



REPORTING DISEASES & CONDITIONS
 Confidential Morbidity Report (CMR)
 Communicable Disease Surveillance Coordinator
 Nancy Hitchcock, SPHN



**Call Kings County Health Department 559-584-1401, FAX 559-589-0482,
 After Hours call 559-584-1401**

IMMEDIATE

ANTHRAX	ESCHERICHIA COLI 0157 *	SHIGA TOXIN
AVIAN INFLUENZA (human)	HANTAVIRUS INFECTIONS	SMALLPOX (Variola)
BOTULISM (Infant, Foodborne, Wound)	HEMOLYTIC UREMIC SYNDROME	TULAREMIA
BRUCELLOSIS	MENINGOCOCCAL INFECTIONS	VIRAL HEMORRHAGIC FEVERS *
CHOLERA	PARALYTIC SHELLFISH POISONING	YELLOW FEVER
CIGUATERA FISH POISONING	PLAGUE, Human or Animal	UNUSUAL DISEASE
DENGUE	RABIES, Human or Animal	OUTBREAK OF ANY DISEASE *
DIPHTHERIA	SCOMBROID FISH POISONING	
DOMOIC ACID POISONING *	SEVERE ACUTE RESPIRATORY SYNDROME (SARS)	



1 DAY

**REPORT WITHIN 1 WORKING DAY OF IDENTIFICATION
 VIA FAX, U.S. MAIL, or TELEPHONE**

AMEBIASIS	MALARIA	STREPTOCOCCAL INFECTIONS*
BABESIOSIS	MEASLES (Rubeola)	SYPHILIS
CAMPYLOBACTERIOSIS	MENINGITIS *	TRICHINOSIS
CHICKEN POX *	PERTUSSIS (Whooping Cough)	TUBERCULOSIS
COLORADO TICK FEVER	POLIOVIRUS INFECTION	TYPHOID FEVER (cases & carriers)
CRYPTOSPORIDIOSIS	PSITTACOSIS	VIBRIO INFECTIONS
ENCEPHALITIS *	Q FEVER	WATER-ASSOCIATED DISEASE *
+ <i>FOODBORNE DISEASE</i>	RELAPSING FEVER	WEST NILE VIRUS
HAEMOPHILUS INFLUENZAE *	SALMONELLOSIS *	YERSINIOSIS
HEPATITIS A	SHIGELLOSIS	
LISTERIOSIS	STAPHYLOCOCCUS AUREUS *	

**+ REPORT IMMEDIATELY WHEN 2 OR MORE CASES OF *FOODBORNE DISEASE* ARE
 REPORTED FROM SEPARATE HOUSEHOLDS**



7 DAYS

**REPORT WITHIN 7 CALENDAR DAYS OF IDENTIFICATION
 VIA FAX, U.S. MAIL, or TELEPHONE**

AIDS/HIV	HEPATITIS B *, C *	PELVIC INFLAMMATORY DISEASE (PID)
ANAPLASMOSIS/EHRlichiosis	HEPATITIS D	RHEUMATIC FEVER, ACUTE
CHANCROID	HEPATITIS – OTHER ACUTE	ROCKY MOUNTAIN SPOTTED FEVER
CHLAMYDIAN INFECTIONS *	INFLUENZA DEATHS *	RUBELLA (German Measles)
COCCIDIOIDOMYCOSIS	KAWASAKI SYNDROME *	RUBELLA SYNDROME, Congenital
CREUTZFELDT-JAKOB (CJD&TSE) *	LEGIONELLOSIS	TETANUS
CYSTICERCOSIS or TAENIASIS	LEPROSY (Hansen Disease)	TOXIC SHOCK SYNDROME
GIARDIASIS	LEPTOSPIROSIS	TYPHUS FEVER
GONOCOCCAL INFECTIONS	LYME DISEASE	
HEPATITIS, VIRAL	MUMPS	

*** SEE BACK OF FOR MORE INFORMATION**

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.)

