- Typhoid and paratyphoid fever, cases and carriers
- Vancomycin-resistant *Staphylococcus aureus* (VRSA) and Vancomycin intermediate *Staphylococcus aureus* (VISA)
- Varicella (chickenpox)
- Vibriosis (non-cholera *Vibrio* infection)
- Yellow fever
- Yersiniosis, Non-*pestis*

2023 Indiana Reportable Disease List for Healthcare Providers and Hospitals

410 IAC 1-2.5-75 & 76

Indiana Department of Health

IMMEDIATELY REPORTABLE OUTBREAKS

1. Any disease required to be reported as listed above
2. Newborns with diarrhea in hospitals or other institutions
3. Foodborne or waterborne diseases in addition to those specified above
4. Streptococcal illnesses
5. Conjunctivitis
6. Impetigo
7. Clusters or suspected outbreaks of any disease associated with hospitals and healthcare facilities
8. Influenza-like illness
9. Viral meningitis
10. Unusual occurrence of disease
11. Any disease (e.g. anthrax, plague, tularemia, Brucella species, smallpox, or botulism) or chemical illness considered a bioterrorism threat, importation, or laboratory release

OTHER REPORTABLE NON-COMMUNICABLE CONDITIONS AND DISEASES

- Report all blood lead results (capillary and venous) in children and adults within one week (410 IAC 29-3-1)
- Report confirmed cases of cancer occurring in residents diagnosed or treated in Indiana to the state cancer registry (410 IAC 21-1-2)

3/2/23

2023 Indiana Reportable Result/Pathogen List for Laboratories

410 IAC 1-2.5-75 & 76

Indiana Department of Health

REPORT IMMEDIATELY UPON SUSPICION

Bacillus anthracis
Burkholderia mallei
Burkholderia pseudomallei
Clostridium botulinum
Corynebacterium diphtheriae
Eastern equine encephalitis virus
Francisella tularensis
Hepatitis, viral, type B, pregnant woman (acute and chronic) or perinatally exposed infant†
Measles virus
Middle East Respiratory Syndrome Coronavirus (MERS-CoV)
Neisseria meningitidis, invasive disease
Novel influenza A
Poliovirus
Rabies virus
Rubella virus
SARS-associated coronavirus (SARS-CoV)
Smallpox (variola) virus
Viral hemorrhagic fever, filoviruses
- Ebola virus
- Marburg virus

Vibrio cholerae O1, O139, or toxigenic
Viral hemorrhagic fever, other
- Crimean-Congo hemorrhagic fever virus
- Guanarito virus
- Junin virus
- Lassa virus
- Lujo virus
- Machupo virus
- Sabia virus

Yersinia pestis

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

Anaplasma spp.
Arboviruses including, but not limited to:
- Chikungunya virus
- Dengue virus
- Jamestown Canyon virus
- Japanese encephalitis virus
- La Crosse (California serogroup) viruses
- Powassan virus
- St. Louis encephalitis virus
- Western equine encephalitis virus
- West Nile virus
- Zika virus

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

* Include antimicrobial susceptibility testing
† Further guidance on the second page of the Indiana Reportable Result/Pathogen List for Laboratories

3/1/23

2023 Indiana Reportable Result/Pathogen List for Laboratories

410 IAC 1-2.5-75 & 76

Indiana Department of Health

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 ≤ 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 ≤ 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)

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

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.**

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.**

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 *Enterobacterales*, *Pseudomonas aeruginosa*, and *Acinetobacter baumannii*
2. *Candida auris* and unusual *Candida* spp. (Species other than *C. albicans*, *C. parapsilosis*, *C. dubliniensis*, *C. lusitaniae*, *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 damselae* (*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 µg/mL or vancomycin resistant level MIC >= 16 µg/mL

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

3/1/23

Reportable Result/Pathogen List Changes – Immediately Reportable

Results/pathogens that are newly immediately reportable

- *Burkholderia mallei*
- *Burkholderia pseudomallei*
- Eastern equine encephalitis virus
- Middle East Respiratory Syndrome Coronavirus (MERS-CoV)
- *Neisseria meningitidis*, invasive disease
- Poliovirus
- Rabies virus
- SARS-associated coronavirus (SARS-CoV)
- Viral hemorrhagic fever, filoviruses
  - Ebola virus
  - Marburg virus
- Viral hemorrhagic fever, arenaviruses
  - Crimean-Congo hemorrhagic fever virus
  - Guanarito virus
  - Junin virus
  - Lassa virus
  - Lujo Virus
  - Machupo virus
  - Sabia virus

