

**County of Riverside Community Health Agency**  
**Department of Public Health**  
DISEASE REPORTING REQUIREMENTS

DISEASES TO BE REPORTED IMMEDIATELY BY TELEPHONE

ANTHRAX	<i>ESCHERICHIA COLI</i> : shiga toxin producing (STEC) including <i>E. coli</i> O157 *+	SEVERE ACUTE RESPIRATORY SYNDROME (SARS)
AVIAN INFLUENZA (Human)	HANTAVIRUS INFECTION	SHIGA TOXIN (detected in feces)
BOTULISM (Infant, Foodborne, Wound)	HEMOLYTIC UREMIC SYNDROME	SMALLPOX (Variola)
BRUCELLOSIS	MENINGOCOCCAL INFECTION	TULAREMIA
CHOLERA*	PARALYTIC SHELLFISH POISONING	VIRAL HEMORRHAGIC FEVERS (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
CIGUATERA FISH POISONING (Community acquired only)	PLAGUE, Human or Animal +	YELLOW FEVER
DENGUE	RABIES, Human or Animal +	OCCURENCE OF ANY UNUSUAL DISEASE
DIPHThERIA+	SCOMBROID FISH POISONING	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.)
DOMOIC ACID POISONING (Amnesic shellfish poisoning)		

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

AMEBIASIS*	MEASLES (Rubeola) +	SYPHILIS+
BABESIOSIS	MENINGITIS, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	TRICHINOSIS
CAMPYLOBACTERIOSIS*	PERTUSSIS (Whooping cough)	TUBERCULOSIS*+ <sup>3</sup>
CHICKEN POX (Only Hospitalizations and Deaths)	POLIOVIRUS INFECTION	TYPHOID FEVER, Cases and Carriers*+
COLORADO TICK FEVER	PSITTACOSIS	<i>VIBRIO</i> INFECTION *+
CRYPTOSPORIDIOSIS+	Q FEVER	WATER-ASSOC. DISEASE [e.g. Swimmer's Itch (Schistosomal Dermatitis) or Hot-Tub Rash]
ENCEPHALITIS+, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	RELAPSING FEVER	WEST NILE VIRUS (WNV) infection+
FOODBORNE DISEASE	SALMONELLOSIS (Other than Typhoid Fever)*	YERSINIOSIS
<i>HAEMOPHILUS INFLUENZAE</i> , Invasive Disease (in cases < 15 years of age)	SHIGELLOSIS*	
HEPATITIS A* <sup>1</sup> +	<i>STAPHYLOCOCCUS AUREUS</i> infection (Severe cases in previously healthy people resulting in death or admission to ICU)	
LISTERIOSIS+	STREPTOCOCCAL INFECTION (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only *)	
MALARIA+		

DISEASES TO BE REPORTED WITHIN SEVEN CALENDAR DAYS

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) (HIV Infection only, see Human Immunodeficiency Virus)	GONOCOCCAL INFECTION+	MUMPS
ANAPLASMOSIS/EHRlichiosis	HEPATITIS, Viral	PELVIC INFLAMMATORY DISEASE (PID)
CHANCROID	HEPATITIS B (Specify acute case or chronic) <sup>1</sup> *+	RHEUMATIC FEVER, Acute
<i>CHLAMYDIA TRACHOMATIS</i> Infection+ including Lymphogranuloma Venereum (LGV)	HEPATITIS C (Specify acute case or chronic) <sup>2</sup>	ROCKY MOUNTAIN SPOTTED FEVER
COCCIDIOIDOMYCOSIS	HEPATITIS D (Delta) <sup>1</sup>	RUBELLA (German Measles)
CREUTZFELDT-JAKOB DISEASE (CJD) and other Transmissible Spongiform Encephalopathies (TSE)	HEPATITIS, Other, acute <sup>1</sup>	RUBELLA SYNDROME, Congenital
CYSTICERCOSIS OR TAENIASIS	HUMAN IMMUNODEFICIENCY VIRUS (HIV)	TETANUS
GIARDIASIS	INFLUENZA (Deaths in individuals < 18 years)	TOXIC SHOCK SYNDROME
	KAWASAKI SYNDROME (Mucocutaneous Lymph Node Syndrome)	TYPHUS FEVER
	LEGIONELLOSIS	
	LEPROSY (Hansen Disease)	
	LEPTOSPIROSIS	
	LYME DISEASE+	

