

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

COMMUNICABLE DISEASE CONTROL UNIT PHONE: (415) 554-2830 FAX: (415) 554-2848 M-F 8AM TO 5PM For urgent reports after hours, call 415-554-2830, and follow the instructions on the voicemail to page the on-call MD.	HIV REPORTING PHONE: (415) 437-6335	ANIMAL CARE & CONTROL ANIMAL BITES (Mammals Only) PHONE: (415) 554-9422 FAX: (415) 864-2866
	STD REPORTING PHONE: (415) 487-5530 FAX: (415) 431-4628	
	TUBERCULOSIS REPORTING PHONE: (628) 206-8524 FAX: (628) 206-4565	ENVIRONMENTAL HEALTH SERVICES FOR PESTICIDE PHONE: (415) 252-3862 FAX: (415) 252-3818

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

1 Amebiasis 7 Anaplasmosis 7 Animal bites (mammals only) <i>to Animal Care</i> ▲ Anthrax*, human or animal 1 Babesiosis ▲ Botulism* (Infant, Foodborne, Wound, Other) 7 Brucellosis, animal (except infections due to <i>Brucella canis</i>) ▲ Brucellosis*, human 1 Campylobacteriosis -- 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>) 7 Chancroid <i>to STD</i> 1 Chickenpox (Varicella) (outbreaks, hospitalizations and deaths) 1 Chikungunya Virus Infection 7 <i>Chlamydia trachomatis</i> infections <i>to STD</i> ▲ Cholera ▲ Ciguatera Fish Poisoning 7 Coccidioidomycosis 7 Creutzfeldt-Jakob Disease (CJD) 1 Cryptosporidiosis 7 Cyclosporiasis 7 Cysticercosis ▲ Dengue Virus Infection ▲ Diphtheria 7 Disorders Characterized by Lapses of Consciousness ▲ Domoic Acid Poisoning (Amnesic Shellfish Poisoning) 7 Ehrlichiosis 1 Encephalitis, infectious (specify etiology) ▲ <i>Escherichia coli</i> shiga toxin producing (STEC) including <i>E. coli</i> O157 ▲ Flavivirus infection of undetermined species ▲ Foodborne illness (2 or more cases from different households) 7 Giardiasis 7 Gonococcal infections (Including disseminated) <i>to STD</i>	1 <i>Haemophilus influenzae</i> , invasive disease, all sero-types (in persons less than five years of age.) 1 Hantavirus infections ▲ Hemolytic Uremic Syndrome 1 Hepatitis A, acute infection 7 Hepatitis B (specify acute case or chronic) 7 Hepatitis C (specify acute case or chronic) 7 Hepatitis D (Delta) (specify acute case or chronic) 7 Hepatitis E, acute infection 1 Human Immunodeficiency Virus (HIV), <i>Acute infection to HIV Reporting</i> 7 Human Immunodeficiency Virus (HIV) Infection, stage 3 (AIDS) <i>to HIV Reporting</i> 7 Influenza, deaths in laboratory-confirmed cases for age 0-64 years ▲ Influenza, novel strains (human) 7 Legionellosis 7 Leprosy (Hansen Disease) 7 Leptospirosis 1 Listeriosis 7 Lyme Disease 7 Lymphogranuloma Venereum (LGV) <i>to STD</i> 1 Malaria ▲ Measles (Rubeola) 1 Meningitis (specify etiology) ▲ Meningococcal infections 7 Mumps ▲ Novel Virus Infection with Pandemic Potential ▲ Paralytic Shellfish Poisoning -- Parkinson's Disease, <i>Report w/in 90 days to California Parkinson's Disease Registry (CPDR)</i> 1 Pertussis (Whooping Cough) 7 Pesticide-related illness or injury (known or suspected cases) <i>to Environmental Health Services</i> ▲ Plague*, human or animal 1 Poliovirus infection 1 Psittacosis 1 Q Fever ▲ Rabies, human or animal 1 Relapsing Fever	7 Respiratory Syncytial Virus (only report death in patient less than five years of age) 7 Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses 7 Rocky Mountain Spotted Fever 7 Rubella (German Measles) 7 Rubella Congenital Syndrome 1 Salmonellosis (other than Typhoid Fever) ▲ Scombroid Fish Poisoning ▲ Shiga toxin (detected in feces) 1 Shigellosis ▲ Smallpox* (Variola) 1 Streptococcal infections, outbreaks of any type and individual cases in food handlers and dairy workers only 1 Syphilis <i>to STD Reporting</i> 7 Taeniasis 7 Tetanus 7 Transmissible Spongiform Encephalopathies (TSE) 1 Trichinosis 1 Tuberculosis <i>to Tuberculosis Reporting</i> 7 Tularemia, animal ▲ Tularemia*, human 1 Typhoid Fever (cases and carriers) 1 <i>Vibrio</i> infections ▲ Viral Hemorrhagic Fevers*, human or animal (e.g. Crimean-Congo, Ebola, Lassa and Marburg viruses) 1 West Nile Virus (WNV) Infection ▲ Yellow Fever 1 Yersiniosis ▲ Zika Virus Infection ▲ ANY UNUSUAL DISEASES ▲ NEW DISEASE OR SYNDROME NOT PREVIOUSLY RECOGNIZED ▲ OUTBREAKS OF ANY DISEASE
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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:** _____