Result/Pathogen Reporting – Within One Working Day

- All pathogens previously reportable within 24 hours, 72 hours, or 5 business days are now reportable within one working day

- Changes also include some pathogens that were previously immediately reportable

Summary of Changes

- Several pathogens were added
- Two pathogens previously reportable were modified in scope
- Arboviruses were re-grouped to be listed together under arboviruses rather than by individual name, with the exception of Eastern Equine Encephalitis Virus (EEEV)
- One pathogen is no longer reportable

Result/Pathogen Reporting List Changes – Within One Working Day

No Longer Reportable

- Typhus, endemic (flea-borne)

Reporting Scope Adjustments

- Carbapenemase-producing Organisms (CPO)
  - Previously only CP-CRE was reportable
  - Disease has been expanded to include
    - *Acinetobacter baumannii*
    - *Pseudomonas aeruginosa*
- Vancomycin-resistant *Staphylococcus aureus* (VRSA) and Vancomycin intermediate *Staphylococcus aureus* (VISA)
  - Previously *Staphylococcus aureus*, vancomycin resistance level of MIC ≥ 8 µg/mL or severe *Staphylococcus aureus* in a previously healthy person

Isolate Submissions – Within One Working Day

The following isolates must be sent to IDOH Laboratory for further evaluation within one working day

- *Bacillus anthracis*
- *Brucella spp.*
- *Burkholderia mallei/pseudomallei*
- *Francisella tularensis*
- *Yersinia pestis*

Isolate Submissions – Within 3 Business Days Changes

- Two new pathogen isolates have been added to the list
  - *Candida auris* and unusual *Candida* spp.
    - (Species other than *C. albicans*, *C. parapsilosis*, *C. dubliniensis, C. lusitaniae*, *C. tropicalis*, or *C. krusei*)
  - Arboviral IgM positive CSF or serum specimens, including Eastern Equine Encephalitis virus
- Three pathogens listed have been expanded
  - *Mycobacterium tuberculosis has been expanded to include Mycobacterium tuberculosis* complex pathogens (*M. tuberculosis, M. bovis, M. canettii, M. africanum, M. microti)*
  - Carbapenamase procucing- carbapenem resistant Enterobacteriaceae (CP-CRE) has been expanded to Carbapenemase-producing *Enterobacterales*, *Pseudomonas aeruginosa*, and *Acinetobacter baumannii*
  - *Staphylococcus aureus*, vancomycin resistance level of MIC ≥ 8 µg/mL has been expanded to
    - 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 µg/mL or vancomycin resistant level MIC >= 16 µ g/mL

Isolate Submissions – Within Three Business Days

Isolates for the following organisms must be submitted to IDOH Laboratory for further evaluation within three business days of isolation:

- **Carbapenemase-producing *Enterobacterales*, *Pseudomonas aeruginosa*, and *Acinetobacter baumannii***
- ***Candida auris* and unusual *Candida* spp. (Species other than *C. albicans*, *C. parapsilosis*, *C. dubliniensis*, *C. lusitaniae*, *C. tropicalis*, or *C. krusei*)**
- *Escherichia coli* (Shiga toxin-producing *E. coli* (STEC)) isolates‡
- *Haemophilus influenzae*, invasive disease
- **Arboviral IgM positive CSF or serum specimens, including Eastern Equine Encephalitis virus**
- *Listeria monocytogenes*
- ***Mycobacterium tuberculosis* complex (*M. tuberculosis, M. bovis, M. canettii, M. africanum, M. microti)***
- *Neisseria meningitidis*, invasive disease
- *Salmonella* spp. isolates‡
- *Shigella* spp. isolates‡
- *Streptococcus pneumoniae*, invasive disease, isolates from persons less than five (5) years of age
- *Vibrio cholerae* isolates‡
- *Vibrio* spp., *Grimontia hollisae* (*Vibrio hollisae*), and *Photobacterium damselae* (*Vibrio damsela*) isolates‡
- **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 µg/mL or vancomycin resistant level MIC >= 16 µ g/mL**

