

REPORTABLE DISEASES AND CONDITIONS

California Code of Regulations

WHY REPORT?

The primary objectives of disease surveillance are to (1) determine the extent of morbidity within the community, (2) evaluate risks of transmission, and (3) rapidly intervene when appropriate. The reporting of communicable diseases must be timely for surveillance to be effective. Confidentiality of patient information is always protected subject to compliance with disease control and other laws.

Delays or failure to report communicable diseases has contributed to serious outbreaks in the past. Removing persons from sensitive occupations, e.g., food handlers, prevents the spread of diseases such as salmonellosis and hepatitis A. The detection and treatment of patients with tuberculosis, the identification of asymptomatic carriers of typhoid fever and gonococcal infection, the immunization of persons exposed to vaccine-preventable diseases, and alerting healthcare providers about prevalent infections are just a few of the benefits derived by the entire community when reporting is timely and accurate. Failure to report can result in increased disease in the community, time lost from work or school, increased costs for diagnosis and treatment, hospitalization and possibly death.

Failure to report can also result in disciplinary action by the Board of Medical Quality Assurance (BMQA) for violation of Business and Professions Code, Section 2234 (Duty to Act, Unprofessional Conduct).



COUNTY OF SAN BERNARDINO
DEPARTMENT OF PUBLIC HEALTH

SBPHD 12/08/2009

COUNTY OF SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH

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REPORTABLE COMMUNICABLE DISEASES AND CONDITIONS

CALIFORNIA CODE OF REGULATIONS

Section 2500, 2641.5-2643.20

Reporting to the Local Health Authority

Acquired Immune Deficiency Syndrome (AIDS)
(HIV Infections only: see "Human Immunodeficiency Virus")

Amebiasis †
Anaplasmosis/Ehrlichiosis
Anthrax*
Avian Influenza (human)*
Babesiosis †
Botulism (Infant, Foodborne, Wound)*
Brucellosis*
Campylobacteriosis †
Chancroid
Chickenpox (only hospitalization and death) †
Chlamydial trachomatis Infections, including Lymphogranuloma Venereum (LGV)
Cholera*
Ciguatera Fish Poisoning*
Coccidioidomycosis
Colorado Tick Fever †
Creutzfeldt-Jakob Disease (CJD) and Other Transmissible Spongiform Encephalopathies (TSE)
Cryptosporidiosis †
Cysticercosis or Taeniasis
Dengue*
Diphtheria*
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)*
Ehrlichiosis See Anaplasmosis/Ehrlichiosis
Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic †
Escherichia coli: Shiga Toxin Producing (STEC) incl *E coli O157**
Foodborne Disease † ♦
Giardiasis
Gonococcal Infections
Haemophilus influenzae, Invasive Disease †
Hantavirus Infections*
Hemolytic Uremic Syndrome*
Hepatitis, Viral
Hepatitis A †
Hepatitis B, (Specify acute case or chronic)
Hepatitis C (Specify acute case or chronic)
Hepatitis D (Delta)
Hepatitis, Other Acute
Human Immunodeficiency Virus (HIV) § (2641-2643) See Note 1
Influenza deaths (Report patients less than 18 years of age)
Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)
Legionellosis
Leprosy (Hansen Disease)
Leptospirosis
Listeriosis †

Lyme Disease
Malaria †
Measles (Rubeola) †
Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic †
Meningococcal Infections*
Mumps
Paralytic Shellfish Poisoning*
Pelvic Inflammatory Disease (PID)
Pertussis † (Whooping Cough)
Plague, Human or Animal*
Poliovirus Infection †
Psittacosis †
Q Fever †
Rabies, Human or Animal*
Relapsing Fever †
Rheumatic Fever, Acute
Rocky Mountain Spotted Fever
Respiratory Syncytial Virus (RSV) ∞
Rubella (German Measles)
Rubella Syndrome, Congenital
Salmonellosis † (Not Typhoid Fever)
Scombroid Fish Poisoning*
Severe Acute Respiratory Syndrome (SARS)*
Shiga Toxin (detected in feces)*
Shigellosis †
Smallpox (Variola)*
Staphylococcus aureus Infections, Severe † ♦
Streptococcal Infections † (Outbreaks of any type and individual cases in food handlers and dairy workers only)
Syphilis †
Tetanus
Toxic Shock Syndrome
Trichinosis †
Tuberculosis †
Tularemia*
Typhoid Fever, (Specify acute case or carrier) †
Typhus Fever
Vibrio Infections †
Viral Hemorrhagic Fevers* (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
Water-associated Disease † (e.g., Swimmers Itch and Hot Tub Rash)
West Nile Virus (WNV) Infections †
Yellow Fever*
Yersiniosis †

* **Occurrence of Any Unusual Disease** - a rare disease or emerging disease or syndrome of uncertain etiology which could possibly be caused by a transmissible infectious agent or microbial toxin.

