



Public Health

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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).

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§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- **§ 2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§ 2500(c)** The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.
- **§ 2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(i)]

- Ⓣ! = Report immediately by telephone (designated by a ♦ in regulations).
- † = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a • in regulations.)
- Ⓣ = Report by telephone within one working day of identification (designated by a + in regulations).
- FAX Ⓣ ☒ = Report by electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).
- = All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(i)(1)

<p>FAX Ⓣ ☒ Amebiasis</p> <p>Anaplasmosis</p> <p>Ⓣ ! Anthrax, human or animal</p> <p>FAX Ⓣ ☒ Babesiosis</p> <p>Ⓣ ! Botulism (Infant, Foodborne, Wound, Other)</p> <p>Brucellosis, animal (except infections due to <i>Brucella canis</i>)</p> <p>Ⓣ ! Brucellosis, human</p> <p>FAX Ⓣ ☒ Campylobacteriosis</p> <p>Chancroid</p> <p>FAX Ⓣ ☒ Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)</p> <p>FAX Ⓣ ☒ Chikungunya Virus Infection</p> <p><i>Chlamydia trachomatis</i> infections, including lymphogranuloma venereum (LGV)</p> <p>Ⓣ ! Cholera</p> <p>Ⓣ ! Ciguatera Fish Poisoning</p> <p>Coccidioidomycosis</p> <p>Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)</p> <p>FAX Ⓣ ☒ Cryptosporidiosis</p> <p>Cyclosporiasis</p> <p>Cysticercosis or taeniasis</p> <p>Ⓣ ! Dengue Virus Infection</p> <p>Ⓣ ! Diphtheria</p> <p>Ⓣ ! Domoic Acid Poisoning (Amnesic Shellfish Poisoning)</p> <p>Ehrlichiosis</p> <p>FAX Ⓣ ☒ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic</p> <p>Ⓣ ! <i>Escherichia coli</i>: shiga toxin producing (STEC) including <i>E. coli</i> O157</p> <p>Ⓣ ! Flavivirus infection of undetermined species</p> <p>† FAX Ⓣ ☒ Foodborne Disease</p> <p>Giardiasis</p> <p>Gonococcal Infections</p> <p>FAX Ⓣ ☒ <i>Haemophilus influenzae</i>, invasive disease, all serotypes (report an incident of less than five years of age)</p> <p>FAX Ⓣ ☒ Hantavirus Infections</p> <p>Ⓣ ! Hemolytic Uremic Syndrome</p> <p>FAX Ⓣ ☒ Hepatitis A, acute infection</p> <p>Hepatitis B (specify acute case or chronic)</p> <p>Hepatitis C (specify acute case or chronic)</p> <p>Hepatitis D (Delta) (specify acute case or chronic)</p> <p>Hepatitis E, acute infection</p> <p>Human Immunodeficiency Virus (HIV) infection, stage 3 (AIDS)</p> <p>Ⓣ Human Immunodeficiency Virus (HIV), acute infection</p> <p>Influenza, deaths in laboratory-confirmed cases for age 0-64 years</p> <p>Ⓣ ! Influenza, novel strains (human)</p> <p>Legionellosis</p> <p>Leprosy (Hansen Disease)</p> <p>Leptospirosis</p>	<p>FAX Ⓣ ☒ Listeriosis</p> <p>Lyme Disease</p> <p>FAX Ⓣ ☒ Malaria</p> <p>Ⓣ ! Measles (Rubeola)</p> <p>FAX Ⓣ ☒ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic</p> <p>Ⓣ ! Meningococcal Infections</p> <p>Mumps</p> <p>Ⓣ ! Novel Virus Infection with Pandemic Potential</p> <p>Ⓣ ! Paralytic Shellfish Poisoning</p> <p>FAX Ⓣ ☒ Pertussis (Whooping Cough)</p> <p>Ⓣ ! Plague, human or animal</p> <p>FAX Ⓣ ☒ Poliovirus Infection</p> <p>FAX Ⓣ ☒ Psittacosis</p> <p>FAX Ⓣ ☒ Q Fever</p> <p>Ⓣ ! Rabies, human or animal</p> <p>FAX Ⓣ ☒ Relapsing Fever</p> <p>Respiratory Syncytial Virus (RSV) ∞</p> <p>(Report persons of all ages)</p> <p>Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses</p> <p>Rocky Mountain Spotted Fever</p> <p>Rubella (German Measles)</p> <p>Rubella Syndrome, Congenital</p> <p>FAX Ⓣ ☒ Salmonellosis (Other than Typhoid Fever)</p> <p>Ⓣ ! Scombroid Fish Poisoning</p> <p>Ⓣ ! Shiga toxin (detected in feces)</p> <p>FAX Ⓣ ☒ Shigellosis</p> <p>Ⓣ ! Smallpox (Variola)</p> <p>FAX Ⓣ ☒ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)</p> <p>FAX Ⓣ ☒ Syphilis</p> <p>Tetanus</p> <p>FAX Ⓣ ☒ Trichinosis</p> <p>FAX Ⓣ ☒ Tuberculosis</p> <p>Tularemia, animal</p> <p>Ⓣ ! Tularemia, human</p> <p>FAX Ⓣ ☒ Typhoid Fever, Cases and Carriers</p> <p>FAX Ⓣ ☒ <i>Vibrio</i> Infections</p> <p>Ⓣ ! Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)</p> <p>FAX Ⓣ ☒ West Nile Virus (WNV) Infection</p> <p>Ⓣ ! Yellow Fever</p> <p>FAX Ⓣ ☒ Yersiniosis</p> <p>Ⓣ ! Zika Virus Infection</p> <p>Ⓣ ! OCCURRENCE of ANY UNUSUAL DISEASE</p> <p>Ⓣ ! OUTBREAKS of ANY DISEASE (Including diseases not listed in § 2500). Specify if institutional and/or open community.</p>
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HIV REPORTING BY HEALTH CARE PROVIDERS §2641.30-2643.20