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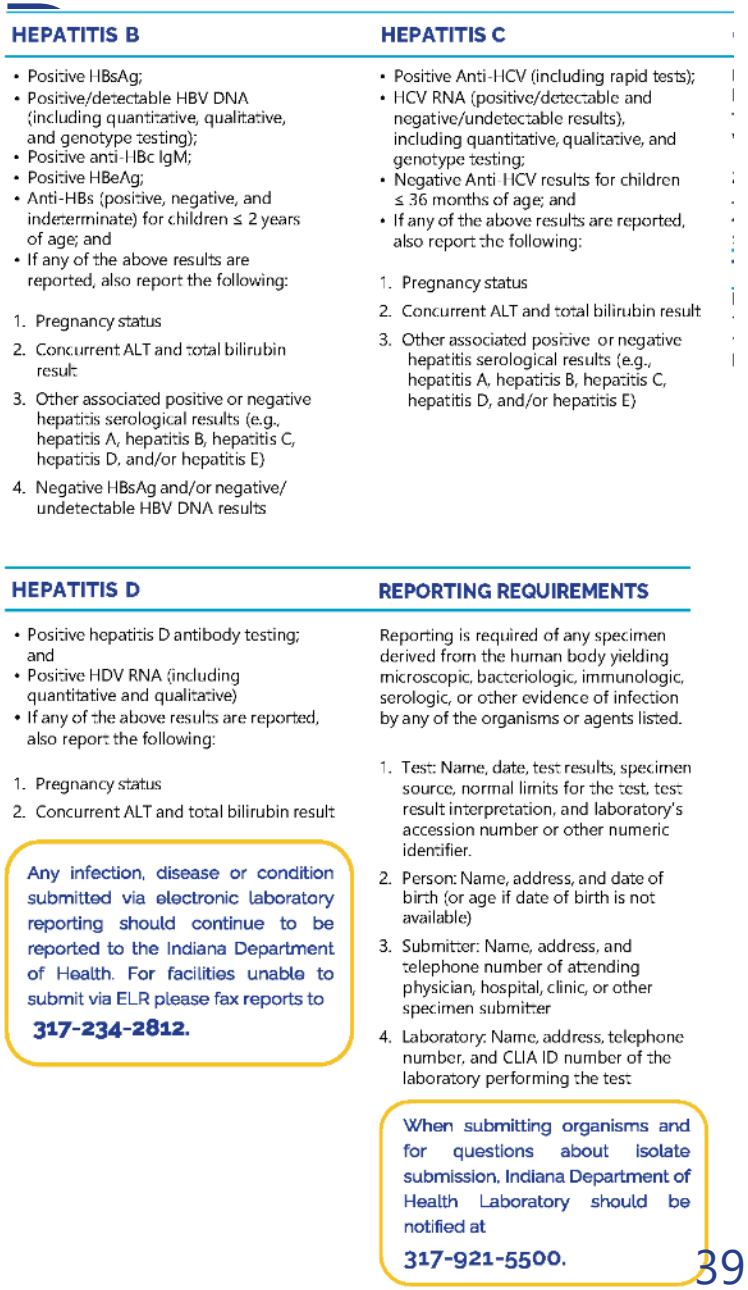
*If isolate of organism is not available, submit clinical specimens per IAC 1-2.5-76(f)

Reporting Hepatitis B, C, &

Page 2 of the reportable/pathogens list includes additional information about reporting Hepatitis B, C, & D.



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 ≤ 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 ≤ 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)

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

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.**

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.**

Indiana Department of Health

Expected Impacts of Reporting Changes

- Simplified disease/pathogen reporting timeframes for healthcare providers and laboratorians
- Allows the IDOH to easily change and update reportable diseases
- Increased reporting guidance for healthcare providers and laboratorians
- No impact to reporting methods (i.e., NBS, Confidential Report of Communicable Diseases)

How to Report Results/Pathogens to the IDOH

Immediately Reportable

1. Call 317-233-7125
   or 317-233-1325 (After hours)

AND

2. Electronic Lab Report
   or fax result to 317-234-2812

Within One Working Day

Electronic Lab Report

OR

Fax result to 317-234-2812

Indiana Department of Health

Additional Laboratory Information

Notify Indiana Department of Health Laboratory when:

- Submitting Organisms, or with questions about isolate submission.
- Call **317-921-5500** to reach the IDOH Laboratory

Electronic Laboratory Reporting

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

Timeline for Reporting Changes

- The following documents were released in early March
  - Indiana Reportable Disease List for Healthcare Providers and Hospitals
  - Indiana Reportable Result/Pathogen List for Laboratories
  - Indiana Health Alert Network message
  - Frequently asked questions document
- The changes will be effective starting **April 1**
- The released documents can be found at the following URL:
  - https://www.in.gov/health/erc/infectious-disease-epidemiology/infectious-disease-epidemiology/communicable-disease-reporting/

Questions?

