

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>
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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.
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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: _____

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

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

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

REMARKS