

REPORTABLE DISEASES AND CONDITIONS

City and County of San Francisco

San Francisco Department of Public Health

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20 and §2800-2812.

§2500 (b) 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 below, 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 below 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 officer.

WHOM TO REPORT TO:

REPORT OUTBREAKS, DISEASES, AND CONDITIONS TO COMMUNICABLE DISEASE CONTROL UNIT UNLESS OTHERWISE INDICATED

<p>COMMUNICABLE DISEASE CONTROL UNIT PHONE: (415) 554-2830 FAX: (415) 554-2848 M-F 8AM TO 5PM</p> <p>For urgent reports after hours, call 415-554-2830, and follow the instructions on the voicemail to page the on-call MD.</p>	<p>HIV- New HIV cases must be called in to the REPORTING PHONE: (628) 217-6335</p> <p>STD REPORTING PHONE: (415) 487-5530 FAX: (415) 431-4628</p> <p>TUBERCULOSIS REPORTING PHONE: (628) 206-8524 FAX: (628) 206-4565</p>	<p>ANIMAL CARE & CONTROL ANIMAL BITES (MAMMALS Only) PHONE: (415) 554-9422 FAX: (415) 864-2866</p> <p>ENVIRONMENTAL HEALTH SERVICES FOR PESTICIDE PHONE: (415) 252-3862 FAX: (415) 252-3818</p>
---	--	---

DISEASE OR CONDITION/URGENCY REPORTING REQUIRMENTS [Title 17, CCR §2500 (h)(i)]

URGENCY REPORTING KEY

☉! Report immediately by telephone ① Report within one working day of identification ⑦ Report within seven calendar days by FAX, phone or mail