CONTACT:

IDOH Laboratory

Email: IDOH-lab-info@health.in.gov

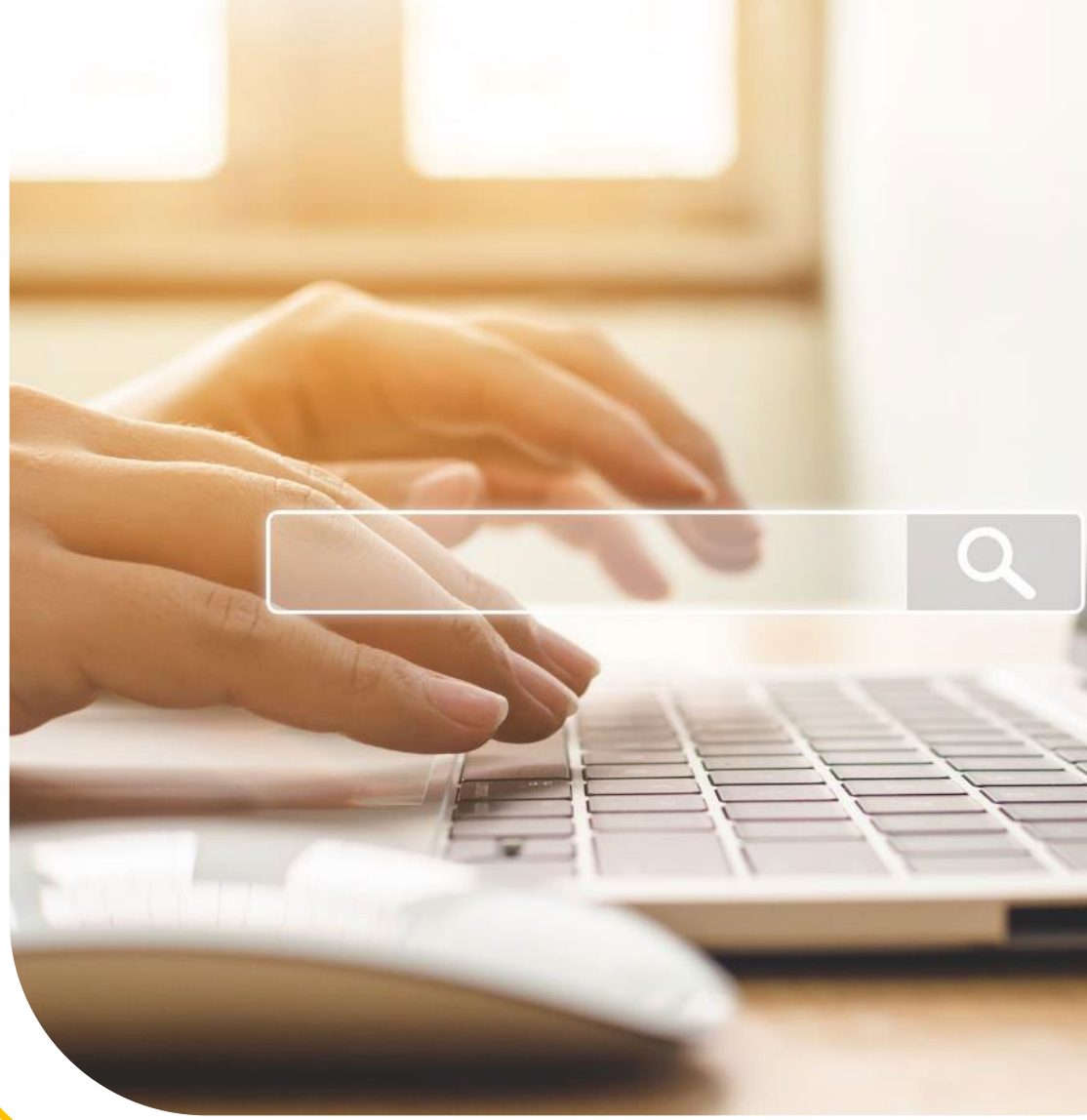
Laboratory Main Phone Line: 317-921-5500

Next Webcast

The next Indiana Laboratory System webcast is scheduled for:

Date: Wednesday, April 12

Time: 10:30 – 11 a.m.



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THANK YOU FOR JOINING THE WEBCAST!

- IDOH Laboratory Team