



**Public Health
Health Education**

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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.

Reporting of cases of infectious diseases and related conditions has been and remains a vital step in controlling and preventing the spread of communicable disease. These reports are useful in many ways, including assurance of provision of appropriate medical therapy (e.g., for tuberculosis), detection of common-source outbreaks (e.g., in food-borne outbreaks), and planning and evaluating prevention and control programs (e.g., for vaccine-preventable diseases).

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. Delays or failure to report communicable diseases has contributed to serious outbreaks in the past. 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).

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions*

§ 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).

WEEK = 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(j)(1)

Disease Name	Urgency	Disease Name	Urgency
Anaplasmosis	WEEK	Listeriosis	FAX Ⓢ✉
Anthrax, human or animal	Ⓢ!	Lyme Disease	WEEK
Babesiosis	FAX Ⓢ✉	Malaria	FAX Ⓢ✉
Botulism (Infant, Foodborne, wound, Other)	Ⓢ!	Measles (Rubeola)	Ⓢ!
Brucellosis, animal (except infections due to <i>Brucella canis</i>)	WEEK	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX Ⓢ✉
Brucellosis, human	Ⓢ!	Meningococcal Infections	Ⓢ!
Campylobacteriosis	FAX Ⓢ✉	Middle East Respiratory Syndrome (MERS)	Ⓢ!
Chancroid	WEEK	Mumps	WEEK
Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)	FAX Ⓢ✉	Novel Virus Infection with Pandemic Potential	Ⓢ!

Disease Name	Urgency	Disease Name	Urgency
Chikungunya Virus Infection	FAX ☒	Paralytic Shellfish Poisoning	☒!
Cholera	☒!	Paratyphoid Fever	FAX ☒
Ciguatera Fish Poisoning	☒!	Pertussis (Whooping Cough)	FAX ☒
Coccidioidomycosis	WEEK	Plague, human or animal	☒!
Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)	WEEK	Poliovirus Infection	FAX ☒
Cryptosporidiosis	FAX ☒	Psittacosis	FAX ☒
Cyclosporiasis	WEEK	Q Fever	FAX ☒
Cysticercosis or taeniasis	WEEK	Rabies, human or animal	☒!
Dengue Virus Infection	FAX ☒	Relapsing Fever	FAX ☒
Diphtheria	☒!	Respiratory Syncytial Virus-associated deaths in laboratory-confirmed cases less than five years of age	WEEK
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	☒!	Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses	WEEK
Ehrlichiosis	WEEK	Rocky Mountain Spotted Fever	WEEK
Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ☒	Rubella (German Measles)	WEEK
<i>Escherichia coli</i> : shiga toxin producing (STEC) including <i>E. coli</i> O157	FAX ☒	Rubella Syndrome, Congenital	WEEK
Flavivirus infection of undetermined species	☒!	Salmonellosis (Other than Typhoid Fever)	FAX ☒
Foodborne Disease	†FAX ☒	Scombroid Fish Poisoning	☒!
Giardiasis	WEEK	Shiga toxin (detected in feces)	☒!
Gonococcal Infections	WEEK	Shigellosis	FAX ☒
<i>Haemophilus influenzae</i> , invasive disease, all serotypes (report an incident less than 5 years of age)	FAX ☒	Smallpox (Variola)	☒!
Hantavirus Infections	FAX ☒	Syphilis (all stages, including congenital)	FAX ☒
Hemolytic Uremic Syndrome	☒!	Tetanus	WEEK
Hepatitis A, acute infection	FAX ☒	Trichinosis	FAX ☒
Hepatitis B (specify acute, chronic, or perinatal)	WEEK	Tuberculosis	FAX ☒
Hepatitis C (specify acute, chronic, or perinatal)	WEEK	Tularemia, animal	WEEK
Hepatitis D (Delta) (specify acute case or chronic)	WEEK	Tularemia, human	☒!
Hepatitis E, acute infection	WEEK	Typhoid Fever, Cases and Carriers	FAX ☒
Human Immunodeficiency Virus (HIV), acute infection	☒	<i>Vibrio</i> Infections	FAX ☒

Disease Name	Urgency	Disease Name	Urgency
Human Immunodeficiency Virus (HIV) infection, any stage	WEEK	Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)	⓪!
Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS)	WEEK	West Nile Virus (WNV) Infection	FAX ☑✉
Influenza-associated deaths in laboratory- confirmed cases less than 18 years of age	WEEK	Yellow Fever	FAX ☑✉
Influenza due to novel strains (human)	⓪!	Yersiniosis	FAX ☑✉
Legionellosis	WEEK	Zika Virus Infection	FAX ☑✉
Leprosy (Hansen Disease)	WEEK	OCCURRENCE of ANY UNUSUAL DISEASE	⓪!
Leptospirosis	WEEK	OUTBREAKS of ANY DISEASE (Including diseases not listed in §2500). Specify if institutional and/or open community.	⓪!

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 the [California Department of Public Health's HIV Surveillance and Case Reporting Resource](#) page (https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_resources.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):

* The Confidential Morbidity Report (CMR) is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). The CMR form can be found here: [Communicable Disease Reporting Forms](#). 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.cccal.org.