Human Immunodeficiency Virus (HIV) infection at all stages is reportable by traceable mail, person-to-person transfer, or electronically within seven calendar days. For complete HIV-specific reporting requirements, see Title 17, CCR, §2641.30-2643.20 and <http://www.cdph.ca.gov/programs/aids/Pages/IOAHIVRptgSP.aspx>

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800-2812 and §2593(b)

Disorders Characterized by Lapses of Consciousness (§2800-2812)

Pesticide-related illness or injury (known or suspected cases)**

Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the Cervix) (§2593)***

LOCALLY REPORTABLE DISEASES (If Applicable):

∞ = 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.

* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health & Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).

** Failure to report is a citable offense and subject to civil penalty (\$250) (Health and Safety Code §105200).

*** The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at: www.ccrca.org.

Title 17, California Code of Regulations (CCR), Section 2505
REPORTABLE CONDITIONS: NOTIFICATION BY LABORATORIES
 (June 2016)

California Code of Regulations, Title 17, Section 2505 requires laboratories to report laboratory testing results suggestive of the following diseases of public health importance to the local health department:

Subsection (e)(1) List	Subsection (e)(2) List
<p>Anthrax, animal (<i>B. anthracis</i>) Anthrax, human (<i>B. anthracis</i>) Botulism Brucellosis, human (<i>all Brucella spp.</i>) <i>Burkholderia pseudomallei</i> and <i>B. mallei</i> (detection or isolation from a clinical specimen) Influenza, novel strains (human) Plague, animal Plague, human Smallpox (<i>Variola</i>) Tularemia, human (<i>F. tularensis</i>) Viral hemorrhagic Fever agents, animal (VHF), (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses) Viral Hemorrhagic Fever agents, human (VHF), (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)</p>	<p>Acid-fast bacillus (AFB) Anaplasmosis Babesiosis <i>Bordetella pertussis</i> acute infection, by culture molecular identification <i>Borrelia burgdorferi</i> infection Brucellosis, animal (<i>Brucella spp. except Brucella canis</i>) Campylobacteriosis (<i>Campylobacter spp.</i>) (detection or isolation from a clinical specimen) Chancroid (<i>Haemophilus ducreyi</i>) Chikungunya Virus Infection <i>Chlamydia trachomatis</i> infections, including lymphogranuloma venereum Coccidioidomycosis Cryptosporidiosis <i>Cyclosporiasis</i> (<i>Cyclospora cayetanensis</i>) Dengue virus infection Diphtheria Ehrlichiosis Encephalitis, arboviral <i>Entamoeba histolytica</i> (Not <i>E. dispar</i>) <i>Escherichia coli</i>: shiga toxin producing (STEC) including <i>E. coli</i> O157 Flavivirus infection of undetermined species Giardiasis (<i>Giardia lamblia, intestinalis, or duodenalis</i>) Gonorrhea <i>Haemophilus influenzae</i>, all types (detection or isolation from a sterile site in a person less than five years of age) Hantavirus Infections Hepatitis A, acute infection Hepatitis B, acute or chronic infection (specify gender) Hepatitis C, acute or chronic infection Hepatitis D (Delta), acute or chronic infection Hepatitis E, acute infection (detection of hepatitis E virus RNA from a clinical specimen or positive serology) Human Immunodeficiency Virus (HIV), acute infection Legionellosis (<i>Legionella spp.