

# REPORTABLE DISEASES AND CONDITIONS

City and County of San Francisco San Francisco Department of Public Health

## Title 17, California Code of Regulations (CCR) §2500, §2593, §2641-2643 and §2800-2812.

Every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, must 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.

## WHOM TO REPORT TO

### REPORT OUTBREAKS, DISEASES, AND CONDITIONS TO COMMUNICABLE DISEASE CONTROL UNIT UNLESS OTHERWISE INDICATED

<b>COMMUNICABLE DISEASE CONTROL UNIT</b> <b>PHONE: (415) 554-2830</b> <b>FAX: (415) 554-2848 M-F 8AM TO 5PM</b>  For urgent reports after hours, call 415-554-2830, and follow the instructions on the voicemail to page the on-call MD.	<b>HIV REPORTING</b> <b>PHONE: (415) 437-6335</b>	<b>ANIMAL CARE &amp; CONTROL</b> <b>ANIMAL BITES (Mammals Only)</b> <b>PHONE: (415) 554-9422 FAX: (415) 864-2866</b>
	<b>STD REPORTING</b> <b>PHONE: (415) 487-5530 FAX: (415) 431-4628</b>	<b>ENVIRONMENTAL HEALTH SERVICES FOR PESTICIDE</b> <b>PHONE: (415) 252-3862 FAX: (415) 252-3818</b>
	<b>TUBERCULOSIS REPORTING</b> <b>PHONE: (415) 206-8524 FAX: (415) 206-4565</b>	

## DISEASE OR CONDITION / URGENCY REPORTING REQUIREMENTS

### URGENCY REPORTING KEY

**▲** Report immediately by telephone    **1** Report within one working day of identification    **7** Report within seven calendar days by FAX, phone or mail