* **Outbreak of Any Disease** - occurrence of cases of a disease above the expected level over a given amount of time, in a geographic area or facility, or in a specific population group, including diseases not listed in Section 2500.

Reporting Requirements for Health Care Providers [17 CCR Section 2500 (h)(i)]

- * = **Extremely urgent conditions or diseases** to be reported immediately by telephone.
- ⚡ = **Urgent conditions or diseases** to be reported by fax, telephone, or mail within one (1) working day of identification of the case or suspected case.
- ⬢ = **All other conditions or diseases** are to be reported within seven (7) calendar days from the time of identification.
- ◆ = **When two (2) or more cases or suspected cases of foodborne disease** from separate households are suspected to have the same source of illness, they should be reported immediately by telephone.
- § = **HIV infection** became reportable by name April 17, 2006 by Health and Safety Code Section 121022. For additional information on reporting HIV infection, see www.dhs.ca.gov/aids/hivreporting or call the San Bernardino County HIV/AIDS Program at (909) 383-3060.
- ∞ = **RSV** became reportable on November 13, 2002 in San Bernardino County. RSV must be reported within seven (7) calendar days from the time of identification.
- ✧ = **Severe infections due to MRSA or MSSA** in a previously healthy person that resulted in ICU admission or death became reportable on 02/13/2008. A previously healthy person is defined as one who has not been hospitalized or had surgery, dialysis or residency in a long-term care facility in the past year and did not have an indwelling catheter or percutaneous medical device at the time of culture to be reported within one working day by fax, telephone, or mail.

Section 2641.5-2643.20 Additional Reporting Requirements by Health Care Providers

Note 1: Guidelines for Reporting HIV: Human Immunodeficiency Virus (HIV) infection is reportable by traceable mail or person-to-person transfer within seven calendar days by completion of the HIV/AIDS Case Report from (CDPH 8641 A) available from the local health department. For completing HIV-specific reporting requirements, see Title 17, CCR Section 2641.5-2643.20 and visit: <http://www.cdph.ca.gov/programs/AIDS/Pages/OAHIVReporting.aspx>.

IDB/DHS Effective 12/08/2009

Section 2505 and 2612. Notification by Laboratories. Laboratories are to report the following diseases: Laboratory Reporting Requirements

Acid Fast Bacillus (AFB) ☐	<i>Listeria monocytogenes</i> ☐
Anaplasmosis/Ehrlichiosis ☐	Malaria ☐ <i>and See Note 4</i>
Anthrax ▲ <i>and See Note 1</i>	Measles (Rubeola), acute infection, by IgM antibody test or positive viral antigen test ☐
Avian Influenza ▲ <i>and See Note 1</i>	<i>Mycobacterium Tuberculosis</i> ☐ <i>and See Note 5</i>
<i>Bordetella pertussis</i> , by culture or molecular ID ☐	<i>Neisseria meningitides</i> ☐ (from sterile site)
Borrelia burgdorferi ☐	Plague, animal or human ▲ <i>and See Note 1</i>
Botulism ▲ <i>and See Note 1</i>	Poliovirus ☐
Brucellosis ▲ <i>and See Note 1</i>	Rabies, animal or human ☐
<i>Burkholderia pseudomallei</i> and <i>mallei</i> ▲ <i>and See Note 1</i>	Respiratory Syncytial Virus (RSV) ☐
Chlamydial trachomatis infections including	Rubella acute infection by IgM antibody test or culture ☐
Lymphogranuloma Venereum (LGV) ☐	<i>Salmonella</i> species, including <i>S. typhi</i> ☐ <i>and See Note 6</i>
Coccidioidomycosis ☐	Shiga Toxin ☐ (detected in feces)
Cryptosporidiosis ☐	<i>Shigella</i> sp ☐
<i>Cyclospora cayatanensis</i> ☐	Smallpox (Variola) ▲ <i>and See Note 1</i>
Diphtheria ☐	Syphilis ☐
Encephalitis, Arboviral ☐	Tuberculosis ☐ <i>and See Note 5</i>
<i>Escherichia coli</i> 0157:H7 (STEC) infection ☐ (See	Tularemia ▲ <i>and See Note 1</i>
Shiga Toxin)	<i>Vibrio</i> species infections ☐
Gonorrhea ☐	Viral Hemorrhagic Fever agents (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses) ▲ <i>and See Note 1</i>
<i>Haemophilus influenzae</i> ☐ (from sterile site in patient < 15 years old)	West Nile Virus (WNV), Infections ☐
Hepatitis A, acute infection, by IgM antibody test or positive viral antigen test ☐	
Hepatitis B, acute infection by IgM anti-HBc antibody test ☐	
Hepatitis B, surface antigen positivity (specify gender of case) ☐	
Hepatitis C ☐ <i>and See Note 2</i>	
Human Immunodeficiency Virus (HIV) § <i>and See Note 3</i>	
<i>Legionella pneumophila</i> ☐ (antigen or culture)	