</i>) (antigen or culture) Leprosy (Hansen Disease) (<i>Mycobacterium leprae</i>) Leptospirosis (<i>Leptospira spp.</i>) Listeriosis (<i>Listeria</i>) Malaria Measles (Rubeola), acute infection Mumps (mumps virus), acute infection <i>Mycobacterium tuberculosis</i> <i>Neisseria meningitidis</i> (sterile site isolate) Plague (<i>Yersinia pestis</i>), human or animal Poliovirus Psittacosis (<i>Chlamydophila psittaci</i>) Q Fever (<i>Coxiella burnetii</i>) Rabies, animal or human Relapsing Fever (<i>Borrelia spp.</i>) (identification of <i>Borrelia spp.</i> spirochetes on peripheral blood smear) <i>Rickettsia</i>, any species, acute infection (detection from a clinical specimen or positive serology) Rocky Mountain Spotted Fever (<i>Rickettsia rickettsii</i>) Rubella, acute infection <i>Salmonellosis</i> (<i>Salmonella spp.</i>) Shiga toxin (detected in feces) Shigellosis (<i>Shigella spp.</i>) Syphilis Trichinosis (<i>Trichinella</i>) Tuberculosis Tularemia, animal (<i>F. tularensis</i>) Typhoid <i>Vibrio</i> species infections West Nile virus infection Yellow Fever (yellow fever virus) Yersiniosis (<i>Yersinia spp.</i>, non-pestis) (isolation from a clinical specimen) Zika virus infection</p>

Laboratory findings for these diseases are those that satisfy the most recent communicable disease surveillance case definitions established by the Centers for Disease Control and Prevention (unless otherwise specified in this Section). See also guidance at <http://www.cdph.ca.gov/HealthInfo/Documents/LaboratoryReportableDiseasesInstructionsList-e2.pdf>.

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

WHEN TO REPORT (ALL DISEASES EXCEPT HIV ACUTE INFECTION)

These laboratory findings are reportable to the local health officer of the health jurisdiction where the health care provider who first submitted the specimen is located within one (1) hour (List (e)(1) diseases) or within one (1) working day (List (e)(2) diseases) from the time that the laboratory notifies that health care provider or other person authorized to receive the report. If the laboratory that makes the positive finding received the specimen from another laboratory, the laboratory making the positive finding shall notify the local health officer of the jurisdiction in which the health care provider is located within the time specified above from the time the laboratory notifies the referring laboratory that submitted the specimen. If the laboratory is an out-of-state laboratory, the California laboratory that receives a report of such findings shall notify the local health officer in the same way as if the finding had been made by the California laboratory.

HOW TO REPORT (ALL DISEASES EXCEPT HIV ACUTE INFECTION)

Laboratories can report results via electronic laboratory reporting (ELR) to the California Reportable Disease Information Exchange (CalREDIE). Laboratories unable to submit reports electronically must report on paper to the local health department.

