

**ORDER No. 2023-03-04 OF THE LOS ANGELES COUNTY HEALTH OFFICER**

**ORDER OF THE LOS ANGELES COUNTY HEALTH OFFICER**

**COVID-19 Reporting Requirements**

**Original Issue Date: Thursday, March 30, 2023**

**Revision Date: Friday, April 05, 2024**

**Effective at 12:01am on Monday, April 08, 2024**

**Brief Highlights (Revisions are highlighted in yellow):**

**4/5/2024:**

- Modifies the communicable disease reporting requirements for educational settings, community care facilities, and other congregate residential settings to align the reporting of outbreaks for COVID-19 with that of other acute respiratory illnesses.
- COVID-19 reporting requirements for clusters among employees at workplaces remain the same, per Cal/OSHA requirements.
- Hospitals are now required to continue reporting COVID-19 hospitalization data elements to the Centers for Disease Control and Prevention National Healthcare Safety Network after April 30, 2024.
- This revised order links to centralized LACDPH COVID-19 & Acute Respiratory Illness (ARI) Cluster Reporting Instructions for Multiple Sectors that specify the communicable disease reporting requirements for each type of facility.

**Please read this Order carefully.**

**Summary of the Order:**

Although the County of Los Angeles ended its COVID-19 emergency declarations on March 31, 2023, it remains important to continue public health surveillance<sup>1</sup> efforts to understand trends in COVID-19 infections, hospitalizations, and deaths and the impact they may be having in the community and within various sectors. Accordingly, this County Health Officer Order (Order) continues the requirement for laboratories to report COVID-19 test results and for providers to report COVID-19 hospitalizations and deaths to the Los Angeles County Department of Public Health (LACDPH).

<sup>1</sup> *Public health surveillance* is defined as “the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice.” Centers for Disease Control and Prevention (CDC). *Introduction to Public Health Surveillance*. Retrieved from <https://www.cdc.gov/training/publichealth101/surveillance.html>. Accessed on 3/29/2023.

This Order modifies the COVID-19 case cluster and acute respiratory illness cluster reporting requirements for some community settings. For educational settings, community care facilities, and other congregate residential settings, the requirements for reporting to LACDPH are changed to align the reporting of outbreaks for COVID-19 with that of other acute respiratory illnesses. Applying a symptom-based approach to reporting thresholds and outbreak definitions is reasonable since signs/symptoms of various respiratory infections overlap and, when an outbreak is reported, the etiology (cause) may not be known. Reporting of clusters of acute respiratory illness, including COVID-19 and others, to LACDPH will facilitate public health surveillance of acute respiratory illnesses and provision of rapid site-specific illness prevention and control guidance to facilities that may be experiencing an outbreak of an acute respiratory illness.

COVID-19 reporting requirements for clusters among employees at workplaces remain the same, per Cal/OSHA requirements.

Hospitals must continue reporting COVID-19 hospitalization data to the Centers for Disease Control and Prevention National Healthcare Safety Network after April 30, 2024.

This Order is effective within the County of Los Angeles Public Health Jurisdiction, defined as all cities and unincorporated areas within the County of Los Angeles, except for the cities of Long Beach and Pasadena that must follow their respective City Health Officer orders and guidance.

**UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE (HSC)  
SECTION 120175; CALIFORNIA CODE OF REGULATIONS (CCR), TITLE 17,  
SECTION 2501; AND LOS ANGELES COUNTY CODE, SECTION 11.04.010  
THE COUNTY OF LOS ANGELES HEALTH OFFICER ORDERS:**