(Revised 12/08/2009)

▲ These diseases shall be reported by telephone within **one (1) hour, and** followed by written report submitted by electron facsimile transmission or electronic mail within **one (1) working day** to local health officer in the jurisdiction where the health care provider who submitted the specimen is located.

☐ These diseases shall be submitted by courier, mail, electronic facsimile transmission or electronic mail within **one (1) working day** to the local health officer in the jurisdiction where the health care provider who submitted the specimen is located.

All Laboratory notifications are acquired in confidence. The confidentiality of patient information is always protected.

Title 17, CCR, Section 2505 Additional Laboratory Reporting Requirements

§= **HIV infection** became reportable by name April 17, 2006 by Health and Safety Code Section 121022. For additional information on reporting HIV infection, see www.dhs.ca.gov/aids/hivreporting or call the San Bernardino County HIV/AIDS Program at (909) 383-3060.

Note 1: Anthrax, Avian Influenza, Botulism, Brucellosis, Glanders, Melioidosis, Plague, Smallpox, Tularemia, and Viral Hemorrhagic Fevers When a laboratory receives a specimen for the laboratory diagnosis of a suspected human case of one of these diseases, such laboratory shall communicate immediately by telephone with the Microbial Disease Laboratory 510-412-3700 (or, for Avian influenza, Smallpox or Viral Hemorrhagic Fevers, with the Viral and Rickettsial Disease Laboratory 510-307-8585) of the Department of Public Health for instructions.

Note 2: Guidelines for Reporting Hepatitis C:- Report all HCV positive RIBA tests; all HCV RNA positive tests (e.g. NAT); all HCV genotype reports; and anti-HCV reactive by a screening test (e.g., EIA or CIA) at or above the S/CO ratio or index value predictive of a true positive. The URL for the s/co ratios that meet the CDC case definition is: http://www.cdc.gov/ncidod/diseases/hepatitis/c/sc_ratios.htm.

Note 3: Guidelines for Reporting HIV: Human Immunodeficiency Virus (HIV) infection is reportable by traceable mail or person-to-person transfer within seven calendar days by completion of the HIV/AIDS Case Report from (CDPH 8641 A) available from the local health department. For completing HIV-specific reporting requirements, see Title 17, CCR Section 2641.5-2643.20 and <http://www.cdph.ca.gov/programs/AIDS/Pages/OAHIVReporting.aspx>. Laboratory reports for HIV infection should be sent to the local health department by traceable mail or person-to-person transfer only; **use of fax, email or non-traceable mail is not permitted when submitting laboratory reports for cases of HIV infection.**

Note 4: Guidelines for Reporting Malaria: Any clinical laboratory that makes a finding of malaria parasites in the blood film of a patient shall immediately submit one or more such blood film slides for confirmation to the local public health laboratory for the local health jurisdiction where the health care provider is located. When requested, all blood films must be returned to the submitter.

Note 5: Guidelines for Reporting Tuberculosis: Any laboratory that isolates Mycobacterium tuberculosis from a patient specimen must submit a culture to the local public health laboratory for the local health jurisdiction in which the health care provider's office is located as soon as available from the primary isolates on which a diagnosis of tuberculosis was established. Also, the information required for laboratory reporting listed below must be submitted with the culture.

Unless drug susceptibility testing has been performed by the clinical laboratory on a strain obtained from the same patient within the previous three months or the health care provider who submitted the specimen for laboratory examination informs the laboratory that such drug susceptibility testing has been performed by another laboratory on a culture obtained from that patient within the previous three months, the clinical laboratory must do the following:

- Perform or refer for drug susceptibility testing on at least one isolate for each patient from whom Mycobacterium tuberculosis was isolated,
- Report the results of drug susceptibility testing to the local health officer of the city or county where the submitting physician's office is located within **one (1) working day** from the time the health care provider or other authorized person who submitted the specimen is notified, and
- If the drug susceptibility testing determines the culture to be resistant to at least isoniazid and rifampin, in addition, submit one culture or subculture from each patient from whom multidrug-resistant Mycobacterium tuberculosis was isolated to the local public health laboratory (as described above).