<ul style="list-style-type: none"> ⑦ Anaplasmosis ⑦ Animal bites (mammals only) <i>to Animal Care</i> ☉! Anthrax*, human or animal ① Babesiosis ☉! Botulism* (Infant, Foodborne, Wound, Other) ⑦ Brucellosis, animal (except infections due to <i>Brucella canis</i>) ☉! Brucellosis*, human ① Campylobacteriosis -- 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) (Report w/in 30 days to California Cancer Registry) ⑦ Chancroid <i>to STD Reporting</i> ① Chickenpox (Varicella) (outbreaks, hospitalizations and deaths) ① Chikungunya Virus Infection ☉! Cholera ☉! Ciguatera Fish Poisoning ⑦ Coccidioidomycosis ⑦ Creutzfeldt-Jakob Disease (CJD) ① Cryptosporidiosis ⑦ Cyclosporiasis ⑦ Cysticercosis ① Dengue Virus Infection ☉! Diphtheria ⑦ Disorders Characterized by Lapses of Consciousness ☉! Domoic Acid Poisoning (Amnesic Shellfish Poisoning) ⑦ Ehrlichiosis ① Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic ① <i>Escherichia coli</i>: shiga toxin producing (STEC) including <i>E. coli</i> O157 ☉! Flavivirus infection of undetermined species ☉! Foodborne illness (2 or more cases from different households) ⑦ Giardiasis ⑦ Gonococcal infections (including disseminated) <i>to STD Reporting</i> 	<ul style="list-style-type: none"> ① <i>Haemophilus influenzae</i>, invasive disease, all serotypes (report an incident in persons less than five years of age) ① Hantavirus infections ☉! Hemolytic Uremic Syndrome ① Hepatitis A, acute infection ⑦ Hepatitis B (specify acute, chronic or perinatal) ⑦ Hepatitis C (specify acute, chronic or perinatal) ⑦ Hepatitis D (Delta) (specify acute or chronic) ⑦ Hepatitis E, acute infection ⑦ Human Immunodeficiency Virus (HIV), infection, any stage <i>to HIV Reporting</i> ⑦ Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS) <i>to HIV reporting</i> ⑦ Influenza-associated deaths in laboratory-confirmed cases less than 18 years of age ☉! Influenza, due to novel strains (human) ⑦ Legionellosis ⑦ Leprosy (Hansen Disease) ⑦ Leptospirosis ① Listeriosis ⑦ Lyme Disease ① Malaria ☉! Measles (Rubeola) ① Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic ☉! Meningococcal infections ☉! Middle East Respiratory Syndrome (MERS) ⑦ Mumps ☉! Novel Virus Infection with Pandemic Potential ☉! Paralytic Shellfish Poisoning ① Paratyphoid Fever -- Parkinson's Disease, Report w/in 90 days to California Parkinson's Disease Registry (CPDR) ① Pertussis (Whooping Cough) ⑦ Pesticide-related illness or injury (known or suspected cases) <i>to Environmental Health Services</i> ☉! Plague*, human or animal 	<ul style="list-style-type: none"> ① Poliovirus infection ① Psittacosis ① Q Fever ☉! Rabies, human or animal ① Relapsing Fever ⑦ Respiratory Syncytial Virus-associated deaths in laboratory-confirmed cases less than five years of age ⑦ Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses ⑦ Rocky Mountain Spotted Fever ⑦ Rubella (German Measles) ⑦ Rubella Syndrome, Congenital ① Salmonellosis (other than Typhoid Fever) ☉! Scombroid Fish Poisoning ☉! Shiga toxin (detected in feces) ① Shigellosis ☉! Smallpox* (Variola) ① Syphilis (all stages, including congenital) <i>to STD Reporting</i> ⑦ Taeniasis ⑦ Tetanus ⑦ Transmissible Spongiform Encephalopathies (TSE) ① Trichinosis ① Tuberculosis <i>to Tuberculosis Reporting</i> ⑦ Tularemia, animal ☉! Tularemia*, human ① Typhoid Fever (cases and carriers) ① Vibrio infections ☉! Viral Hemorrhagic Fevers*, human or animal (e.g. Crimean-Congo, Ebola, Lassa and Marburg viruses) ① West Nile Virus (WNV) Infection ① Yellow Fever ① Yersiniosis ① Zika Virus Infection ☉! OCCURRENCE OF ANY UNUSUAL DISEASE ☉! OUTBREAKS OF ANY DISEASE (including diseases not listed in §2500). Specify if institutional and/or open community.
--	---	--

For updates go to <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Public-Health-Reporting.aspx>

CONFIDENTIAL MORBIDITY REPORT

NOTE: For STD, Hepatitis, or TB, complete appropriate section below. Special reporting requirements and reportable diseases on back.

DISEASE BEING REPORTED: _____

Patient's Last Name		Social Security Number			Ethnicity (✓one)		
		DOB	Age	Hispanic/Latino <input type="checkbox"/> Unknown			
First Name / Middle Name (or initial)		MONTH	DAY	YEAR	Non-Hispanic/Non-Latino <input type="checkbox"/>		
Address: Number, Street		Apt./Unit Number			Race (✓one)		
					African-American/Black <input type="checkbox"/>		
City / Town		State	ZIP Code	Country of Birth		Asian/Pacific Islander (✓one) <input type="checkbox"/>	
					Asian-Indian <input type="checkbox"/> Japanese <input type="checkbox"/>		
Phone Number		Gender (Please Check One)		Pregnant? Y N UNK		Cambodian <input type="checkbox"/> Korean <input type="checkbox"/>	
Area Code	Primary Phone Number	Male <input type="checkbox"/>	Genderqueer/Gender Non-Binary <input type="checkbox"/>	Estimated Delivery Date:		Chinese <input type="checkbox"/> Laotian <input type="checkbox"/>	
		Female <input type="checkbox"/>	Not Listed (Specify): _____	DD	MM	YY	Filipino <input type="checkbox"/> Samoan <input type="checkbox"/>
Area Code	Secondary Phone Number	Trans Male <input type="checkbox"/>	Patient's Occupation/Setting	Food service	Day care	Health care	School
		Trans Female <input type="checkbox"/>	Food service	Day care	Health care	School	Guamanian <input type="checkbox"/> Vietnamese <input type="checkbox"/>
		Unknown <input type="checkbox"/>	Correctional facility	Other _____			Hawaiian <input type="checkbox"/> Other _____
							Native American/Alaskan Native <input type="checkbox"/>
							White <input type="checkbox"/>
							Other: _____
							Unknown <input type="checkbox"/>

