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, §2641-2643 and §2800-2812.
Every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, must 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.

WHO TO REPORT TO

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

COMMUNICABLE DISEASE CONTROL UNIT **PHONE: (415) 554-2830** **FAX: (415) 554-2848** M-F 8AM to 5PM For urgent reports after hours, follow the prompts to page the on-call MD	**AIDS OFFICE** **PHONE: (415) 554-9050**	**ANIMAL BITES (mammals only)** **PHONE: (415) 554-9422 FAX: (415) 864-2866**
	STD CLINIC **PHONE: (415) 487-5555 FAX: (415) 431-4628**	**ENVIRONMENTAL HEALTH SERVICES** **PHONE: (415) 252-3862 FAX: (415) 252-3818**
	TUBERCULOSIS CLINIC **PHONE: (415) 206-8524 FAX: (415) 206-4565**	

DISEASE OR CONDITION / URGENCY REPORTING REQUIREMENTS

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

- 7 Acquired Immune Deficiency Syndrome (AIDS) *to AIDS Office*
- 7 Alzheimer's Diseases and Related Conditions
- 1 Amebiasis
- 7 Anaplasmosis/Ehrlichiosis
- 7 Animal bites (mammals only) *to Animal Care and Control*
- ▲ Anthrax*, human or animal
- 1 Babesiosis
- ▲ Botulism* (Infant, Foodborne, Wound, Other)
- 7 Brucellosis, animal (except infections due to *Brucella canis*)
- ▲ Brucellosis*, human
- 1 Campylobacteriosis
- 7 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)
- 7 Chancroid *to STD Clinic*
- 1 Chickenpox (only hospitalizations and deaths)
- 7 *Chlamydia trachomatis* infections *to STD Clinic*
- ▲ Cholera
- ▲ Ciguatera Fish Poisoning
- 7 Coccidioidomycosis
- 7 Creutzfeldt-Jakob Disease (CJD)
- 1 Cryptosporidiosis
- 7 Cyclosporiasis
- 7 Cysticercosis
- ▲ Dengue
- ▲ Diphtheria
- 7 Disorders Characterized by Lapses of Consciousness
- ▲ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
- 7 Ehrlichiosis/Anaplasmosis
- 1 Encephalitis, infectious (specify etiology)
- ▲ *Escherichia coli* shiga toxin producing (STEC) including *E. coli* O157
- ▲ Foodborne illness (2 or more cases from different households)
- 7 Giardiasis
- 7 Gonococcal infections (including disseminated) *to STD Clinic*
- 1 *Haemophilus influenzae* invasive disease (less than 15 years of age)
- ▲ Hantavirus infections
- ▲ Hemolytic Uremic Syndrome
- 1 Hepatitis A, acute infection
- 7 Hepatitis B (specify acute case or chronic)
- 7 Hepatitis C (specify acute case or chronic)
- 7 Hepatitis D (Delta) (specify acute case or chronic)
- 7 Hepatitis E, acute infection
- 7 Human Immunodeficiency Virus (HIV) *to AIDS Office*
- 7 Influenza, deaths in laboratory-confirmed cases for age 0-64 years
- 7 Influenza, novel strains (human)
- 7 Legionellosis
- 7 Leprosy (Hansen Disease)
- 7 Leptospirosis
- 1 Listeriosis
- 7 Lyme Disease
- 7 Lymphogranuloma Venereum (LGV) *to STD Clinic*
- 1 Malaria
- ▲ Measles (Rubeola)
- 1 Meningitis (specify etiology)
- ▲ Meningococcal infections
- 7 Mumps
- ▲ Paralytic Shellfish Poisoning
- 7 Pelvic Inflammatory Disease (PID) *to STD Clinic*
- 1 Pertussis (Whooping Cough)
- 7 Pesticide-related illness or injury (known or suspected cases) to *Environmental Health Services*
- ▲ Plague*, human or animal
- 1 Poliovirus infection
- 1 Psittacosis
- 1 Q Fever
- ▲ Rabies, human or animal
- 1 Relapsing Fever
- 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 Congenital Syndrome
- 1 Salmonellosis (other than Typhoid Fever)
- ▲ Scombroid Fish Poisoning
- ▲ Severe Acute Respiratory Syndrome (SARS)
- ▲ Shiga toxin (detected in feces)
- 1 Shigellosis
- ▲ Smallpox* (Variola)
- 1 *Staphylococcus aureus* infections, severe (ICU/death) in a previously healthy person
- 1 Streptococcal infections, outbreaks of any type and individual cases in food handlers and dairy workers only
- 1 Syphilis *to STD Clinic*
- 7 Taeniasis
- 7 Tetanus
- 7 Toxic Shock Syndrome
- 7 Transmissable Spongiform Encephalopathies (TSE)
- 1 Trichinosis
- 1 Tuberculosis *to Tuberculosis Clinic*
- 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
- ▲ Yellow Fever
- 1 Yersiniosis
- ▲ **ANY UNUSUAL DISEASES**
- ▲ **NEW DISEASE OR SYNDROME NOT PREVIOUSLY RECOGNIZED**
- ▲ **OUTBREAKS OF ANY DISEASE**