Whenever a clinical laboratory finds that a specimen from a patient with known or suspected tuberculosis tests positive for acid fast bacillus (AFB) staining and the patient has not had a culture which identifies that acid fast organism within the past 30 days, the clinical laboratory shall culture and identify the acid fast bacteria or refer a subculture to another laboratory for those purposes.

Note 6: Guidelines for Reporting Salmonella: Title 17, CCR, Section 2612 requires that a culture of the organisms on which a diagnosis of salmonellosis is established must be submitted to the local public health laboratory and then to the State's Microbial Diseases Laboratory for definitive identification.

REPORTABLE DISEASES AND CONDITIONS
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HOW TO REPORT: **Extremely urgent conditions or diseases** * (i.e., anthrax, botulism, cholera, dengue, diphtheria, plague and rabies) should be reported by telephone immediately, 24 hours a day. Other **urgent conditions or diseases** † should be reported by telephone during regular business hours. Non-urgent conditions may be reported by telephone or mail on confidential morbidity report (CMR) forms. These forms must be filled out completely. All of the requested information is essential, including the laboratory information for selected diseases on the front of the form. All telephone and mailed reports are to be made to the Epidemiology Program in San Bernardino.

County of San Bernardino Department of Public Health
799 East Rialto, San Bernardino, CA 92415-0011
(909) 386-8325 FAX (909) 356-3805 Night and Weekend Emergency

Epidemiology Program (800) 722-4794
Tuberculosis Control Program (800) 722-4794
STD/HIV Program (909) 383-3060

ORDERING CMRs: For the reporting of non-urgent conditions we will supply CMRs to all providers wishing to utilize them. Once or twice weekly you may insert all accumulated CMRs into an envelope and mail them. For a copy of the CMR form, contact Epidemiology at (800) 722-4794.

ANIMAL BITE: Animal bites by a species subject to rabies are reportable in order to identify persons potentially requiring prophylaxis for rabies. Additionally, vicious animals are identified and controlled by this regulation and local ordinances (California Code of Regulations, Title 17, Sections 2606, et seq.: Health and Safety Code Sections 1900-2000). Reports can be filed with the local animal control agency or the County Animal Control Office at 1-800-472-5609.

LABORATORY REPORTING: Forward a copy of the laboratory report within the specified time period. Line listings are not acceptable. Forward to the county in which the health care provider is located or to the State Health Officer if out of California. The following information should be included:

Patient Information

- Name
- Date of Birth
- Identification Number
- Address (if known)
- Telephone Number
(If known)

Specimen Information

- Result
- Date Taken
- Date Reported
- Accession Number

Provider Information

- Name
- Address
- Telephone Number

REPORTABLE NON-COMMUNICABLE DISEASES AND CONDITIONS Section 2800-2812, 2593

DISORDERS CHARACTERIZED BY LAPSES OF CONSCIOUSNESS (includes Alzheimer's Disease). A physician and surgeon shall notify the local health officer within seven (7) calendar days of every patient 14 years of age or older diagnosed with a disorder characterized by lapses of consciousness. Examples of medical conditions that this section may cover include Alzheimers disease and related disorders, seizure disorders, brain tumors, narcolepsy, sleep apnea and abnormal metabolic states, including hypo- and hyperglycemia associated with diabetes. Reporting requirements and exclusions are further defined in CCR Title 17 Division 1 Chapter 4 Sections 2800-2812.

PESTICIDE EXPOSURE: The Health and Safety Code, Section 105200, requires that a physician who knows, or who has reason to believe, that a patient has a known or suspected case of pesticide-related illness or condition, must report the case to the local health officer by telephone within 24 hours. This reporting requirement includes all types of pesticide related illnesses: skin and eye injuries, systemic poisonings, suicides, homicides, home cases, and occupational cases. **Failure to comply with the foregoing reporting requirement renders the physician liable for a civil penalty of \$250.00.** Phone reports may be made to (800) 722-4794. For occupational exposure there is an additional requirement to send the "Doctor's First Report of Occupational Injury or Illness" to the Department of Health within seven days. Copies of the report form (5021, Rev. 4/92) may be obtained from the same office for future use.

CANCER REPORTING: Certain kinds of cancer meaning all malignant neoplasms, including carcinoma in situ, which are specified in the California Cancer Reporting System Standards and the International Classification of Diseases for Oncology, shall be reported to the regional cancer registry within 30 days by physicians and surgeons, and those facilities designated as cancer reporting facilities. For additional information on cancer reporting requirements, please contact the Desert Sierra Cancer Surveillance Program at (909) 558-6170 or obtain their publication at <http://www.ccrca.org>.