**County of Riverside**
**Department of Public Health**

**DISEASE REPORTING REQUIREMENTS**

### DISEASES TO BE REPORTED IMMEDIATELY BY TELEPHONE

- **ANTHRAX, human or animal**
- **INFLUENZA, novel strains (Human)**
- **BOTULISM (Infant, Foodborne, Wound)**
- **BRUCELLOSIS, human**
- **CHOLERA**
- **CIGUATERA FISH POISONING** (Community acquired only)
- **DENUE**
- **DIPHTHERIA**
- **DOMOC ACID POISONING** (Amnesic shellfish poisoning)
- **ESCHERICHIA COLI:** shiga toxin producing (STEC) including *E. coli* O157 +
- **HANTAVIRUS INFECTION**
- **HEMOLYTIC UREMIC SYNDROME**
- **MEASLES (Rubella) +**
- **MENINGOCOCCAL INFECTION**
- **PARALYTIC SHELLFISH POISONING**
- **Plague, Human or Animal +**
- **RABIES, Human or Animal +**
- **SCOMBROID FISH POISONING**
- **SEVERE ACUTE RESPIRATORY SYNDROME (SARS)**
- **SHIGA TOxin (detected in feces)**
- **SMALLPOX (Variola)**
- **TULAREMIA, human**
- **VIRAL HEMORRHAGIC FEVERS, human or animal** (e.g., Crimean-Congo, Ebola, Lassa and Marburg Viruses)
- **YELLOW FEVER**
- **OCCURRENCE OF ANY UNUSUAL DISEASE OUTBREAKS OF ANY DISEASE** (including Foodborne and any diseases not listed in Section 2500. Specify if institutional and/or community setting. Two or more cases from separate households = an outbreak.)

### DISEASES OR SUSPECTED DISEASES TO BE REPORTED WITHIN ONE DAY OF IDENTIFICATION

- **AMEBIASIS**
- **BABESIOSIS**
- **CAMPYLOBACTERIOSIS**
- **CHICKEN POX (Only Hospitalizations and Deaths)**
- **CRYPTOSPORIDIOSIS**
- **ENCEPHALITIS+** Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- **FOODBORNE DISEASE**
- **HAEMOPHILUS INFLUENZAE**, Invasive Disease in cases < 15 years of age
- **HEPATITIS A**, acute infection +
- **LISTERIOSIS+**
- **MALARIA+**
- **MENINGITIS, Specify Etiology:** Viral, Bacterial, Fungal, Parasitic
- **PERTUSSIS (Whooping cough)**
- **POLIOVIRUS INFECTION**
- **PSITTACOSIS**
- **RELAPSING FEVER**
- **SALMONELLOSIS** (Other than Typhoid Fever)
- **SHIGELLOSIS**
- **STAPHYLOCOCCUS AUREUS** infection (Severe cases in previously healthy people resulting in death or admission to ICU)
- **STREPTOCOCCUS PYOGENES**
- **SYNDROME**: (HIV infection only, see Human Immunodeficiency Virus)**
- **TUBERCULOSIS**: +
- **TRICHOCYTOPHORUS**
- **TRICHRYSIS**
- **TYPHID FEVER**
- **WEST NILE VIRUS** (WNV) infection, acute +
- **YERSINIOSIS**

### DISEASES TO BE REPORTED WITHIN SEVEN CALENDAR DAYS

- **ACQUIRED IMMUNE DEFICIENCY SYNDROME** (AIDS) (HIV infection only, see Human Immunodeficiency Virus)**
- **ANAPLASMOsis/ehrlichiosis**
- **BRUCELLOSIS, animal (except dogs)**
- **CHANCROID**
- **CHLAMYDIA TRACHOMATIS** Infection+ including Lymphogranuloma Venereum (LGV) COCCIDIODOMYCOsis
- **CREUTZFELDT-JAKOB DISEASE** (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
- **CYCLOSPORA**
- **CYSTICERCOSIS OR TAENIASIS**
- **GIARDIASIS**
- **GONOCOCCAL INFECTION**
- **HEPATITIS B** (Specify acute case or chronic) +
- **HEPATITIS C** (Specify acute case or chronic) +
- **HEPATITIS D** (Delta), acute infection +
- **HEPATITIS E, acute infection**
- **HUMAN IMMUNODEFICIENCY VIRUS (HIV)**
- **INFLUENZA** (Deaths in laboratory-confirmed cases for ages 0-64 years)
- **LEGIONELLOSIS**
- **LEPROSY** (Hansen’s Disease)
- **LEPTOSPIROSIS**
- **LYME DISEASE**
- **MUMPS**
- **PELVIC INFLAMMATORY DISEASE** (PID)
- **RICKETSIAL DISEASES** (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illness
- **ROCKY MOUNTAIN SPOTTED FEVER**
- **RUBELLA** (German Measles)
- **RUBELLA SYNDROME, Congenital**
- **TETANUS**
- **TOXIC SHOCK SYNDROME**
- **TULAREMIA, animal**
- **TRICHOMONIASIS**
- **TRICHOMONIASIS**
- **VIBRIO INFECTION**

### REPORTABLE NON-COMMUNICABLE DISEASES AND CONDITIONS

- **ALZHEIMER’S DISEASE AND RELATED CONDITIONS**
- **ANIMAL BITE (SEE REVERSE)**
- **DISORDERS CHARACTERIZED BY Lapses of CONSCIOUSNESS (SEE REVERSE)**
- **PESTICIDE EXPOSURE** (SEE REVERSE)

