

# 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

<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>	
		<b>DOB</b>		<b>Age</b>		Hispanic/Latino
<b>First Name / Middle Name (or initial)</b>		<b>MONTH</b>	<b>DAY</b>	<b>YEAR</b>	Non-Hispanic/Non-Latino	
<b>Address: Number, Street</b>		<b>Apt./Unit Number</b>			<b>Race ( ✓one)</b>	
					African-American/Black	
<b>City / Town</b>		<b>State</b>	<b>ZIP Code</b>	<b>Country of Birth</b>		
					Asian/Pacific Islander ( ✓one)	
<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		Estimated Delivery Date:		
Area Code Secondary Phone Number		Female Not Listed (Specify): _____		DD MM YY		
		Trans Male <b>Patient's Occupation/Setting</b>		Food service Day care Health care School		
		Trans Female		Correctional facility Other _____		
		Unknown		Other _____		
				Native American/Alaskan Native		
				White		
				Other: _____		
				Unknown		

<b>DATE OF ONSET</b>	<b>Reporting Health Care Provider</b>		<b>Medical Record Number</b>	
Month Day Year				
	<b>Reporting Health Care Facility</b>			
	<b>Address</b>			
	<b>City</b>	<b>State</b>	<b>ZIP Code</b>	
	<b>Telephone Number</b>	<b>Fax</b>		
	( ) ( )	( ) ( )		
	<b>Submitted by</b>	<b>Date Submitted</b>		
		(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**

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

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

**REMARKS**