



June 8, 2016

Dear Colleagues,

The California Department of Public Health, in consultation with the California Conference of Local Health Officers, recently updated Title 17 sections 2500 and 2505 of the California Code of Regulations. This letter is to inform you of these changes and to remind you of the reporting requirements outlined in these sections. These changes, effective immediately, are summarized below. Please note that microcephaly (any cause) is now reportable in Riverside County by order of the Public Health Officer.

Changes to Section 2500

Section 2500 specifies that healthcare providers must report all cases of the listed conditions to the local health department within the specified timeframe. The updated 2500 condition list is posted on the Disease Control website and can be found here:

http://www.rivco-diseasecontrol.org/Portals/0/April_14_Disease_Reporting_Requirements.pdf

- The following conditions have been **removed** and are no longer required to be reported to the local health department:
 - Pelvic Inflammatory Disease (PID)
 - Severe Acute Respiratory Syndrome (SARS)
 - *Staphylococcus aureus* infection
 - Toxic Shock Syndrome

- The following conditions have been **added** and are now required to be reported to the local health department:
 - Chikungunya Virus Infection – *report within one working day*
 - Flavivirus infection of undetermined species – *report immediately by telephone*
 - Novel Virus Infection with Pandemic Potential – *report immediately by telephone*
 - Respiratory Syncytial Virus (only report a death in a patient less than five years of age) *report within seven calendar days*
 - Zika Virus Infection - *report immediately by telephone*

- The following conditions have been **reworded** for clarity:
 - Acquired Immune Deficiency Syndrome (AIDS) is reworded to Human Immunodeficiency Virus (HIV) Infection, stage 3 (AIDS)
 - Human Immunodeficiency Virus (HIV), Acute Infection now appears as a separate condition on the list.
 - Anaplasmosis/Ehrlichiosis now appear as two separate conditions in the list

- Chickenpox (Varicella) (only hospitalizations and deaths) is reworded to Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)
 - Dengue is reworded to Dengue Virus Infection
 - *Haemophilus influenzae*, invasive disease is reworded to *Haemophilus influenzae*, invasive disease, all serotypes
- The following conditions have a **change** in a reporting requirement:
- *Haemophilus influenzae*, invasive disease, is now required to be reported only in persons less than five years of age (previously was in persons less than 15 years of age).
 - Hantavirus Infection is now required to be reported within one working day of identification (previously was immediately reportable).

Changes to Section 2505

Section 2505 specifies that laboratories must report all laboratory testing results suggestive of diseases of public health importance to the local health department within the specified timeframe. A subsection of 2505 specifies isolates or specimens that must be submitted to the public health laboratory. A new subsection, described below, requires laboratories to attempt to obtain a bacterial culture isolate in certain cases. The updated 2505 diseases list is posted on the Disease Control website and can be found here:

http://www.rivco-diseasecontrol.org/Portals/0/April_14_Disease_Reporting_Requirements.pdf

- The following diseases have been **added** to subsection (e)(2); laboratory results suggestive of these diseases must now be reported to the local health department within one working day.
- Babesiosis
 - Chikungunya Virus Infection
 - Flavivirus infection of undetermined species
 - *Entamoeba histolytica* (not *E. dispar*)
 - Zika Virus Infection
- The subsection related to isolate and specimen submission has been re-organized as follows:
- (m)(1) lists the specimens to be submitted as soon as available to the local or state public health laboratory. The following specimen has been **added**:
 - Zika virus immunoglobulin M (IgM)-positive sera
 - (m)(2) lists the isolates to be submitted as soon as available to the local or state public health laboratory. The following isolates have been **added**:
 - Drug resistant *Neisseria gonorrhoeae* isolates (cephalosporin or azithromycin only)
 - *Shigella* isolates

- (m)(3) is a **new** subsection. It states that laboratories must attempt to obtain a bacterial culture isolate whenever there is a laboratory test result indicative of infection with any of the pathogens listed in subsection (m)(2). These pathogens are:
 - Drug resistant *Neisseria gonorrhoeae* isolates (cephalosporin or azithromycin only)
 - *Listeria monocytogenes* isolates
 - *Mycobacterium tuberculosis* isolates (see (f) for additional reporting requirements)
 - *Neisseria meningitis* isolates from sterile sites
 - *Salmonella* isolates (see section 2612 for additional reporting requirements)
 - Shiga toxin-producing *Escherichia coli* (STEC) isolates, including O157 and non-O157 strains
 - *Shigella* isolates

Please contact me at 951-358-5107 for questions on the disease reporting requirements. Megan Crumpler, Public Health Laboratory Director can be reached at 951-358-5070 for questions on isolate and specimen requirements under Title 17 Section 2505.

Sincerely



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