



October 3, 2019

Dear Healthcare Provider,

The California Department of Public Health recently updated the Title 17 Section 2500 List of Reportable Diseases and Conditions for healthcare providers that went into effect on October 1, 2019.

Attached you will find a [letter with the changes in the reportable conditions](#) that have been either removed, added, reworded, and/or have altered the timing of the reporting requirements.

Public Health has made these changes to our [Reportable Disease List](#) that is color coded for easy identification of reporting requirements; see attached. Also attached, please find a list of frequently asked questions (FAQs) that your staff may find helpful.

Consider bookmarking the [link](#) to the Shasta County Confidential Morbidity Report (CMR) so it is readily available when reporting needs arise. Also stay tuned to your organization's plans to implement electronic case reporting (eCR), which will replace the need to submit faxed CMRs when implemented.

Thank you for assisting us with preventing illness by reporting communicable diseases to Shasta County Health and Human Services Agency, Public Health Branch.

Sincerely,

A handwritten signature in black ink that reads "Karen C. Ramstrom DO, MSPH".

Karen Ramstrom, DO, MSPH

Shasta County Health Officer

Attachments: Reporting Responsibility FAQs

CDPH Title 17 Section 2500 letter

Shasta County Updated List of Reportable Diseases



HEALTHCARE PROVIDER DISEASE REPORTING RESPONSIBILITIES: FAQs

California Title 17 mandates that healthcare providers report specific diseases/conditions within specified time limits to public health (see attached list of Title 17 conditions and mandated times).

WHO MUST REPORT?

- Healthcare provider is defined in the law as a physician and surgeon, veterinarian, podiatrist, nurse practitioner, physician assistant, registered nurse, nurse midwife, school nurse, infection control practitioner, medical examiner, coroner, or dentist.
- The law says *any* healthcare provider “knowing of or in attendance on a case or suspected case” of any disease or condition on the list must fill out a Confidential Morbidity Report (CMR) for the health department. This means that it is *not* only the responsibility of the patient’s primary provider to do so, but that of any and all healthcare providers of that patient who have knowledge of a reportable disease or condition.
- At hospitals, clinics, other facilities, or practices with more than one provider, the administrator is responsible for administrative procedures to assure that reporting occurs.

TO WHOM DO I REPORT?

- For Shasta County residents, specifically, reports must be made to Shasta County Health & Human Services Agency, Public Health Branch. For non-residents, reports must be made to the local health jurisdiction where the patient resides.

WHAT INFORMATION MUST I REPORT?

- In California, providers are required to complete the CMR for all reportable diseases/conditions. All relevant fields should be completed, especially:
 - ✓ The disease/condition being reported
 - ✓ Demographic & identifying information to allow Public Health to contact the patient for follow-up purposes (name, address, phone number, date of birth or age, sex, race and ethnicity of the patient)
 - ✓ The diagnosis date
 - ✓ Lab tests conducted and their results (lab reports can be sent in addition to the CMR)

WHY MUST I REPORT?

- Reporting is vital to protect public health. This information is used to interrupt disease transmission (e.g. educate patients, implement isolation and quarantine, confirm adequate treatment of pregnant syphilis cases) and control common exposures (e.g. close a restaurant, spray for mosquitoes). In addition, public health may search for others at risk to ensure they receive appropriate prophylaxis or treatment.
- Reporting is the basis of US communicable disease surveillance. Local and state health departments and CDC use these reports to compile information about risk factors for diseases, to evaluate the effectiveness of public health programs, and to form treatment and vaccination guidelines.
- It is required by state law.

WHEN MUST I REPORT?

- It depends on the disease/condition. Some are required to be reported immediately, others within 24 hours or 7 days. See the accompanying list.

WHAT CAN HAPPEN IF I DO NOT REPORT?

- Providers and facilities that fail to report mandated diseases or conditions timely may be cited or fined.



SUSAN FANELLI
Acting Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

September 13, 2019

Dear Healthcare Provider Colleagues,

The California Department of Public Health (CDPH), in consultation with the California Conference of Local Health Officers, recently updated Title 17 section 2500 of the California Code of Regulations. Section 2500 specifies that healthcare providers must report all cases of the listed diseases and conditions to the local health department within the specified timeframe. The updated 2500 diseases and condition list is posted on the CDPH Division of Communicable Disease Control website (link: [Reportable Diseases and Conditions](#)).

This letter is to inform you of these changes and to remind you of the reporting requirements outlined in this section. These changes, which go into effect October 1, 2019, are summarized below.

Changes to List of Reportable Diseases and Conditions

- The following have been **removed** and are no longer required to be reported to the local health department:
 - **Amebiasis**
 - ***Chlamydia trachomatis* infections**, including lymphogranuloma venereum (LGV). Note that *Chlamydia trachomatis* infections will continue to be reported by laboratories.
 - **Streptococcal Infections** (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)

- The following have been **added** and are now required to be reported to the local health department:
 - **Human Immunodeficiency Virus (HIV) infection, any stage** – *report within seven (7) calendar days*
 - **Middle East Respiratory Syndrome (MERS)** – *report immediately by telephone*
 - **Paratyphoid Fever** – *report within one working day*

- The following have been **reworded** for clarity:
 - **Hepatitis B (specify acute case or chronic)** reworded to **Hepatitis B (specify acute, chronic, or perinatal)**
 - **Hepatitis C (specify acute case or chronic)** reworded to **Hepatitis C (specify acute, chronic, or perinatal)**
 - **Human Immunodeficiency Virus (HIV) infection, stage 3 (AIDS)** reworded to **Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS)**