- 1) Purpose.** COVID-19 continues to spread and pose a risk to persons within Los Angeles County. It remains important to maintain public health surveillance of COVID-19 infections, severe outcomes, and case clusters. This Order maintains the requirement to report COVID-19 tests, hospitalizations, deaths, and clusters of COVID-19 cases and acute respiratory illness to LACDPH. These ongoing reporting requirements provide local situational awareness of any changes in infection patterns and levels. Rapid reporting also helps LACDPH provide prompt guidance to facilities that are experiencing an outbreak among their patients, residents, or workers. The County Health Officer will continue to monitor data regarding the evolving scientific understanding of the risks posed by COVID-19, including the impact of vaccinations, and may amend or rescind this Order based on analysis of data.
- 2) Intent.** The primary intent of this Order is to continue the COVID-19 and acute respiratory illness testing, hospitalization, death, and cluster reporting requirements to allow for ongoing situational awareness of COVID-19 and other acute respiratory illnesses. This Order does not alter any additional COVID-19 reporting obligation under federal or California statutory or regulatory law.

- 3) **Interpretation.** All provisions of this Order must be interpreted to effectuate the purpose and intent of this Order as described above. The summary at the beginning of this Order as well as the headings and subheadings of sections contained in this Order are for convenience only and may not be used to interpret this Order. In the event of any inconsistency between the summary, headings, or subheadings and the text of this Order, the text will control.
- 4) **Facilities Subject to this Order.** This Order applies to the following facilities and sites within the County Public Health Jurisdiction, as detailed in this Section.
- a) **Healthcare Facilities.** Healthcare Facilities subject to this Order include the following facilities or settings:
    - i) Acute Care Hospitals
    - ii) Acute Psychiatric Hospitals
    - iii) Skilled Nursing Facilities
  - b) **Congregate Healthcare Facilities.** Congregate Healthcare Facilities subject to this Order include the following facilities or settings:
    - i) Intermediate Care Facilities of all license types, including those for the Developmentally Disabled
    - ii) Congregate Living Health Facilities
    - iii) Adult Day Healthcare Centers (Community Based Adult Services)
  - c) **Workplace Settings.** Workplace Settings subject to this Order include the following settings:
    - i) Places of employment as defined in Cal/OSHA COVID-19 Prevention Non-Emergency Regulations, section 3205(a)(2)(A)-(D).
  - d) **Community Congregate Settings.** Community Congregate Settings (excluding healthcare settings defined in subsection 4a) subject to this Order include the following settings:
    - i) **Community Care Facilities:**
      - (1) Adult Residential Care Facilities, all license types
      - (2) Continuing Care Retirement Communities
      - (3) Psychiatric Health Facilities, not including Acute Psychiatric Hospitals
      - (4) Residential Care Facilities for the Elderly
      - (5) Residential Facility Chronically Ill
      - (6) Social Rehabilitation Facilities
      - (7) Long-Term Care Facilities
      - (8) Residential Substance Use Treatment Facilities
      - (9) Mental Health Treatment Facilities

ii) **Congregate Residential Settings:**

- (1) Shelters for People Experiencing Homelessness (PEH)
- (2) Recuperative Care Centers
- (3) Single Room Occupancy Hotels (SRO)
- (4) Correctional/Detention Facilities

e) **Educational Settings.** Educational Settings subject to this Order include the following facilities or settings:

- i) Early Care and Education (ECE) Facilities
- ii) TK-12 Schools
- iii) Institutes of Higher Education (IHE), including colleges, universities, and trade and technical schools
- iv) Programs serving school-aged children, including day care, camps, and youth sports programs

5) **Definitions.** For purposes of this Order, the following terms have the meanings given below:

