

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, §2641.5-2643.20 and §2800-2812.

§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 conditions 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.

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 CD URGENT REPORTS: After hours: call 415-554-2830, press "2" & follow the instructions on the voicemail to page the on-call MD.	HIV- New HIV cases must be called in to the REPORTING PHONE: (628) 217-6335 STD REPORTING PHONE: (628) 217-6653 FAX: (628) 217-6603	ANIMAL CARE & CONTROL ANIMAL BITES (MAMMALS Only) PHONE: (415) 554-9422 FAX: (415) 864-2866 ENVIRONMENTAL HEALTH SERVICES FOR PESTICIDE PHONE: (415) 252-3862 FAX: (415) 252-3818
COVID-19 REPORTING: Hospitalizations/deaths & POC testing by HCP Fax: (628) 217-7599 Secure Email: see other (CMR) side for instructions.	TUBERCULOSIS REPORTING PHONE: (628) 206-8524 FAX: (628) 206-4565	

DISEASE OR CONDITION/URGENCY REPORTING REQUIRMENTS [Title 17, CCR §2500 (h)(i)]

URGENCY REPORTING KEY:

📞 Report immediately by telephone

☎ Report by phone within one working day of identification

📠 Report by electronic transmission (FAX), phone or mail within one working day of identification **📧 Report within seven calendar days by FAX, phone or mail**

<ul style="list-style-type: none"> 📧 Anaplasmosis 📧 Animal bites (mammals only) <i>to Animal Care</i> ☎ Anthrax*, human or animal 📞 Babesiosis ☎ Botulism* (Infant, Foodborne, Wound, Other) 📧 Brucellosis, animal (except infections due to <i>Brucella canis</i>) ☎ Brucellosis*, human 📞 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) (Report w/in 30 days to California Cancer Registry) 📧 Chancroid <i>to STD Reporting</i> 📞 Chickenpox (Varicella) (outbreaks, hospitalizations and deaths) 📞 Chikungunya Virus Infection ☎ Cholera ☎ Ciguatera Fish Poisoning 📧 Coccidioidomycosis 📞 Coronavirus Disease 2019 (COVID-19), ONLY hospitalizations/deaths, POC testing by HCP 📧 Creutzfeld-Jakob Disease (CJD) 📞 Cryptosporidiosis 📧 Cyclosporiasis 📧 Cysticercosis 📞 Dengue Virus Infection ☎ Diphtheria 📧 Disorders Characterized by Lapses of Consciousness ☎ Domoic Acid Poisoning (Amnesic Shellfish Poisoning) 📧 Ehrlichiosis 📞 Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic ☎ <i>Escherichia coli</i>: shiga toxin producing (STEC) including <i>E. coli O157</i> ☎ Flavivirus infection of undetermined species ☎ Foodborne illness (2 or more cases from different households) 📧 Giardiasis 📧 Gonococcal infections (including disseminated) <i>to STD Reporting</i> 	<ul style="list-style-type: none"> 📞 <i>Haemophilus influenzae</i>, invasive disease, all serotypes (report an incident in persons less than five years of age) 📞 Hantavirus infections ☎ Hemolytic Uremic Syndrome 📞 Hepatitis A, acute infection 📧 Hepatitis B (specify acute, chronic or perinatal) 📧 Hepatitis C (specify acute, chronic or perinatal) 📧 Hepatitis D (Delta) (specify acute or chronic) 📧 Hepatitis E, acute infection ☎ Human Immunodeficiency Virus (HIV), acute infection 📧 Human Immunodeficiency Virus (HIV), infection, any stage <i>to HIV Reporting</i> 📧 Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS) <i>to HIV reporting</i> 📧 Influenza-associated deaths in laboratory-confirmed cases less than 18 years of age ☎ Influenza, due to novel strains (human) 📧 Legionellosis 📧 Leprosy (Hansen Disease) 📧 Leptospirosis 📞 Listeriosis 📧 Lyme Disease 📞 Malaria ☎ Measles (Rubeola) 📞 Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic ☎ Meningococcal infections ☎ Middle East Respiratory Syndrome (MERS) 📧 Mumps ☎ Novel Coronavirus Infection ☎ Novel Virus Infection with Pandemic Potential ☎ Paralytic Shellfish Poisoning 📞 Paratyphoid Fever -- Parkinson's Disease, Report w/in 90 days to California Parkinson's Disease Registry (CPDR) 📞 Pertussis (Whooping Cough) 📧 Pesticide-related illness or injury (known or suspected cases) <i>to Environmental Health Services</i> 	<ul style="list-style-type: none"> ☎ Plague*, human or animal 📞 Poliovirus infection 📞 Psittacosis 📞 Q Fever ☎ Rabies, human or animal 📞 Relapsing Fever 📧 Respiratory Syncytial Virus-associated deaths in laboratory-confirmed cases less than five years of age 📧 Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses 📧 Rocky Mountain Spotted Fever 📧 Rubella (German Measles) 📧 Rubella Syndrome, Congenital 📞 Salmonellosis (other than Typhoid Fever) ☎ Scombroid Fish Poisoning ☎ Shiga toxin (detected in feces) 📞 Shigellosis ☎ Smallpox* (Variola) 📞 Syphilis (all stages, including congenital) <i>to STD Reporting</i> 📧 Taeniasis 📧 Tetanus 📧 Transmissible Spongiform Encephalopathies (TSE) 📞 Trichinosis 📞 Tuberculosis <i>to Tuberculosis Reporting</i> 📧 Tularemia, animal ☎ Tularemia*, human 📞 Typhoid Fever (cases and carriers) 📞 Vibrio infections ☎ Viral Hemorrhagic Fevers*, human or animal (e.g. Crimean-Congo, Ebola, Lassa and Marburg viruses) 📞 West Nile Virus (WNV) Infection 📞 Yellow Fever 📞 Yersiniosis 📞 Zika Virus Infection ☎ OCCURRENCE OF ANY UNUSUAL DISEASE ☎ OUTBREAKS OF ANY DISEASE (including diseases not listed in §2500). Specify if institutional and/or open community.
--	---	---

