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 Mayor

# HEALTH UPDATE

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NOTE: THIS UPDATE AND SUPPORTING DOCUMENTS ARE AVAILABLE FOR DOWNLOAD AT WWW.SFDPH.ORG/CDCP

The California legislature has revised the statewide disease reporting regulations for health care providers. Effective immediately, please use the new “Reportable Diseases and Conditions” dated June 2007.

### DISEASES ADDED

- \* Avian Influenza (human)
- \* Influenza death (<18 yrs)
- \* Creutzfeldt-Jakob disease & transmissible spongiform encephalopathies

### RULES UPDATED

- \* *E. coli*: shiga toxin producing (STEC), including *E. coli* O157
- \* *H. influenzae* invasive disease (<15 yrs)
- \* Water-Associated disease (e.g. swimmer’s itch, hot tub rash)
- \* Chickenpox (only hospitalization and death)
- \* Cysticercosis or taeniasis
- \* Chlamydia infections, incl. Lymphogranuloma venereum

### DELETED FROM LIST

- \* Anisakiasis
- \* Echinococcosis (hydatid disease)
- \* Lymphocytic choriomeningitis
- \* Non-gonococcal urethritis
- \* Reye syndrome

Report these **cases and suspected cases immediately** (within 1 hour) to SFPDH:

- |                           |   |                         |                                 |
|---------------------------|---|-------------------------|---------------------------------|
| * Anthrax                 | * Shiga toxin producing <i>E. coli</i> (STEC) including <i>E. coli</i> O157 | * Avian Influenza       | * Scombroid fish poisoning      |
| * Botulism                | * Shiga toxin (in feces)  | * Meningococcal disease | * Ciguatera fish poisoning      |
| * Brucellosis             | * Hemolytic Uremic Syndrome   | * Rabies                | * Paralytic shellfish poisoning |
| * Plague                  | * Cholera   | * Measles               | * Domoic acid poisoning         |
| * Smallpox                | * Diarrhea of the Newborn (outbreak)  | * SARS                  | * Foodborne disease             |
| * Tularemia               | * Diphtheria  | * Hantavirus infections | * Any unusual diseases          |
| * Viral hemorrhagic fever |   | * Yellow fever          | * Outbreaks of any disease      |

Urgent reporting (within 1 day) is important for these other enteric diseases:

- \* Salmonellosis   \* Shigellosis   \* Amebiasis   \* Typhoid fever   \*Vibrio infections   \*Hepatitis A

## FREQUENTLY ASKED QUESTIONS

### 1. DON'T THE LABORATORIES REPORT FOR US? WHY DO PROVIDERS NEED TO REPORT?

- \* It’s the law. Providers are required to report cases to the health department independently of laboratories.
- \* Reporting requirements differ for providers and laboratories. The labs only report a subset of diseases that providers must report (37 diseases are lab-reportable; 96 disease are provider-reportable)
- \* Laboratories are unable to report diseases that are clinically diagnosed (e.g. scombroid fish poisoning, animal bites) or that are culture-negative (e.g. pre-treated bacterial meningitis)
- \* When action is time-critical (e.g. meningococcal infections or measles), immediate reporting by providers prior to lab test confirmation enables SFPDH to identify disease exposures and arrange timely post-exposure prophylaxis
- \* Laboratories are often unable to provide patient contact information

**2. DOES HIPAA ALLOW PROVIDERS TO SEND PATIENT DATA TO SFPDPH WITHOUT OBTAINING SPECIFIC PATIENT AUTHORIZATION?**

- \* Yes. Language in the HIPAA Privacy Rule, Section 164.512(b), specifically authorizes disclosures for public health purposes. The confidentiality of patient information is maintained once reported to SFPDPH.

**3. HOW DOES THE HEALTH DEPARTMENT USE THE INFORMATION?**

- \* Evaluates patterns of disease incidence to identify outbreaks and interrupt disease transmission
- \* Facilitates specialized testing (e.g. botulism toxin assay, PCR in suspected culture-negative *Neisseria meningitidis*)
- \* Initiates measures to protect the public from further disease exposure

**4. HOW DOES REPORTING HELP PROTECT THE PUBLIC?**

- \* SFPDPH identifies “contacts” of persons reported and arranges for vaccination or antimicrobial prophylaxis
- \* SFPDPH inspects restaurants, markets, and food suppliers and if needed, confiscates and tests potentially dangerous food items
- \* SFPDPH identifies persons with communicable diseases (especially enteric illnesses) who are in sensitive occupations or situations (food handlers, healthcare workers with direct patient contact, day care personnel, workers caring for the elderly or children) and restricts them from food preparation or patient contact while infectious.

**5. HOW DO I REPORT A CASE OF A REPORTABLE DISEASE?**

- \* To report immediately or within 1 day, call the Communicable Disease Control Unit (CDCU) at 415.554.2830.
- \* For routine reporting (within 7 days), call the CDCU at 415.554.2830 or fax the report to 415.554.2848.
- \* Reports should contain all the information requested on the state Confidential Morbidity Report form
- \* For detailed instructions and forms, go to [WWW.SFPDPH.ORG/CDCP](http://WWW.SFPDPH.ORG/CDCP). See Disease Reporting & Control.

**6. HOW DO I REPORT A FOODBORNE ILLNESS?**

- \* Scombroid, other types of fish poisoning, and clusters of 4 or more ill persons: report to CDCU immediately
- \* Single cases and clusters of 3 or less ill persons: report to the Environmental Health Section at 415.252.3895

**7. WHAT IF I HAVE QUESTIONS ABOUT ANIMAL BITES OR RABIES PROPHYLAXIS?**

- \* To report animal bites: call Animal Care & Control Bite Division at 415.554.9422.
- \* For consultation regarding possible rabies exposures and need for prophylaxis: call CDCU at 415.554.2830.

## **INTERPRETATION OF NEW HEPATITIS C REPORTING BY LABORATORIES**

New California laboratory reporting requirements affect how anti-HCV antibody tests are reported to providers. Reports should now contain additional information to distinguish highly-reactive from weakly-reactive positive results.

Both highly-reactive and weakly-reactive positives will continue to be reported as “positive” results. However, to help distinguish between the two, the report will include either:

- \* A quantitative indicator of the level of reactivity (the signal-to-cutoff ratio or index), OR
- \* A comment indicating whether the result is predictive of a true positive per CDC criteria; or is a low positive for which CDC criteria recommend supplemental (confirmatory) testing with an HCV-RIBA or HCV-RNA assay.