- a) **Acute Respiratory Illness Symptoms.** Acute respiratory illness is frequently caused by a viral infection. COVID-19, flu, and Respiratory Syncytial Virus (RSV) are some of the most clinically important viral diseases. Symptoms of acute respiratory illness are non-specific and, without testing, viral etiology cannot be determined. Acute respiratory illness can be mild to severe, and some people may have no symptoms. For purposes of this Order, persons are considered ill with acute respiratory illness when they have new onset of two or more of the following symptoms: fever/chills, cough, sore throat, runny or stuffy nose, difficulty breathing, and/or body aches.
- b) **COVID-19.** COVID-19 means coronavirus disease 2019, the disease caused by the SARS-CoV-2 virus.
- c) **COVID-19 Case.** A person who:
  - i) Has a positive viral test (i.e., a PCR or antigen test, including self-administered and self-read tests) for COVID-19 and/or
  - ii) Has a positive COVID-19 diagnosis from a licensed healthcare provider.
- d) **Linked COVID-19 Cases.** Cases that have had a close contact between persons as defined by the [Cal/OSHA COVID-19 Prevention Non-Emergency Regulations](#) or may include individuals who are members of the same risk cohort (for example, individuals were present at some point in the same setting during the same time period while they were infectious), even without an identified close contact.

**6) Laboratory and Provider Reporting Requirements.**

**a) All reporting laboratories must:**

- i) Report SARS-CoV-2 virus positive and non-positive test results (e.g., not detected, inconclusive, and specimen unsatisfactory) to LACDPH, via electronic transmission through CalREDIE Electronic Laboratory Reporting (ELR).

**b) All reporting laboratories that are not reporting electronically must:**

- i) Register with the California Department of Public Health (CDPH) [Health Information Exchange \(HIE\) Gateway](#) and complete the enrollment process for [Infectious Disease Electronic Laboratory Reporting](#) within one (1) week of receipt of this Order.
- ii) Initiate Electronic Laboratory Reporting immediately upon completion of the onboarding process.

**c) All hospitals must:**

- i) Designate a liaison with their facility to coordinate and communicate with LACDPH regarding COVID-19.
- ii) Provide LACDPH a line list for all COVID-19 positive hospitalized inpatients, as detailed in the following reporting guidance: <http://publichealth.lacounty.gov/acd/docs/HospCOVIDReportingGuide.pdf>
- iii) Hospitals must continue weekly COVID-19 and Influenza hospitalization reporting after the related Centers for Medicare & Medicaid Services (CMS) hospitalization reporting requirement expires on April 30, 2024. On May 1, 2024, general acute care hospitals must continue reporting COVID-19 and Influenza hospitalizations through the federal Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) system in accordance with NHSN's requirements (<https://www.cdc.gov/nhsn/covid19/hospital-reporting.html>). Weekly reporting of daily Influenza and COVID-19 hospitalization data is required, but RSV reporting will remain optional.

**d) All mandated reporters must:**

- i) Report COVID-19 hospitalizations and deaths, as required by California Code of Regulations, Title 17, section 2500 and the State Public Health Officer Order: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Revision-of-Mandatory-Reporting-of-Covid-19-Results-by-Health-Care-Providers.aspx>. More details on how to report are available at <http://www.publichealth.lacounty.gov/clinicians/report/>

e) **All skilled nursing facilities must also:**

- i) Report COVID-19 data, at the frequency and timeline required, to the federal Centers for Disease Control and Prevention's National Healthcare Safety Network. Required COVID-19 data includes the reporting of all data elements in the Long-Term Care Facilities (LTCF) COVID-19 Module and the HCP & Resident COVID-19 Vaccination Module under the NHSN LTCF Component.

7) **Cluster Reporting Requirements for Acute Respiratory Illnesses, including COVID-19 and others, for Various Settings.**

- a) **Cluster Reporting Methods:** All settings outlined in section 4 of this Order must report to LACDPH within 24 hours when a cluster is identified at their facility. All facilities must follow the latest LACDPH COVID-19 & Acute Respiratory Illness (ARI) Cluster Reporting Instructions for Multiple Sectors, which includes the cluster definitions for each setting and information on how to report to LACDPH. Cluster Reporting Instructions are listed here: [publichealth.lacounty.gov/covidreporting](https://publichealth.lacounty.gov/covidreporting).