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

DATE OF ONSET

Month Day Year

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DATE DIAGNOSED

Month Day Year

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DATE OF DEATH

Month Day Year

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Reporting Health Care Provider

Medical Record Number

Reporting Health Care Facility

Address

City

State

ZIP Code

Telephone Number

()

Fax

()

Submitted by

Date Submitted

(Month/Day/Year)

**Report all non STD, non-TB, non-HIV to:
Communicable Disease Control Unit**

San Francisco Dept of Public Health

25 Van Ness Ave, Suite 500

San Francisco, CA 94102

CD Phone: (415) 554-2830**CD Fax: (415) 554-2848****STD Fax: (415) 431-4628****TB Fax: (628) 206-4565****HIV Phone: (415) 437-6335****SEXUALLY TRANSMITTED DISEASES (STD)****Syphilis**

Primary (lesion present) Late latent > 1 year
 Secondary Late (tertiary)
 Early latent <1year Congenital
 Latent (unknown duration)
 Neurosyphilis Y N UNK Ocular Syphilis Y N UNK

Syphilis Test Results

RPR Titer: _____
 VDRL Titer: _____
 CSF-VDRL Pos Neg
 TP-PA Pos Neg
 EIA/CLIA Pos Neg
 Other: _____

Chlamydia Specimen Source

Gonorrhea Pharyngeal Urine
 LGV Rectal Vaginal
 (Suspect) Urethral/Cervical Other: _____

Gender(s) of Sex Partners last 12 months

Please check all that apply:

Male ☐ Female ☐ Trans Male ☐ Trans Female ☐
 Unknown ☐ Genderqueer/Gender Non-Binary ☐

VIRAL HEPATITIS**Hep A**

Pos Neg Pend Not Done

anti-HAV IgM

Hep B**Acute**

HBsAg

Chronic

anti-HBc

anti-HBc IgM

anti-HBs

Hep C**Acute**

anti-HCV

Chronic

PCR-HCV

Hep D (Delta)

anti-Delta

Other: _____**STD TREATMENT INFORMATION**

On PrEP for HIV prevention Y N UNK

Treated (Drugs, Dosage, Route):

Month Day Year

Treated in office Given prescription

Unable to contact patient

Refused treatment

Referred to: _____

Suspected Exposure Type

Blood transfusion

Other needle exposure

Sexual contact

Household contact

Child care

Other: _____

TUBERCULOSIS (TB)**Status**

Active Disease LTBI
 Confirmed
 Suspected

Site(s)

Pulmonary
 Extra-Pulmonary

NAAT/PCR

Positive
 Negative
 RIF resistance detected
 RIF resistance NOT detected

TB Testing

IGRA Month Day Year
 PPD/TST
 Date Performed

Results: _____

Chest X-Ray

Month Day Year
 Date Performed
 Normal Attach all results to CMR
 Cavitory Abnormal/Noncavitory

Bacteriology/Pathology

Accession number _____

Date Specimen Collected

Source: _____

Smear: Pos Neg Pending

Culture: Pos Neg Pending

Pathology suggests TB

Other test(s) _____

TB TREATMENT INFORMATION**Current Treatment**

I INH RIF PZA

EMB

h Other: _____

Date Treatment Initiated

Month Day Year

Untreated

Will treat

Unable to contact patient

Refused treatment

Referred to: _____

REMARKS