Additional information about CalREDIE ELR can be found here:

<https://www.cdph.ca.gov/data/informatics/tech/Pages/CalREDIEELR.aspx>

Reporting requirements for diseases and agents listed in Subsection (e)(1):

- Make initial report to the local health officer via telephone **within one hour**, and
- Report result(s) to CalREDIE **within one working day** of identification.

Reporting requirements for diseases and agents listed in Subsection (e)(2):

- Report result(s) to CalREDIE **within one working day** of identification.

HIV ACUTE INFECTION REPORTING REQUIREMENTS

In addition to routine reporting requirements set forth in section 2643.10, for acute HIV infection reporting, laboratories shall report all cases within one business day to the local health officer of the jurisdiction in which the patient resides by telephone. If the patient residence is unknown, the laboratory shall notify the health officer of the jurisdiction in which the health care provider is located. If evidence of acute HIV infection is based on presence of HIV p24 antigen, laboratories shall not wait until HIV-1 RNA is detected before reporting to the local health officer.

ADDITIONAL REPORTING REQUIREMENTS

ANTHRAX, BOTULISM, BRUCELLOSIS, GLANDERS, INFLUENZA, NOVEL STRAINS, MELIOIDOSIS, PLAGUE, SMALLPOX, TULAREMIA, and VIRAL HEMORRHAGIC FEVERS

Whenever 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 Diseases Laboratory (or, for Influenza, novel strains, Smallpox or Viral Hemorrhagic Fevers, with the Viral and Rickettsial Disease Laboratory) of the Department of Public Health for instruction. See also guidance at <http://www.cdph.ca.gov/HealthInfo/Documents/LabReportingInstructionsList-e1SelectAgents.doc.pdf>

TUBERCULOSIS (Section 2505 Subsections (f) and (g))

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 isolate on which a diagnosis of tuberculosis was established.

The information listed under "HOW TO REPORT" above 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 from 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.

MALARIA (Section 2505 Subsection (h))

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 will be returned to the submitter.

SALMONELLA (Section 2612)

California Code of Regulations, Title 17, 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.

Additional Specimens or Isolates to be Submitted to Public Health (Section 2505 Subsection (m)(1) and (m)(2) Lists) The following specimens or isolates must be submitted as soon as available to the local or state public health laboratory:

(m)(1) Specimens:

- HIV-1/2 antigen or antibody reactive sera or plasma submitted as part of a diagnostic HIV test algorithm, as defined in section 2641.57 (see (n) for additional reporting requirements)
- Malaria positive blood film slides (see (h) for additional reporting requirements)
- Measles immunoglobulin M (IgM)-positive sera
- Shiga toxin-positive fecal broths
- Zika virus immunoglobulin M (IgM)-positive sera

(m)(2) Isolates:

- Drug resistant *Neisseria gonorrhoeae* isolates (cephalosporin or azithromycin only)
- *Listeria monocytogenes* isolates
- *Mycobacterium tuberculosis* isolates (see (f) for additional reporting requirements)
- *Neisseria meningitides* isolates from sterile sites
- *Salmonella* isolates (see section 2612 for additional reporting requirements)
- Shiga toxin-producing *Escherichia coli* (STEC) isolates, including O157 and non-O157 strains
- *Shigella* isolates

Additional Reporting Instructions for (m)(2) Isolates (Section 2505 Subsection (m)(3)):

If there is a laboratory test result indicating infection with any one of the pathogens listed in (m)(2), including identification of Shiga toxin in a clinical specimen, then the laboratory must attempt to obtain a bacterial culture isolate for submission to the public health laboratory in accordance with (m)(2). The laboratory shall take steps necessary to obtain an isolate, including requesting that additional specimens be collected and sending specimens to a laboratory able to carry out bacterial culture as soon as possible.

Additional Reporting Instructions for HIV-1/2 Specimens (Section 2500 Subsection (n)):

A laboratory which receives a specimen that is reactive for HIV-1/2 antigen or antibody shall communicate with the Department's Viral and Rickettsial Disease Laboratory for instructions on the specimen submission process. A laboratory shall also submit the Clinical Laboratory Improvement Amendments number.