For updates go to <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Public-Health-Reporting.aspx>

*Potential Bioterrorism Agents

effective 2.11.2022

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		First Name /Middle Name (or initial)			Ethnicity (✓one)																									
		DOB		Age		Hispanic/Latino Unknown																								
Email address		MONTH	DAY	YEAR	Non-Hispanic/Non-Latino																									
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:																										
		Female	Not Listed (Specify): _____																											
Area Code	Secondary Phone Number	Trans Male	Patient's Occupation/Setting	DD	MM	YY																								
		Trans Female	Food service Day care Health care School																											
		Unknown	Correctional facility Other _____																											
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Race (✓one)</td> <td>African-American/Black</td> </tr> <tr> <td></td> <td>Asian/Pacific Islander (✓one)</td> </tr> <tr> <td></td> <td>Asian-Indian Japanese</td> </tr> <tr> <td></td> <td>Cambodian Korean</td> </tr> <tr> <td></td> <td>Chinese Laotian</td> </tr> <tr> <td></td> <td>Filipino Samoan</td> </tr> <tr> <td></td> <td>Guamanian Vietnamese</td> </tr> <tr> <td></td> <td>Hawaiian Other _____</td> </tr> <tr> <td></td> <td>Native American/Alaskan Native</td> </tr> <tr> <td></td> <td>White</td> </tr> <tr> <td></td> <td>Other: _____</td> </tr> <tr> <td></td> <td>Unknown</td> </tr> </table>							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
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	Report all non-STD, non-TB, non-HIV to: Communicable Disease Control/SFDPH 25 Van Ness Ave, Suite 500, SF CA 94102 CD Phone: (415) 554-2830 CD Fax: (415) 554-2848 COVID-19 Fax: (628)217-7599 Use: CDPH_SF COVID CMR Email: include 'SECURE' in subject line: send to cdcontrol@sfdph.org STD Fax: (628) 217-6603 TB Fax: (628) 206-4565 HIV: Phone reports only: (628) 217-6335
Month Day Year			
DATE DIAGNOSED	Reporting Health Care Facility		
Month Day Year			
DATE OF DEATH	Address		
Month Day Year			
	City	State ZIP Code	
	Telephone Number	Fax	
	()	()	
	Submitted by	Date Submitted	
		(Month/Day/Year)	

Syphilis	Test Results: Other: _____
Primary (lesion present)	RPR Titer: _____
Secondary	VDRL Titer: _____
Early latent <1year Latent	CSF-VDRL Pos Neg
(unknown duration)	TP-PA Pos Neg
Neurosyphilis Y N UNK	EIA/CLIA Pos Neg
Ocular Syphilis Y N UNK	
Gonorrhea	Disseminated gonococcal infection (DGI)
Specimen Source	
Chlamydia	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		Pos Neg Pend Not Done
Hep A	anti-HAV IgM	
Hep B	HBsAg	
Acute	anti-HBc	
Chronic	anti-HBc IgM	
	anti-HBs	
Hep C	anti-HCV	
Acute	PCR-HCV	
Chronic		
Hep D (Delta)	anti-Delta	
Other: _____		
Suspected Exposure Type		
Blood transfusion	Other needle exposure	Sexual contact
Child care	Other: _____	Household contact

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

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
Cavitary Abnormal/Noncavitary

Bacteriology/Pathology
Accession number _____
Month Day Year
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: _____
Month Day Year
Date Treatment Initiated
Untreated
Will treat
Unable to contact patient
Refused treatment
Referred to: _____

REMARKS _____