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- **Influenza, novel strains (human)** reworded to **Influenza due to novel strains (human)**
- **Respiratory syncytial virus (only report a death in a patient less than five years of age)** reworded to **Respiratory syncytial virus-associated deaths in laboratory-confirmed cases less than five years of age**
- **Syphilis** reworded to **Syphilis (all stages, including congenital)**
- The following have a **change in reporting requirement**:
 - **Dengue virus infection** now required to be reported within one working day of identification (previously immediately reportable)
 - **Escherichia coli: shiga toxin producing (STEC) including E. coli O157** now required to be reported within one working day of identification (previously immediately reportable)
 - **Influenza-associated deaths in laboratory confirmed cases** now only reportable in persons less than 18 years of age (previously ages 0-64)
 - **Yellow Fever** now required to be reported within one working day of identification (previously immediately reportable)
 - **Zika virus infection** now required to be reported within one working day of identification (previously immediately reportable)

Changes to Content of Reports

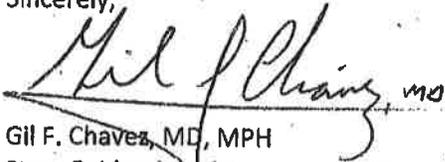
- The following changes have been made to what information must be reported:
 - Sex changed to gender
 - Pregnancy status now required to be reported (if known)
 - Complications of gonorrhea or chlamydia infections no longer included

Changes to Definitions

- Several of the definitions of Section 2500 have been updated. These include the definition for Case, Drug susceptibility testing, Epidemiologically linked case, Foodborne disease, Foodborne disease outbreak, Laboratory findings, Outbreak, Sexually Transmitted Diseases, Suspected case, and Waterborne disease outbreak.

Thank you for your timely and complete reporting of notifiable diseases. You are a vital part of California's ability to detect and timely respond to infectious disease threats.

Sincerely,



Gil F. Chavez, MD, MPH
State Epidemiologist
Deputy Director for Infectious Diseases
California Department of Public Health



Urgency Reporting Requirement:

- = Report immediately by telephone
- = Report by telephone within 1 working day of identification.
- = Report by FAX, telephone, or mail within 1 working day of identification.
- = Report within 7 calendar days from the time of identification by FAX, telephone, or mail.

REPORTABLE COMMUNICABLE DISEASES AND CONDITIONS

Title 17, California Code of Regulations (CCR) § 2500, § 2593, § 2641-2643, § 2800-2812

<ul style="list-style-type: none"> Anaplasmosis Anthrax: Human or animal Babesiosis Botulism: Infant, Foodborne, or Wound Brucellosis: Animal, (except infections due to <i>Brucella canis</i>) Brucellosis: Human Campylobacteriosis Chancroid Chicken Pox (Varicella): outbreaks, hospitalizations, and deaths Chikungunya Virus Infection Cholera Ciguatera Fish Poisoning Coccidioidomycosis Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE) Cryptosporidiosis Cyclosporiasis Cysticercosis or Taeniasis Dengue Virus Infection Diphtheria Domoic Acid Poisoning (Amnesic Shellfish Poisoning) Ehrlichiosis Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic Escherichia coli: shiga toxin producing including <i>E. coli</i> 0157 Flavivirus infection: of undetermined species Foodborne Disease Giardiasis Gonococcal Infections <i>Haemophilus Influenzae</i>: invasive disease, all serotypes in children less than 5 yrs old Hantavirus Infections Hemolytic Uremic Syndrome 	<ul style="list-style-type: none"> Hepatitis A: acute infections Hepatitis B: specify acute, chronic, or perinatal Hepatitis C: specify acute, chronic, or perinatal Hepatitis D (Delta): specify acute or chronic Hepatitis E: acute infections Human Immunodeficiency Virus (HIV): acute infection Human Immunodeficiency Virus (HIV): progression to stage 3 (AIDS) Human Immunodeficiency Virus (HIV): any stage Influenza deaths: laboratory confirmed cases (less than 18 yrs old) 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 Virus Infection with Pandemic Potential Paralytic Shellfish Poisoning Paratyphoid Fever Pertussis (Whooping Cough) Plague: Human or Animal Poliovirus Infection Psittacosis 	<ul style="list-style-type: none"> Q Fever Rabies: Human or Animal Relapsing Fever Respiratory Syncytial Virus: associated deaths in laboratory-confirmed cases in children less than 5 yrs old 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 Tetanus Trichinosis Tuberculosis Tularemia: human Tularemia: animals Typhoid Fever: Cases and Carriers <i>Vibrio</i> Infections Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses) West Nile Virus Infection (WNV) Yellow Fever Yersiniosis Zika Virus Infection <p> OCCURRENCE of ANY UNUSUAL DISEASE</p> <p> OUTBREAKS of ANY DISEASE (Including diseases not listed in §2500). Specify if institutional and/or open community.</p>
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Reportable Non-Communicable Diseases and Conditions

<ul style="list-style-type: none"> 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 (CCR § 2593) 	<ul style="list-style-type: none"> Disorders Characterized by Lapses of Consciousness (CCR § 2800-2812) 	<ul style="list-style-type: none"> Pesticide-Related Illness or Injury (Health & Safety Code § 105200)
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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 above 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 above may make such a report. "Health care provider" encompasses physicians, surgeons, veterinarians, podiatrists, nurse practitioners, physician assistants, registered nurses, nurse midwives, school nurses, infection control practitioners, medical examiners, coroners, dentists and chiropractors.

**To report a case or outbreak of any disease contact Shasta County HHSA – Public Health Branch
Phone (530) 225-5591 Fax (530) 225-5074**

<https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph110a.pdf>

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