REPORTABLE NON-COMMUNICABLE DISEASES AND CONDITIONS

ALZHEIMER'S DISEASE AND RELATED CONDITIONS	CANCER (SEE REVERSE)	PESTICIDE EXPOSURE (SEE REVERSE)
ANIMAL BITE (SEE REVERSE)	DISORDERS CHARACTERIZED BY LAPSES OF CONSCIOUSNESS	

\* Essential to include occupation

+ Must also be reported by Laboratories

<sup>1</sup> Viral Hepatitis: All Hepatitis reports must include lab results and the date of onset. Hepatitis A: include occupation. Hepatitis B: if pregnant, include EDC.

<sup>2</sup> 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.

<sup>3</sup> 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. Positive TB skin test reactors listed below must be reported:
  - a) TB Skin Test (TST) Converters: An increase of at least 10 mm of induration from <10 mm to ≥10 mm within two years from a documented negative to positive TST.
  - b) Children 3 years of age or younger with a positive TB skin test (5mm or greater).

**Title 17, California Code of Regulations (CCR) §2500, §2593, §2641-2643, and §2800-2812  
Reportable Diseases and Conditions**

**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 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 disease 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 Small Pox) are to be reported immediately by telephone, 24 hours a day, to the appropriate number listed below. 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.

Confidential Morbidity Report (CMR) forms 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 in Riverside, with the following exceptions: Reports of Syphilis and Lymphogranuloma Venereum (LGV) in Eastern Riverside County (from Palm Springs to Blythe) can be faxed in the Indio office. Reports of Pelvic Inflammatory Disease (PID), Chlamydial and Gonococcal infection in Eastern Riverside County can be faxed or mailed to the Indio office.

To order CMR forms, contact the Riverside office listed below. Forms are also available online at [www.rivco-diseasecontrol.org](http://www.rivco-diseasecontrol.org).

<b><u>RIVERSIDE</u></b>	<b><u>Disease Control Branch</u></b>	<b><u>INDIO</u></b>	<b><u>Disease Control Branch</u></b>
<b>Phone: (951) 358-5107</b>	P.O. Box 7600	<b>Phone: (760) 863-8182</b>	47-923 Oasis St.
<b>Confidential FAX: (951) 358-5102</b>	Riverside, CA 92513-7600	<b>Confidential FAX: (760) 863-8183</b>	Indio, CA 92201

**NIGHT AND WEEKEND EMERGENCIES - (951) 782-2974**

**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**

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

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

**ALWAYS USE CDPH FORM 8641-A rev. 12/09 (Adult), CPDH FORM 8641- P (Pediatric) CONFIDENTIAL CASE REPORT**

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

**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 358-5266; OR faxed to (951) 358-5102 or 358-5446; 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>

**CANCER REPORTING:** Under state law (Chapter 841, Statutes of 1985) invasive or in situ malignancies (including CIN III of the cervix), except basal and squamous cell carcinomas of the skin, diagnosed on or after June 1, 1988 which have not been admitted to a California hospital for diagnosis or treatment of cancer, and will not be referred to a California hospital for diagnosis or treatment must be reported to the County Health Department on a Confidential Morbidity Report (CMR) form. For additional information on cancer reporting requirements, please contact the Region 5 Cancer Surveillance Program at (909) 558-6170, address is: 11368 Mountain View Ave. Suite C, Loma Linda, CA 92354.