* Essential to include occupation
+ Must also be reported by Laboratories
1 Viral Hepatitis: All Hepatitis reports must include lab results and the date of onset. Hepatitis A: include occupation. Hepatitis B: if pregnant, include EDC.
2 Please differentiate Acute Hepatitis C cases on the CMR. Chronic Hepatitis C indicated by positive anti-HCV test in an asymptomatic person should still be reported, and should include confirmatory test results and supporting labs.
3 Special Requirements for TB:
   1. Health care provider is responsible for reporting TB results from out-of-state labs.
   2. Laboratories that isolate *Mycobacterium tuberculosis* from a patient’s specimen must follow requirements for submission of a culture to the Public Health Lab and drug susceptibility testing (Copy of requirements available upon request).
   3. Active or suspected cases require approval of the Health Officer (or designee) prior to discharge/transfer from a health care facility.
   4. Newly infected persons listed below must be reported:
      a. **TB Converters:** Those with an increase in the size of the tuberculin reaction by at least 10 mm of induration within 2 years from a documented negative to positive TST, or those who have a documented negative IGRA followed by a positive IGRA within a 2 year period.
      b. Children 3 years of age or younger with a positive TB skin test (5mm or greater).

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State law requires that health care providers report diseases of public health importance. Physicians, nurses, dentists, coroners, laboratory directors, school officials and other persons knowing of a CASE OR SUSPECTED CASE of any of the following diseases or conditions are required to report them to the local Department of Public Health.

- §2500(b) It shall be the duty of every health care provider, knowing or in attendance on a case or suspected case of any of the diseases or conditions listed on the front, 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 on the front 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 health officer.
- §2500(a)(14) “Health care provider” means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner or dentist.

**HOW TO REPORT ALL DISEASES, EXCEPT HIV/AIDS:**

**Extremely urgent conditions:** (i.e., Anthrax, Botulism, Brucellosis, Cholera, Dengue, Diphtheria, Outbreaks of any kind - including Foodborne, Plague, Rabies, Relapsing Fever, and Smallpox) are to be reported immediately by telephone, 24 hours a day, to the appropriate number.

**Urgent conditions:** Foodborne illnesses should be reported by telephone or fax within one (1) working day of identification of the case or suspected case.

**Non-urgent conditions:** are to be reported within seven (7) calendar days from the time of identification.

Although it is not mandatory at this time, health care providers are encouraged to enroll in the California Reportable Disease Exchange (CalREDIE) and submit reports electronically.

The appropriate Confidential Morbidity Report (CMR) form must be completely filled out. All of the requested information is essential, including the lab information for selected diseases. All phone, fax, and mailed reports are to be made to the Disease Control Office, with the following exceptions: Reports of sexually transmitted diseases are to be faxed to (951) 358-6007 or mailed to the STD Program Office.

Confidential Morbidity Report (CMR) forms are available online at [www.rivco-diseasecontrol.org](http://www.rivco-diseasecontrol.org).

### HOW TO REPORT ALL HIV/AIDS CASES:

Mail in a double envelope stamped “Confidential” TO:

**HIV/AIDS Program/Surveillance Unit**
P. O. Box 7600
Riverside, CA 92513-7600

ALWAYS use CDPH form 8641-A rev. 05/13 (Adult), CDPH form 8641-P rev. 05/07(Pediatric) Confidential Case Report

*It is recommended that reports are sent via Certified or Registered mail for tracking purposes.*

**FAXING IS NOT ALLOWED FOR HIV/AIDS CASES**

PHONE#: (951) 358-5307 / 1-800-243-7275

### ANIMAL BITE:
Animal bites by a species subject to rabies are reportable in order to identify persons potentially requiring prophylaxis for rabies. Additionally, vicious animals identified may be controlled by this regulation and local ordinances (California Administration Code, Title 17, Sections 2606 et seq.: Health and Safety Code Sections 121575-120435). Reports can be filed with the local Animal Control Agency or Humane Society. The County Animal Control office may assist in filing your report. Call (951) 358-7327 or (951) 358-7387. Report form is available at [www.rivco-diseasecontrol.org](http://www.rivco-diseasecontrol.org)

### PESTICIDE EXPOSURE:
The Health and Safety Code, Section 105200, requires that a physician who knows or who has reason to believe that a patient has a pesticide-related illness or condition must report the case to the local County Health Office by phone within 24 hours. For occupational exposure there is an additional requirement to send the “Doctor’s First Report of Occupational Injury or Illness” to the Department of Public Health within 7 days. Phone reports may be made to (951) 358-5107; or faxed to (951) 358-5102. Copies of the required report forms (OEH-700 [Rev. 9/06] and California Form 5021 [Rev. 4] 1992) may be obtained from the same office.

Report form is available at [http://www.oehha.ca.gov/pesticides/programs/Pestrpt.html](http://www.oehha.ca.gov/pesticides/programs/Pestrpt.html)

### REPORTING DISORDERS CHARACTERIZED BY LAPSES OF CONSCIOUSNESS:
Health and Safety Code 103900 requires: Every physician and surgeon shall report immediately to the local health officer in writing, the name, date of birth, and address of every patient at least 14 years of age or older whom the physician and surgeon has diagnosed as having a case of a disorder characterized by lapses of consciousness. However, if a physician and surgeon reasonably and in good faith believes that the reporting of a patient will serve the public interest, he or she may report a patient’s condition even if it may not be required under the department’s definition of disorders characterized by lapses of consciousness pursuant to subdivision (d).

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