

**County of Riverside
RUHS Public Health**

DISEASE REPORTING REQUIREMENTS

DISEASES TO BE REPORTED IMMEDIATELY BY TELEPHONE

ANTHRAX, human or animal+	<i>ESCHERICHIA COLI</i> : shiga toxin producing (STEC) including <i>E. coli</i> O157 *+	SHIGA TOXIN (detected in feces)+
BOTULISM (Infant, Foodborne, Wound)+	HEMOLYTIC UREMIC SYNDROME	SMALLPOX (Variola)+
BRUCELOSIS, human +	INFLUENZA NOVEL STRAINS,(human)+	TULAREMIA, human+
BRUCELOSIS, animal(except infections due to <i>Brucella canis</i>)+	MEASLES (Rubeola) +	VIRAL HEMORRHAGIC FEVERS, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg Viruses) +
CHOLERA*	MENINGOCOCCAL INFECTION	YELLOW FEVER+
CIGUATERA FISH POISONING (Community acquired only)	NOVEL VIRUS INFECTION with pandemic potential**	ZIKA VIRUS INFECTION+
DENGUE+	PARALYTIC SHELLFISH POISONING	OCCURENCE OF ANY UNUSUAL DISEASE
DIPHTHERIA+	PLAGUE, Human or Animal +	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)	RABIES, Human or Animal +	
	SCOMBROID FISH POISONING	

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

AMEBIASIS*	HEPATITIS A, acute infection * ¹ +	SALMONELLOSIS (Other than Typhoid Fever)*+
BABESIOSIS+	HUMAN IMMUNODEFICIENCY VIRUS (HIV),	SHIGELLOSIS*+
CAMPYLOBACTERIOSIS*+	ACUTE INFECTION++	STREPTOCOCCAL INFECTIONS (Outbreaks of any type and individual cases in Food Handlers and Dairy Workers only)
CHICKEN POX (Only Hospitalizations and Deaths)	LISTERIOSIS+	SYPHILIS+
CHIKUNGUNYA+	MALARIA+	TRICHINOSIS+
CRYPTOSPORIDIOSIS+	MENINGITIS, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	TUBERCULOSIS* ³
ENCEPHALITIS+, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	PERTUSSIS (Whooping cough)+	TYPHOID FEVER, Cases and Carriers*+
FOODBORNE DISEASE	POLIOVIRUS INFECTION+	VIBRIO INFECTION *+
<i>HAEMOPHILUS INFLUENZAE</i> , Invasive Disease	PSITTACOSIS+	WEST NILE VIRUS (WNV) infection, acute +
<u>all serotypes</u> (report an incident of < 5 years of age)+	Q FEVER+	YERSINIOSIS+
HANTAVIRUS INFECTION+	RELAPSING FEVER+	

DISEASES TO BE REPORTED WITHIN SEVEN CALENDAR DAYS

ANAPLASMOSIS+	GONOCOCCAL INFECTION	LEPROSY (Hansen's Disease)+
BRUCELOSIS, animal (except dogs) +	HEPATITIS B (Specify acute case or chronic) ^{1*} ++	LEPTOSPIROSIS+
CHANCROID+	HEPATITIS C (Specify acute case or chronic) ² +	LYME DISEASE
<i>CHLAMYDIA TRACHOMATIS</i> Infection+ including Lymphogranuloma Venereum (LGV)	HEPATITIS D (Delta)(Specify acute case or chronic) ¹ +	MUMPS+
COCCIDIOIDOMYCOSIS+	HEPATITIS E, acute infection ¹ +	RESPIRATORY SYNCYTIAL VIRUS (RSV) (only report deaths in a patient < 5 years of age)
CREUTZFELDT-JAKOB DISEASE (CJD) and other Transmissible Spongiform Encephalopathies (TSE)	HUMAN IMMUNODEFICIENCY VIRUS (HIV), (Non-acute infection)	RICKETTSIAL DISEASES (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illness)+
CYCLOSPORIASIS+	HUMAN IMMUNODEFICIENCY VIRUS (HIV) HIV stage 3 (formerly AIDS)	ROCKY MOUNTAIN SPOTTED FEVER+
CYSTICERCOSIS OR TAENIASIS	INFLUENZA (Deaths in laboratory-confirmed cases for ages 0-64 years)	RUBELLA (German Measles)+
EHRlichiosis+	LEGIONELLOSIS+	RUBELLA SYNDROME, Congenital
GIARDIASIS+		TETANUS
		TULAREMIA, animal+

REPORTABLE NON-COMMUNICABLE DISEASES AND CONDITIONS

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

* 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).
 ** Pandemic potential: The potential ability of a pathogen to spread easily and efficiently in the human population, crossing international borders, and usually affecting many people. Such pathogens may be associated with severe illness and death.
 ++ Acute HIV Infection: Detectable HIV-1 RNA or p24 antigen in serum or plasma in the setting of a negative or indeterminate HIV-1 antibody test result for patients tested using a currently approved HIV test algorithm, as defined in section 2641.57.
 *** Locally reportable by order of the Riverside County Public Health Officer

**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 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 CASES:

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.

Disease Control
P.O. Box 7600
Riverside, CA 92513-7600
Phone: (951) 358-5107
Confidential Fax: (951) 358-5102

HIV/STD Program
P.O. Box 7600
Riverside, CA 92513-7600
Phone: (951) 358-7820
Fax: (951) 358-6007

NIGHT AND WEEKEND EMERGENCIES (951) 782-2974

HOW TO REPORT ALL HIV CASES:

Mail in a double envelope stamped "Confidential" TO:

FAX to (951) 358-6007

If faxing, please call (951) 358-7820 to confirm receipt

HIV/STD Surveillance Unit
P. O. Box 7600
Riverside, CA 92513-7600

OR

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 mailed 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

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>

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).