

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	ENVIRONMENTAL HEALTH SERVICES FOR PESTICIDE PHONE: (415) 252-3862 FAX: (415) 252-3818
	TUBERCULOSIS REPORTING PHONE: (415) 206-8524 FAX: (415) 206-4565	

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

<ul style="list-style-type: none"> 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> 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 Non-Hispanic/Non-Latino		
First Name / Middle Name (or initial)		DOB	Age				
		MONTH	DAY	YEAR			
Address: Number, Street				Apt./Unit Number			
City / Town		State	ZIP Code	Country of Birth			
Phone Number		Gender (Please Check One)		Pregnant? Y N UNK			
Area Code	Primary Phone Number	Male	Genderqueer/Gender Non-Binary	Estimated Delivery Date:			
<input type="text"/>	<input type="text"/>	Female	Not Listed (Specify): _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Area Code	Secondary Phone Number	Trans Male	Patient's Occupation/Setting		DD	MM	YY
<input type="text"/>	<input type="text"/>	Trans Female	Food service	Day care	Health care	School	
		Unknown	Correctional facility	Other: _____			
Race (✓one) African-American/Black Asian/Pacific Islander (✓one) Asian-Indian Japanese Cambodian Korean Chinese Laotian Filipino Samoan Guamanian Vietnamese Hawaiian Other: _____ Native American/Alaskan Native White Other: _____ Unknown							

DATE OF ONSET	Reporting Health Care Provider		Medical Record Number	
Month Day Year	<input type="text"/>		<input type="text"/>	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
DATE DIAGNOSED	Reporting Health Care Facility			
Month Day Year	<input type="text"/>			
<input type="text"/>	<input type="text"/>			
DATE OF DEATH	Address			
Month Day Year	<input type="text"/>			
<input type="text"/>	<input type="text"/>			
	City		State	
	<input type="text"/>		<input type="text"/>	
			ZIP Code	
			<input type="text"/>	
	Telephone Number		Fax	
	<input type="text"/>		<input type="text"/>	
	Submitted by		Date Submitted	
	<input type="text"/>		<input type="text"/>	
			<input type="text"/>	
			(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: (415) 206-4565
HIV Phone: (415) 437-6335

SEXUALLY TRANSMITTED DISEASES (STD)		Syphilis Test Results		VIRAL HEPATITIS	
Syphilis		RPR Titer: _____		Hep A Pos Neg Pend Not Done	
Primary (lesion present) Late latent > 1 year		VDRL Titer: _____		anti-HAV IgM	
Secondary Late (tertiary)		CSF-VDRL Pos Neg		Hep B	
Early latent <1year Congenital		TP-PA Pos Neg		anti-HBc	
Latent (unknown duration)		EIA/CLIA Pos Neg		Acute	
Neurosyphilis Y N UNK Ocular Syphilis Y N UNK Other: _____				anti-HBc IgM	
				Chronic	
				anti-HBs	
Chlamydia Specimen Source		Gender(s) of Sex Partners last 12 months		Hep C	
Gonorrhea Pharyngeal Urine		Please check all that apply:		anti-HCV	
LGV Rectal Vaginal		Male Female Trans Male Trans Female		Acute	
(Suspect) Urethral/Cervical Other: _____		Unknown Genderqueer/Gender Non-Binary		PCR-HCV	
				Chronic	
				anti-Delta	
				Hep D (Delta)	
				Other: _____	
STD TREATMENT INFORMATION On PrEP for HIV prevention Y N UNK				Suspected Exposure Type	
Treated (Drugs, Dosage, Route):		Treated in office Given prescription		Blood transfusion Other needle exposure Sexual contact Household contact	
<input type="text"/>		Unable to contact patient		Child care Other: _____	
<input type="text"/>		Refused treatment			
<input type="text"/>		Referred to: _____			

TUBERCULOSIS (TB)	TB Testing	Bacteriology/Pathology	TB TREATMENT INFORMATION
Status	IGRA Month Day Year	Accession number _____	Current Treatment
Active Disease LTBI	PPD/TST <input type="text"/>	Month Day Year	I INH RIF PZA
Confirmed	Date Performed <input type="text"/>	Date Specimen Collected <input type="text"/>	EMB h Other: _____
Suspected	Results: _____	Source: _____	Month Day Year
Site(s)		Smear: Pos Neg Pending	Date Treatment Initiated <input type="text"/>
Pulmonary		Culture: Pos Neg Pending	
Extra-Pulmonary		Pathology suggests TB	Untreated
NAAT/PCR	Chest X-Ray Month Day Year	Other test(s) _____	Will treat
Positive	Date Performed <input type="text"/>		Unable to contact patient
Negative	Normal Attach all results to CMR		Refused treatment
RIF resistance detected	Cavitary Abnormal/Noncavitary		Referred to: _____
RIF resistance NOT detected			

REMARKS