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| <ul style="list-style-type: none"> <li><b>1</b> Amebiasis</li> <li><b>7</b> Anaplasmosis</li> <li><b>7</b> Animal bites (mammals only) <i>to Animal Care</i></li> <li><b>▲</b> Anthrax*, human or animal</li> <li><b>1</b> Babesiosis</li> <li><b>▲</b> Botulism* (Infant, Foodborne, Wound, Other)</li> <li><b>7</b> Brucellosis, animal (except infections due to <i>Brucella canis</i>)</li> <li><b>▲</b> Brucellosis*, human</li> <li><b>1</b> Campylobacteriosis</li> <li>-- 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) (<i>Report w/in 30 days to California Cancer Registry</i>)</li> <li><b>7</b> Chancroid <i>to STD</i></li> <li><b>1</b> Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)</li> <li><b>1</b> Chikungunya Virus Infection</li> <li><b>7</b> <i>Chlamydia trachomatis</i> infections <i>to STD</i></li> <li><b>▲</b> Cholera</li> <li><b>▲</b> Ciguatera Fish Poisoning</li> <li><b>7</b> Coccidioidomycosis</li> <li><b>7</b> Creutzfeldt-Jakob Disease (CJD)</li> <li><b>1</b> Cryptosporidiosis</li> <li><b>7</b> Cyclosporiasis</li> <li><b>7</b> Cysticercosis</li> <li><b>▲</b> Dengue Virus Infection</li> <li><b>▲</b> Diphtheria</li> <li><b>7</b> Disorders Characterized by Lapses of Consciousness</li> <li><b>▲</b> Domoic Acid Poisoning (Amnesic Shellfish Poisoning)</li> <li><b>7</b> Ehrlichiosis</li> <li><b>1</b> Encephalitis, infectious (specify etiology)</li> <li><b>▲</b> <i>Escherichia coli</i> shiga toxin producing (STEC) including <i>E. coli</i> O157</li> <li><b>▲</b> Flavivirus infection of undetermined species</li> <li><b>▲</b> Foodborne illness (2 or more cases from different households)</li> <li><b>7</b> Giardiasis</li> <li><b>7</b> Gonococcal infections (Including disseminated) <i>to STD</i></li> </ul> | <ul style="list-style-type: none"> <li><b>1</b> <i>Haemophilus influenzae</i>, invasive disease, all sero-types (in persons less than five years of age.)</li> <li><b>1</b> Hantavirus infections</li> <li><b>▲</b> Hemolytic Uremic Syndrome</li> <li><b>1</b> Hepatitis A, acute infection</li> <li><b>7</b> Hepatitis B (specify acute case or chronic)</li> <li><b>7</b> Hepatitis C (specify acute case or chronic)</li> <li><b>7</b> Hepatitis D (Delta) (specify acute case or chronic)</li> <li><b>7</b> Hepatitis E, acute infection</li> <li><b>1</b> Human Immunodeficiency Virus (HIV), <i>Acute infection to HIV Reporting</i></li> <li><b>7</b> Human Immunodeficiency Virus (HIV) Infection, stage 3 (AIDS) <i>to HIV Reporting</i></li> <li><b>7</b> Influenza, deaths in laboratory-confirmed cases for age 0-64 years</li> <li><b>▲</b> Influenza, novel strains (human)</li> <li><b>7</b> Legionellosis</li> <li><b>7</b> Leprosy (Hansen Disease)</li> <li><b>7</b> Leptospirosis</li> <li><b>1</b> Listeriosis</li> <li><b>7</b> Lyme Disease</li> <li><b>7</b> Lymphogranuloma Venereum (LGV) <i>to STD</i></li> <li><b>1</b> Malaria</li> <li><b>▲</b> Measles (Rubeola)</li> <li><b>1</b> Meningitis (specify etiology)</li> <li><b>▲</b> Meningococcal infections</li> <li><b>7</b> Mumps</li> <li><b>▲</b> Novel Virus Infection with Pandemic Potential</li> <li><b>▲</b> Paralytic Shellfish Poisoning</li> <li>-- Parkinson's Disease, <i>Report w/in 90 days to California Parkinson's Disease Registry (CPDR)</i></li> <li><b>1</b> Pertussis (Whooping Cough)</li> <li><b>7</b> Pesticide-related illness or injury (known or suspected cases) <i>to Environmental Health Services</i></li> <li><b>▲</b> Plague*, human or animal</li> <li><b>1</b> Poliovirus infection</li> <li><b>1</b> Psittacosis</li> <li><b>1</b> Q Fever</li> <li><b>▲</b> Rabies, human or animal</li> <li><b>1</b> Relapsing Fever</li> </ul> | <ul style="list-style-type: none"> <li><b>7</b> Respiratory Syncytial Virus (only report death in patient less than five years of age)</li> <li><b>7</b> Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses</li> <li><b>7</b> Rocky Mountain Spotted Fever</li> <li><b>7</b> Rubella (German Measles)</li> <li><b>7</b> Rubella Congenital Syndrome</li> <li><b>1</b> Salmonellosis (other than Typhoid Fever)</li> <li><b>▲</b> Scombroid Fish Poisoning</li> <li><b>▲</b> Shiga toxin (detected in feces)</li> <li><b>1</b> Shigellosis</li> <li><b>▲</b> Smallpox* (Variola)</li> <li><b>1</b> Streptococcal infections, outbreaks of any type and individual cases in food handlers and dairy workers only</li> <li><b>1</b> Syphilis <i>to STD Reporting</i></li> <li><b>7</b> Taeniasis</li> <li><b>7</b> Tetanus</li> <li><b>7</b> Transmissible Spongiform Encephalopathies (TSE)</li> <li><b>1</b> Trichinosis</li> <li><b>1</b> Tuberculosis <i>to Tuberculosis Reporting</i></li> <li><b>7</b> Tularemia, animal</li> <li><b>▲</b> Tularemia*, human</li> <li><b>1</b> Typhoid Fever (cases and carriers)</li> <li><b>1</b> <i>Vibrio</i> infections</li> <li><b>▲</b> Viral Hemorrhagic Fevers*, human or animal (e.g. Crimean-Congo, Ebola, Lassa and Marburg viruses)</li> <li><b>1</b> West Nile Virus (WNV) Infection</li> <li><b>▲</b> Yellow Fever</li> <li><b>1</b> Yersiniosis</li> <li><b>▲</b> Zika Virus Infection</li> <li><b>▲</b> <b>ANY UNUSUAL DISEASES</b></li> <li><b>▲</b> <b>NEW DISEASE OR SYNDROME NOT PREVIOUSLY RECOGNIZED</b></li> <li><b>▲</b> <b>OUTBREAKS OF ANY DISEASE</b></li> </ul> |
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For updates go to <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Public-Health-Reporting.aspx>

## CONFIDENTIAL MORBIDITY REPORT

**NOTE: For STD, Hepatitis, or TB, complete appropriate section below. Special reporting requirements and reportable diseases on back.**

**DISEASE BEING REPORTED:** \_\_\_\_\_

<b>Patient's Last Name</b>		<b>Social Security Number</b>			<b>Ethnicity (✓one)</b> Hispanic/Latino Non-Hispanic/Non-Latino	
<b>First Name / Middle Name (or initial)</b>		<b>DOB</b>	<b>Age</b>		<b>Race (✓one)</b> African-American/Black Asian/Pacific Islander (✓one) Asian-Indian Japanese Cambodian Korean Chinese Laotian Filipino Samoan Guamanian Vietnamese Hawaiian Other _____	
<b>Address: Number, Street</b>		<b>MONTH</b>	<b>DAY</b>	<b>YEAR</b>		
<b>City / Town</b>				<b>State</b>	<b>ZIP Code</b>	<b>Country of Birth</b>
<b>Phone Number</b>		<b>Gender (Please Check One)</b>		<b>Pregnant? Y N UNK</b>		
Area Code	Primary Phone Number	Male	Genderqueer/Gender Non-Binary	<b>Estimated Delivery Date:</b>		
		Female	Not Listed (Specify): _____			
Area Code	Secondary Phone Number	Trans Male	<b>Patient's Occupation/Setting</b>	<b>DD</b>	<b>MM</b>	<b>YY</b>
		Trans Female	Food service Day care Health care School			
		Unknown	Correctional facility Other _____			

