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**	**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**
COVID-19 REPORTING: CMR + LABs **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
❶ Report by electronic transmission (FAX), phone or mail within one working day of identification **7** Report within seven calendar days by FAX, phone or mail

- **7** Anaplasmosis
- **7** Animal bites (mammals only) *to Animal Care*
- ⊘! Anthrax*, human or animal
- ❶ Babesiosis
- ⊘! Botulism* (Infant, Foodborne, Wound, Other)
- **7** Brucellosis, animal (except infections due to *Brucella canis*)
- ⊘! Brucellosis*, human
- ❶ 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)
- **7** Chancroid *to STD Reporting*
- ❶ Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)
- ❶ Chikungunya Virus Infection
- ⊘! Cholera
- ⊘! Ciguatera Fish Poisoning
- **7** Coccidioidomycosis
- ⊘! Coronavirus Disease 2019 (COVID-19) *to COVID-19 Reporting*
- **7** Creutzfeldt-Jakob Disease (CJD)
- ❶ Cryptosporidiosis
- **7** Cyclosporiasis
- **7** Cysticercosis
- ❶ Dengue Virus Infection
- ⊘! Diphtheria
- **7** Disorders Characterized by Lapses of Consciousness
- ⊘! Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
- **7** Ehrlichiosis
- ❶ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- ⊘! *Escherichia coli:* shiga toxin producing (STEC) including *E. coli O157*
- ⊘! Flavivirus infection of undetermined species
- ⊘! Foodborne illness (2 or more cases from different households)
- **7** Giardiasis
- **7** Gonococcal infections (including disseminated) *to STD Reporting*
- ❶ *Haemophilus influenzae*, invasive disease, all serotypes (report an incident in persons less than five years of age)
- ❶ Hantavirus infections
- ⊘! Hemolytic Uremic Syndrome
- ❶ Hepatitis A, acute infection
- **7** Hepatitis B (specify acute, chronic or perinatal)
- **7** Hepatitis C (specify acute, chronic or perinatal)
- **7** Hepatitis D (Delta) (specify acute or chronic)
- **7** Hepatitis E, acute infection
- ⊘ Human Immunodeficiency Virus (HIV), acute infection
- **7** Human Immunodeficiency Virus (HIV), infection, any stage *to HIV Reporting*
- **7** Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS) *to HIV reporting*
- **7** Influenza-associated deaths in laboratory-confirmed cases less than 18 years of age
- ⊘! Influenza, due to novel strains (human)
- **7** Legionellosis
- **7** Leprosy (Hansen Disease)
- **7** Leptospirosis
- ❶ Listeriosis
- **7** Lyme Disease
- ❶ Malaria
- ⊘! Measles (Rubeola)
- ❶ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- ⊘! Meningococcal infections
- ⊘! Middle East Respiratory Syndrome (MERS)
- **7** Mumps
- ⊘! Novel Coronavirus Infection
- ⊘! Novel Virus Infection with Pandemic Potential
- ⊘! Paralytic Shellfish Poisoning
- ❶ Paratyphoid Fever
- -- Parkinson's Disease, Report w/in 90 days to California Parkinson's Disease Registry (CPDR)
- ❶ Pertussis (Whooping Cough)
- **7** Pesticide-related illness or injury (known or suspected cases) *to Environmental Health Services*
- ⊘! Plague*, human or animal
- ❶ Poliovirus infection
- ❶ Psittacosis
- ❶ Q Fever
- ⊘! Rabies, human or animal
- ❶ Relapsing Fever
- **7** Respiratory Syncytial Virus-associated deaths in laboratory-confirmed cases 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 Syndrome, Congenital
- ❶ Salmonellosis (other than Typhoid Fever)
- ⊘! Scombroid Fish Poisoning
- ⊘! Shiga toxin (detected in feces)
- ❶ Shigellosis
- ⊘! Smallpox* (Variola)
- ❶ Syphilis (all stages, including congenital) *to STD Reporting*
- **7** Taeniasis
- **7** Tetanus
- **7** Transmissible Spongiform Encephalopathies (TSE)
- ❶ Trichinosis
- ❶ Tuberculosis *to Tuberculosis Reporting*
- **7** Tularemia, animal
- ⊘! Tularemia*, human
- ❶ Typhoid Fever (cases and carriers)
- ❶ Vibrio infections
- ⊘! Viral Hemorrhagic Fevers*, human or animal (e.g. Crimean-Congo, Ebola, Lassa and Marburg viruses)
- ❶ West Nile Virus (WNV) Infection
- ❶ Yellow Fever
- ❶ Yersiniosis
- ❶ 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 July 2020

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**

First Name / Middle Name (or initial) | **DOB** MONTH / DAY / YEAR | **Age**

Address: Number, Street | **Apt./Unit Number**

City / Town | **State** | **ZIP Code** | **Country of Birth**

Phone Number
Area Code Primary Phone Number ( ) – –
Area Code Secondary Phone Number ( ) – –

Gender (Please Check One)
☐ Male ☐ Genderqueer/Gender Non-Binary
☐ Female ☐ Not Listed (Specify): _____
☐ Trans Male
☐ Trans Female
☐ Unknown

Pregnant? Y ☐ N ☐ UNK ☐
Estimated Delivery Date: DD MM YY

Patient's Occupation/Setting
☐ Food service ☐ Day care ☐ Health care ☐ School
☐ Correctional facility ☐ Other _____

Ethnicity (✓one)
☐ Hispanic/Latino ☐ Unknown
☐ Non-Hispanic/Non-Latino

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 Month Day Year

DATE DIAGNOSED Month Day Year

DATE OF DEATH Month Day Year

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, SF CA 94102
CD Phone: (415) 554-2830
CD Fax: (415) 554-2848
COVID-19 Fax: (628)217-7599
Email: include 'SECURE' in subject line: send to both cdcontrol@sfdph.org and trace@sfdph.org

STD Fax: (415) 431-4628
TB Fax: (628) 206-4565
HIV: Phone reports only: (628) 217-6335

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
☐ Gonorrhea
☐ LGV
(Suspect)

Specimen Source
☐ Pharyngeal ☐ Urine
☐ Rectal ☐ Vaginal
☐ 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

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: _____

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** ☐ **Chronic**	PCR-HCV	☐	☐	☐	☐
☐ **Hep D (Delta)**	anti-Delta	☐	☐	☐	☐
☐ **Other:** _____		☐	☐	☐	☐

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
☐ PPD/TST
Date Performed Month Day Year
Results: _____

Chest X-Ray
Date Performed Month Day Year
☐ Normal ☐ Attach all results to CMR
☐ Cavitary ☐ Abnormal/Noncavitary

Bacteriology/Pathology
Accession number _____
Date Specimen Collected Month Day Year
Source: _____
Smear: ☐ Pos ☐ Neg ☐ Pending
Culture: ☐ Pos ☐ Neg ☐ Pending
☐ Pathology suggests TB
Other test(s) _____

TB TREATMENT INFORMATION
☐ **Current Treatment**
☐ INH ☐ RIF ☐ PZA
☐ EMB ☐ Other: _____
Date Treatment Initiated Month Day Year

☐ **Untreated**
☐ Will treat
☐ Unable to contact patient
☐ Refused treatment
☐ Referred to: _____

REMARKS