8) **Obligation to Follow County Health Officer Orders and Directives and Mandatory State and Federal Rules.** All Facilities and Workplaces must follow any applicable orders of the County Health Officer and any applicable rules issued by state or federal authorities, including but not limited to Cal/OSHA regulations. Based on local health conditions, this Order may include a limited number of health and safety requirements that are more protective or more detailed than those contained under other rules. Employers must adhere to applicable Cal/OSHA regulations relating to COVID-19 health and safety measures in the workplace. In the event of a conflict between provisions of any County Health Officer Order and any order or rule, the more health protective provision supersedes the conflicting, less protective provisions of the other order or rule.

9) **Copies.** The County shall promptly provide copies of this Order by: (a) posting it on the Los Angeles Department of Public Health's website ([publichealth.lacounty.gov](https://publichealth.lacounty.gov)), (b) providing it to any member of the public requesting a copy, and (c) issuing a press release to publicize the Order throughout the County.

10) **Severability.** If any subsection, sentence, clause, phrase, or word of this Order or any application of it to any person, structure, gathering, or circumstance is held to be invalid or unconstitutional by a decision of a court of competent jurisdiction, then such decision will not affect the validity of the remaining portions or applications of this Order.

11) **Amendments to Order.** This Order may be revised in the future as the State Public Health Officer amends its guidance in response to evolving public health conditions and recommendations issued by the federal Centers for Disease Control and Prevention (CDC) and other public health authorities. Should local COVID-19 conditions warrant, the County Health Officer may issue orders that are more protective than the guidance and orders issued by the State Public Health Officer.

12) **Statutory Authority.** This Order is issued pursuant to California Health and Safety Code (HSC) section 120175; California Code of Regulations (CCR), Title 17, section 2501; and Los Angeles County Code, section 11.04.010.

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
ORDER OF THE HEALTH OFFICER**



**13) Effective Date.** This Order shall become effective at 12:01am Monday, April 08, 2024, and will continue to be until it is revised, rescinded, superseded, or amended in writing by the County Health Officer.

**IT IS SO ORDERED:**

A handwritten signature in black ink, appearing to read 'Muntu Davis, M.D., M.P.H.'.

4/5/2024

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**Muntu Davis, M.D., M.P.H.**

County Health Officer,  
County of Los Angeles

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**Date Revised**

## ORDER OF THE HEALTH OFFICER FOR CONTROL OF COVID-19

SARS-CoV-2 Data Sharing and Reporting

Order Issued: September 27, 2021

This Order is in effect until rescinded by the Health Officer.

**Summary:** California and local law empower the County of Los Angeles Health Officer (Health Officer) to take preventive measures necessary to protect the public from a public health hazard due to infectious disease including during a State of Emergency. The spread of COVID-19 poses a substantial danger to the health of the public of Los Angeles County. This Health Officer Order is issued with the intent of strengthening COVID-19 surveillance and reporting activities, which can help to slow the spread of this deadly disease.

COVID-19 is caused by a coronavirus known as SARS-CoV-2. Whole genome sequencing (WGS) (i.e., determining the virus' complete DNA sequence) and molecular testing of this virus provide high-resolution data that are instrumental to efforts to investigate viral pathogen genomes; understand outbreaks; monitor re-infection events; and identify mutations that may affect transmissibility, diagnosis, and medical countermeasures. Analysis of SARS-CoV-2 WGS data has led to important findings that have contributed to the development of diagnostic, treatment, control, and mitigation efforts. For example, WGS has been used to identify specific virus strains that are associated with outbreak clusters, develop molecular assays for COVID-19 testing, and guide the development of therapeutics and vaccines. Results of WGS and molecular testing can also impact public health decision making.