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(j)(1)

- Acquired Immune Deficiency Syndrome (AIDS)
(HIV infection only: see "Human Immunodeficiency Virus")
- FAX ☑ ☑ Amebiasis
- Anaplasmosis/Ehrlichiosis
- ☑ ☑ Anthrax
- ☑ ☑ Avian Influenza (human)
- FAX ☑ ☑ Babesiosis
- ☑ ☑ Botulism (Infant, Foodborne, Wound)
- ☑ ☑ Brucellosis
- FAX ☑ ☑ Campylobacteriosis
- Chancroid
- FAX ☑ ☑ Chickenpox (only hospitalizations and deaths)
- Chlamydia trachomatis infections, including Lymphogranuloma Venereum (LGV)
- ☑ ☑ Cholera
- ☑ ☑ Ciguatera Fish Poisoning
- Coccidioidomycosis
- FAX ☑ ☑ Colorado Tick Fever
- Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
- FAX ☑ ☑ Cryptosporidiosis
- Cysticercosis or Taeniasis
- ☑ ☑ Dengue
- ☑ ☑ Diphtheria
- Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
- FAX ☑ ☑ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- ☑ ☑ *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157
- † FAX ☑ ☑ Foodborne Disease
- Giardiasis
- Gonococcal Infections
- FAX ☑ ☑ *Haemophilus influenzae* invasive disease (report an incident less than 15 years of age)
- ☑ ☑ Hantavirus Infections
- ☑ ☑ Hemolytic Uremic Syndrome
- Hepatitis, Viral
- FAX ☑ ☑ Hepatitis A
- Hepatitis B (specify acute case or chronic)
- Hepatitis C (specify acute case or chronic)
- Hepatitis D (Delta)
- Hepatitis, other, acute
- Influenza deaths (report an incident of less than 18 years of age)
- Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)
- Legionellosis
- Leprosy (Hansen Disease)
- Leptospirosis
- FAX ☑ ☑ Listeriosis
- Lyme Disease
- FAX ☑ ☑ Malaria
- FAX ☑ ☑ Measles (Rubeola)
- FAX ☑ ☑ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- ☑ ☑ Meningococcal Infections
- Mumps
- ☑ ☑ Paralytic Shellfish Poisoning
- Pelvic Inflammatory Disease (PID)
- FAX ☑ ☑ Pertussis (Whooping Cough)
- ☑ ☑ Plague, Human or Animal

- FAX ☑ ☑ Poliovirus Infection
- FAX ☑ ☑ Psittacosis
- FAX ☑ ☑ Q Fever
- ☑ ☑ Rabies, Human or Animal
- FAX ☑ ☑ Relapsing Fever
- Rheumatic Fever, Acute
- Rocky Mountain Spotted Fever
- Rubella (German Measles)
- Rubella Syndrome, Congenital
- FAX ☑ ☑ Salmonellosis (Other than Typhoid Fever)
- ☑ ☑ Scombroid Fish Poisoning
- ☑ ☑ Severe Acute Respiratory Syndrome (SARS)
- ☑ ☑ Shiga toxin (detected in feces)
- FAX ☑ ☑ Shigellosis
- ☑ ☑ Smallpox (Variola)
- FAX ☑ ☑ *Staphylococcus aureus* infection (only a case resulting in death or admission to an intensive care unit of a person 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)
- FAX ☑ ☑ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
- FAX ☑ ☑ Syphilis
- Tetanus
- Toxic Shock Syndrome
- FAX ☑ ☑ Trichinosis
- FAX ☑ ☑ Tuberculosis
- ☑ ☑ Tularemia
- FAX ☑ ☑ Typhoid Fever, Cases and Carriers
- Typhus Fever
- FAX ☑ ☑ *Vibrio* Infections
- ☑ ☑ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
- FAX ☑ ☑ Water-Associated Disease (e.g., Swimmer's Itch or Hot Tub Rash)
- FAX ☑ ☑ West Nile Virus (WNV) Infection
- ☑ ☑ Yellow Fever
- FAX ☑ ☑ Yersiniosis
- ☑ ☑ **OCCURRENCE of ANY UNUSUAL DISEASE**
- ☑ ☑ **OUTBREAKS of ANY DISEASE** (Including diseases not listed in §2500). Specify if institutional and/or open community.

HIV REPORTING BY HEALTH CARE PROVIDERS §2641.5-2643.20

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 form (CDPH 8641A) available from the local health department. For completing HIV-specific reporting requirements, see Title 17, CCR, §2641.5-2643.20 and <http://www.cdph.ca.gov/programs/aids/Pages/OAHIVReporting.asp>

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):

* 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 and 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