

MLS Laboratory Update: Updates to the MDH Communicable Disease Reporting Rules

OCTOBER 4, 2024

Purpose of this Message:

To inform MLS laboratory partners that updated Communicable Disease Reporting Rules went into effect on Friday September 27, 2024.

Action Item:

Please review the updates to the Communicable Disease Reporting Rule below and at: [Infectious Disease Reporting \(https://www.health.state.mn.us/diseasereport\)](https://www.health.state.mn.us/diseasereport)

Background:

On September 27, 2024, changes to Minnesota's Communicable Disease Reporting Rule went into effect. The changes address new and emerging infectious diseases, changes in clinical practice, and help ensure a strong public health system. Some changes include:

Required submission of clinical materials in addition to reporting cases for the following communicable diseases:

- *Candida auris*
- Carbapenem-resistant *Acinetobacter baumannii* (CRAB)
- Carbapenemase-producing carbapenem-resistant *Pseudomonas aeruginosa* (CP-CRPA)
- Glanders (*Burkholderia mallei*) - immediately reportable
- Gonorrhea (*Neisseria gonorrhoeae* infection) materials from a normally sterile site and upon request
- Hepatitis A - upon request
- Melioidosis (*Burkholderia pseudomallei*) - immediately reportable
- SARS- CoV-2 (COVID-19) (unusual case incidence, critical illness, all laboratory confirmed cases)

Required reporting only for the following communicable diseases:

- Blue-green algae (Cyanobacteria) and cyanotoxin poisoning
- *Capnocytophaga canimorsus*
- Congenital cytomegalovirus (cCMV) cases in infants less than or equal to 90 days of age
- Hard tick relapsing fever (HTRF; *Borrelia miyamotoi*)
- Multisystem inflammatory syndrome associated with SARS-CoV-2 infection, including in children (MIS-C) and adults (MIS-A)
- Rat-bite fever (*Streptobacillus moniliformis*)

Additional updates:

- Added the requirement that laboratories performing genetic sequencing submit the whole genome sequencing data for all reportable diseases upon request of the Commissioner.
- Removed the requirement to report *Diphyllobothrium latum* infection, amebiasis (*Entamoeba histolytica/dispar*), and retrovirus infection.
- Replaced Carbapenem-Resistant “Enterobacteriaceae” with Carbapenem-Resistant “Enterobacterales”.
- Added hepatitis C to reportable chronic conditions that are perinatally transmissible
- Expanded reporting of *Chlamydia trachomatis* to include serotypes includes serovars L1, L2, and L3.
- Clarified that material for brucellosis must be submitted only when *Brucella abortus*, *Brucella canis*, *Brucella melitensis*, or *Brucella suis* cannot be ruled out (immediate reporting)
- Defines working day as Monday through Friday, not including official holidays.
- Requires the reporting of the name and date of birth of the case, suspected case or decedent and all other information listed under Minn. Rules, Part 4605.7090 that is known for diseases reported under unusual case incidence (4605.7050) or other reports (4605.7070).

Additional Information:

For more detail on all the changes to the rule, see [Infectious Disease Reporting \(https://www.health.state.mn.us/diseasereport\)](https://www.health.state.mn.us/diseasereport)

Questions:

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