This Health Officer Order requires entities that are performing SARS-CoV-2 sequencing and molecular testing on specimens collected from residents of the Los Angeles County Public Health Jurisdiction to register with the Los Angeles County Department of Public Health (LAC DPH), report information about sequenced samples as directed, report findings of public health significance, and submit specimens upon request. It also encourages these entities to provide public access to WGS data. The World Health Organization (WHO) strongly supports making these data publicly available, to strengthen research efforts and inform public health decision-making during outbreaks.<sup>1</sup>

**UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, THE HEALTH OFFICER ORDERS THE FOLLOWING:**

### **1) Registration with the Los Angeles County Department of Public Health**

Any research or diagnostic laboratory, academic institution, or other entity ("Entity") that is performing whole genome sequencing for SARS-CoV-2 (COVID-19) and/or Polymerase Chain Reaction (PCR), molecular, or sequencing-based surveillance for variants of SARS-CoV-2 (COVID-19) on patient specimens collected from residents of the Los Angeles County Public Health Jurisdiction must register with LAC DPH within 14 days of the issuance of this Order and thereafter, annually submit updated registration information per instructions provided by LAC DPH.



## 2) **SARS CoV-2 Sequences and Findings of Urgent Public Health Concern**

Effective immediately, any research or diagnostic laboratory, academic institution, or other entity (“Entity”) that is performing whole genome sequencing for SARS-CoV-2 (COVID-19) and/or PCR, molecular, or sequencing-based surveillance for variants of SARS-CoV-2 (COVID-19) on patient specimens collected from residents of the Los Angeles County Public Health Jurisdiction must, upon request, provide LAC DPH with information regarding sequenced samples, including associated patient information when available. Entity must provide any sequencing results that are requested, including results from specimens that were sequenced prior to issuance of this Health Officer Order. When requested, the Entity must report this information in an electronic format specified by LAC DPH, per the timeline specified by LAC DPH.

The Entity must report any suspected outbreak of COVID-19 that is identified based on coordinated specimen collection, detection of clusters of closely related specimens, or other analyses. The Entity must also report findings of urgent public health concern, including but not limited to, the Entity’s first identification of a known [variant of concern, interest, and/or high consequence](#) in Los Angeles County. These findings must be reported within 1 working day to LAC DPH by phone (888-397-3993 or 213-240-7821) or electronically per instructions provided by LAC DPH.

## 3) **Submission of SARS-CoV-2 Specimens**

Effective immediately, if requested, any research or diagnostic laboratory, academic institution, or other entity (“Entity”) that identifies SARS-CoV-2 (COVID-19) from patient specimens collected from residents of the Los Angeles County Public Health Jurisdiction is required to submit specimens to the LAC DPH Public Health Laboratories. Entity must include specimen CT or RLU value and identifiable patient information related to the specimen submission such as name, date of birth, date of collection, medical record number, address of residence, email address, and phone number when available.

## 4) **Whole Genome Sequencing Data Repository**

Any research or diagnostic laboratory, academic institution, or other entity (“Entity”) that is performing whole genome sequencing for SARS-CoV-2 (COVID-19) on specimens collected from residents of the Los Angeles County Public Health Jurisdiction is strongly encouraged to make the WGS data publicly accessible. When sequence data meet acceptance standards for upload, the Entity should upload de-identified complete viral genomic sequence data within 7 days of the date that they become available into, at a minimum, the following publicly accessible repositories:

- Global Initiative on Sharing All Influenza Data ([GISAID](#)). When uploading sequences into GISAID, the metadata file should include “Location” column field information to the County level (i.e., North America / USA / California / Los Angeles County).
- National Center for Biotechnology Information ([NCBI](#)) GenBank. When uploading sequences into GenBank, the Entity should select SARS-CoV-2 submission and during the Source Modifier step, specify “USA: California, Los Angeles County” in the “Country” column.

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For each sequence submitted, within 7 days of the date that results become available, Entity should submit the GISAID and GenBank accession number, along with specified corresponding patient identifiers when available, to LAC DPH electronically per instructions provided by LAC DPH.

