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).
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)
(AIDS (HIV Infections only: see “Human Immunodeficiency Virus”)
Amebiasis
Anthrax
Avian Influenza (human)
Babesiosis
Botulism (Infant, Foodborne, Wound)
Brucellosis
Campylobacteriosis
Chancroid
Chickenpox (only hospitalization and death)
Chlamydial Infections, incl Lymphogranuloma Venereum (LGV)
Cholera
Ciguatera Fish Poisoning
Coccidioidomycosis
Colorado Tick Fever
Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology
Creutzfeldt-Jakob Disease (CJD) and Other Transmissible Spongiform Encephalopathies (TSE)
Cryptosporidiosis
Cysticeriosis or Taeniasis
Dengue
Diarrhea of the newborn, Outbreaks
Diphtheria
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
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) See Note
Hepatitis D (Delta)
Hepatitis, Other Acute
Human Immunodeficiency Virus (HIV) (§2641-2643)
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 (Rubella)
Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
Meningococcal Infections
Mumps
Paralytic Shellfish Poisoning
Pelvic Inflammatory Disease (PID)
Pertussis (Whooping Cough)
Plague, Human or Animal
Poliomyelitis, Paralytic
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
Toxoplasmosis
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
Section 2500, 2641-2643. Reporting (cont’d)

**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.

**Note:** 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.

* To be reported immediately by telephone.
◊ To be reported by mailing a report or by telephoning within one (1) working day of identification of the case or suspected case.
✦ 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.
❖ 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.

IDB/DHS Effective 02/13/2008

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

- **Acid Fast Bacillus (AFB)◊**
- **Anthrax**
- **Avian Influenza**
- **Bordetella pertussis**, by culture or molecular ID◊
- **Borrelia burgdorferi** ◊
- **Botulism**
- **Brucellosis**
- **Burkholderia pseudomallei** and **B. mallei**
- **Chlamydial infections incl. Lymphogranuloma Venereum (LGV)◊**
- **Cryptosporidiosis◊**
- **Cyclospora cayetanensis◊**
- **Diphtheria◊**
- **Encephalitis, Arboviral◊**
- **Escherichia coli 0157:H7 (STEC) infection◊** (see Shiga Toxin)
- **Gonorrhea◊**
- **Haemophilus influenzae◊** (sterile site)
- **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)◊**
- **Hepatitis C◊** See Note
- **Human Immunodeficiency Virus (HIV) §**
- **Legionella◊** (antigen or culture)
- **Listeria◊**
- **Malaria◊**
- **Measles (Rubeola), acute infection, by IgM antibody test or positive viral antigen test◊**
- **Mycobacterium Tuberculosis◊**
- **Neisseria meningitidis◊** (sterile site)
- **Plague, animal or human**
- **Rabies, animal or human◊**
- **Respiratory Syncytial Virus (RSV) ∞**
- **Rubella acute by IgM or culture◊**
- **Salmonella◊**
- **Shiga Toxin◊** (detected in feces)
- **Shigella sp◊**
- **Smallpox**
- **Syphilis◊**
- **Tuberculosis**
- **Tularemia◊**
- **Typhoid◊**
- **Vibrio species infections◊**
- **Viral Hemorrhagic Fever agents**
- **West Nile Virus (WNV), Infections◊**

REPORTABLE DISEASES AND CONDITIONS
HOW TO REPORT: Extremely urgent conditions (i.e., anthrax, botulism, cholera, dengue, diphtheria, plague and rabies) should be reported by telephone immediately, 24 hours a day. Other urgent conditions 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 and Bioterrorism Preparedness Program (909) 383-3050
Tuberculosis Control Program (909) 383-3287
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 the Epidemiology and Bioterrorism Preparedness Program at (909) 383-3050.

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:

<table>
<thead>
<tr>
<th>Patient Information</th>
<th>Specimen Information</th>
<th>Provider Information</th>
</tr>
</thead>
<tbody>
<tr>
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<td>• Result</td>
<td>• Name</td>
</tr>
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<td>• Date Taken</td>
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<td>• Telephone Number (If known)</td>
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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 (909) 383-3050. 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.ccrcal.org.