<b>DATE OF ONSET</b>	<b>Reporting Health Care Provider</b>		<b>Medical Record Number</b>
Month Day Year			
<b>DATE DIAGNOSED</b>	<b>Reporting Health Care Facility</b>		<b>Report all non STD, non-TB, non-HIV to: Communicable Disease Control Unit</b> San Francisco Dept of Public Health 25 Van Ness Ave, Suite 500 San Francisco, CA 94102 <b>CD Phone: (415) 554-2830</b> <b>CD Fax: (415) 554-2848</b> <b>STD Fax: (415) 431-4628</b> <b>TB Fax: (415) 206-4565</b> <b>HIV Phone: (415) 437-6335</b>
Month Day Year	<b>Address</b>		
	<b>City</b>	<b>State</b>	
<b>DATE OF DEATH</b>	<b>Telephone Number</b>	<b>Fax</b>	
Month Day Year	( ) ( ) ( )	( ) ( ) ( )	
	<b>Submitted by</b>	<b>Date Submitted</b>	
		(Month/Day/Year)	

<b>SEXUALLY TRANSMITTED DISEASES (STD)</b>		<b>Syphilis Test Results</b>	
<b>Syphilis</b>		RPR Titer: _____	
Primary (lesion present)	Late latent > 1 year	VDRL Titer: _____	
Secondary	Late (tertiary)	CSF-VDRL Pos Neg	
Early latent <1year	Congenital	TP-PA Pos Neg	
Latent (unknown duration)		EIA/CLIA Pos Neg	
Neurosyphilis Y N UNK	Ocular Syphilis Y N UNK	Other: _____	
<b>Chlamydia</b>	<b>Specimen Source</b>	<b>Gender(s) of Sex Partners last 12 months</b>	
Gonorrhea	Pharyngeal Urine	Please check all that apply:	
LGV	Rectal Vaginal	Male	Female
(Suspect)	Urethral/Cervical Other: _____	Trans Male	Trans Female
		Unknown	Genderqueer/Gender Non-Binary

<b>VIRAL HEPATITIS</b>		<b>Pos</b>	<b>Neg</b>	<b>Pend</b>	<b>Not Done</b>
<b>Hep A</b>	anti-HAV IgM				
<b>Hep B</b>	HBsAg				
<b>Acute</b>	anti-HBc				
<b>Chronic</b>	anti-HBc IgM				
	anti-HBs				
<b>Hep C</b>	anti-HCV				
<b>Acute</b>	PCR-HCV				
<b>Chronic</b>					
<b>Hep D (Delta)</b>	anti-Delta				
	Other: _____				
<b>Suspected Exposure Type</b>					
Blood transfusion	Other needle exposure	Sexual contact	Household contact		
Child care	Other: _____				

<b>STD TREATMENT INFORMATION</b>		<b>On PrEP for HIV prevention Y N UNK</b>
<b>Treated (Drugs, Dosage, Route):</b>		<b>Treated in office Given prescription</b>
	Month Day Year	Unable to contact patient
		Refused treatment
		Referred to: _____

<b>TUBERCULOSIS (TB)</b>	
<b>Status</b>	
Active Disease	LTBI
Confirmed	
Suspected	
<b>Site(s)</b>	
Pulmonary	
Extra-Pulmonary	
<b>NAAT/PCR</b>	
Positive	
Negative	
RIF resistance detected	
RIF resistance NOT detected	

<b>TB Testing</b>	
IGRA	Month Day Year
PPD/TST	
Date Performed	
Results: _____	
<b>Chest X-Ray</b>	
Date Performed	Month Day Year
Normal	Attach all results to CMR
Cavitary	Abnormal/Noncavitary

<b>Bacteriology/Pathology</b>	
Accession number _____	
Date Specimen Collected	
Source: _____	
Smear: Pos Neg Pending	
Culture: Pos Neg Pending	
Pathology suggests TB	
Other test(s) _____	

<b>TB TREATMENT INFORMATION</b>	
<b>Current Treatment</b>	
I INH	RIF PZA
EMB	h Other: _____
Date Treatment Initiated	Month Day Year
<b>Untreated</b>	
Will treat	
Unable to contact patient	
Refused treatment	
Referred to: _____	

**REMARKS**