These actions are required because they will enable the Los Angeles County Department of Public Health and other stakeholders to identify which SARS-CoV-2 virus strains are spreading locally, in the state, and in the nation, which will support the development of targeted strategies, diagnostics, and therapeutics.

**5) Additional Terms**

- a. If any subsection, sentence, clause, phrase, or word of this Order or any application of it to any person, structure, gathering, or circumstance is held to be invalid or unconstitutional by a decision of a court of competent jurisdiction, then such decision will not affect the validity of the remaining portions or applications of this Order.
- b. The violation of any provision of this Order constitutes an imminent threat and creates an immediate menace to public health, safety, and welfare. To protect the public's health, the County Health Officer may take additional action(s) for failure to comply with this Order.
- c. Violation of this Order is a misdemeanor punishable by imprisonment, fine or both under California Health and Section Code Section 120275 et seq and Los Angeles County Code Section 11.02.080.

This Order will remain in effect until rescinded, superseded, or amended in writing by the Health Officer.

If you have any questions about this Order, please call the LAC DPH Public Health Laboratories Director at (562) 658-1330.

For updated COVID-19 guidance and reference documents, please visit the LAC DPH website: <http://ph.lacounty.gov/Coronavirus>.

**IT IS SO ORDERED:**

A handwritten signature in blue ink, appearing to read 'Muntu Davis, M.D., M.P.H.', is written over a horizontal line.

**Muntu Davis, M.D., M.P.H.**  
Health Officer,  
County of Los Angeles

9/27/2021

**Date**



## RESOURCES

- **Global Initiative on Sharing All Influenza Data (GISAID)**  
<https://www.gisaid.org>
- **National Center for Biotechnology Information (NCBI), National Library of Medicine**  
<https://www.ncbi.nlm.nih.gov/sars-cov-2>
- **Emerging SARS-CoV-2 Variants**  
Centers for Disease Control and Prevention  
<https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/scientific-brief-emerging-variants.html>
- **SARS-CoV-2 Sequencing for Public Health Emergency Response, Epidemiology and Surveillance (SPHERES)**  
Centers for Disease Control and Prevention  
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/spheres.html>
- **Advanced Molecular Detection (AMD) Tools and Resources**  
Centers for Disease Control and Prevention  
<https://www.cdc.gov/amd/>
- **Genomic Epidemiology Data Infrastructure Needs for SARS-CoV-2: Modernizing Pandemic Response Strategies**  
National Academies of Sciences, Engineering, and Medicine; Division on Earth and Life Studies; Board on Life Sciences; Health and Medicine Division; Board on Health Sciences Policy; Committee on Data Needs to Monitor Evolution of SARS-CoV-2  
<https://www.ncbi.nlm.nih.gov/books/NBK562778/>
- **SARS-CoV-2 Sequencing Data: The Devil Is in the Genomic Detail**  
American Society for Microbiology  
<https://asm.org/Articles/2020/October/SARS-CoV-2-Sequencing-Data-The-Devil-Is-in-the-Gen>
- **Sequencing of SARS-CoV-2**  
European Centre for Disease Prevention and Control  
<https://www.ecdc.europa.eu/sites/default/files/documents/sequencing-of-SARS-CoV-2.pdf>
- **COVID-19 Resources for the Public and Providers**  
Los Angeles County Department of Public Health  
<http://ph.lacounty.gov/Coronavirus>

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<sup>i</sup> R&D Blueprint: Public consultation - Pathogen genetic sequence data (GSD). WHO's draft code of conduct for open and timely sharing of pathogen genetic sequence data during outbreaks of infectious disease. Geneva, Switzerland: World Health Organization; 2019. Available at: [https://www.who.int/blueprint/what/norms-standards/GSDDraftCodeConduct\\_forpublicconsultation-v1.pdf?ua=1](https://www.who.int/blueprint/what/norms-standards/GSDDraftCodeConduct_forpublicconsultation-v1.pdf?ua=1)