DATE OF ONSET		Reporting Health Care Provider			Medical Record Number			Report all non-STD, non-TB, non-HIV to: Communicable Disease Control Unit San Francisco Dept. of Public Health 25 Van Ness Ave, Suite 500 San Francisco, CA 94102 CD Phone: (415) 554-2830 CD Fax: (415) 554-2848 STD Fax: (415) 431-4628 TB Fax: (628) 206-4565 HIV: Phone reports only: (628) 217-6335			
Month Day Year											
		Reporting Health Care Facility									
		Address									
		City	State	ZIP Code							
DATE DIAGNOSED		Telephone Number			Fax						
Month Day Year		() () ()			() () ()						
		Submitted by			Date Submitted						
					(Month/Day/Year)						

SEXUALLY TRANSMITTED DISEASES (STD)				Syphilis Test Results				VIRAL HEPATITIS					
Syphilis				RPR Titer: _____				Hep A anti-HAV IgM <input type="checkbox"/>					
Primary (lesion present)		Late latent > 1 year		VDRL Titer: _____		Hep B		Pos		Neg			
Secondary		Late (tertiary)		CSF-VDRL Pos Neg		Acute		anti-HBc		Pend			
Early latent <1year		Congenital		TP-PA Pos Neg		Chronic		anti-HBc IgM		Not Done			
Latent (unknown duration)				EIA/CLIA Pos Neg				anti-HBs					
Neurosyphilis Y N UNK		Ocular Syphilis Y N UNK		Other: _____									
Chlamydia Specimen Source				Gender(s) of Sex Partners last 12 months				Hep C					
Gonorrhea Pharyngeal Urine		Rectal Vaginal		Please check all that apply:				Acute		anti-HCV			
(Suspect) Urethral/Cervical Other: _____				Male Female Trans Male Trans Female				Chronic		PCR-HCV			
				Unknown Genderqueer/Gender Non-Binary						anti-Delta			
STD TREATMENT INFORMATION On PrEP for HIV prevention Y N UNK								Hep D (Delta)					
Treated (Drugs, Dosage, Route):				Treated in office Given prescription				Other: _____					
Month Day Year				Unable to contact patient				Suspected Exposure Type					
				Refused treatment				Blood transfusion		Other needle exposure		Sexual contact	
				Referred to: _____				Child care		Other: _____		Household contact	

TUBERCULOSIS (TB)			TB Testing			Bacteriology/Pathology			TB TREATMENT INFORMATION		
Status			IGRA Month Day Year			Accession number _____			Current Treatment		
Active Disease LTBI			PPD/TST			Month Day Year			I INH RIF PZA		
Confirmed			Date Performed			Date Specimen Collected			EMB h Other: _____		
Suspected			Results: _____			Source: _____			Month Day Year		
Site(s)			Month Day Year			Smear: Pos Neg Pending			Date Treatment Initiated		
Pulmonary			Chest X-Ray			Culture: Pos Neg Pending					
Extra-Pulmonary			Date Performed			Pathology suggests TB					
NAAT/PCR			Normal Attach all results to CMR			Other test(s) _____			Untreated		
Positive			Cavitary Abnormal/Noncavitary						Will treat		
Negative									Unable to contact patient		
RIF resistance detected									Refused treatment		
RIF resistance NOT detected									Referred to: _____		

REMARKS