*Potential Bioterrorism Agents

Effective July 5, 2011 Revised September 2011

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 ___ — ___ — ___

First Name/Middle Name (or initial)

Birth Date Month Day Year

Age

Address: Number, Street **Apt./Unit Number**

City/Town **State** **ZIP Code** **Country of Birth**

Area Code **Home Telephone**

Gender M F

Pregnant? Y N Unk

Estimated Delivery Date Month Day Year

Area Code **Work Telephone**

Patient's Occupation/Setting

❒ Food service ❒ Day care ❒ Correctional facility
❒ Health care ❒ School ❒ Other _____

Ethnicity (✓ one)

❒ Hispanic/Latino
❒ Non-Hispanic/Non-Latino

Race (✓ one)

❒ African-American/Black
❒ Asian/Pacific Islander **(✓ one)**
❒ Asian-Indian ❒ Japanese
❒ Cambodian ❒ Korean
❒ Chinese ❒ Laotian
❒ Filipino ❒ Samoan
❒ Guamanian ❒ Vietnamese
❒ Hawaiian ❒ Other_____
❒ Native American/Alaskan Native
❒ White: _____
❒ Other: _____

DATE OF ONSET Month Day Year

DATE DIAGNOSED Month Day Year

DATE OF DEATH Month Day Year

Reporting Health Care Provider

Reporting Health Care Facility

Address

City **State** **ZIP Code**

Telephone Number ( )

Fax ( )

Submitted by

Date Submitted (Month/Day/Year)

REPORT TO

Communicable Disease Control Unit
San Francisco Dept of Public Health
101 Grove Street, Room 408
San Francisco, CA 94102

PHONE: (415) 554-2830

FAX: (415) 554-2848

STD (Fax): (415) 431-4628
TB (Fax): (415) 206-4565
AIDS/HIV (PH): (415) 554-9050

(Obtain additional forms from your local health department.)

SEXUALLY TRANSMITTED DISEASES (STD)

Syphilis

❒ Primary (lesion present)
❒ Secondary
❒ Early latent < 1 year
❒ Latent (unknown duration)
❒ Late latent > 1 year
❒ Late (tertiary)
❒ Congenital
❒ **Neurosyphilis**

Syphilis Test Results

❒ RPR Titer:_____
❒ VDRL Titer:_____
❒ FTA/MHA: ❒ Pos ❒ Neg
❒ CSF-VDRL: ❒ Pos ❒ Neg
❒ Other:_____

❒ **Chlamydia** **Site:**
❒ **Gonorrhea** ❒ Pharyngeal ❒ Urethral/Cervical
❒ **Chancroid** ❒ Rectal ❒ Urine
❒ PID ❒ Other: _____

Gender of Sex Partners last 12 months:

❒ Male ❒ Transgender (M to F)
❒ Female ❒ Transgender (F to M)
❒ Unknown ❒ Refused

STD TREATMENT INFORMATION

❒ **Treated (**Drugs, Dosage, Route **):**

_____
_____

Date Treatment Initiated Month Day Year

❒ **Untreated**
❒ Will treat
❒ Unable to contact patient
❒ Refused treatment
❒ Referred to: _____

VIRAL HEPATITIS

		Pos	Neg	Pend	Not Done
❒ **Hep A**	anti-HAV IgM	❒	❒	❒	❒
❒ **Hep B**	HBsAg	❒	❒	❒	❒
❒ **Acute**	anti-HBc	❒	❒	❒	❒
❒ **Chronic**	anti-HBc IgM	❒	❒	❒	❒
	anti-HBs	❒	❒	❒	❒
❒ **Hep C**	anti-HCV	❒	❒	❒	❒
❒ **Acute** ❒ **Chronic**	PCR-HCV	❒	❒	❒	❒
❒ **Hep D (Delta)**	anti-Delta	❒	❒	❒	❒
❒ **Other:** _____		❒	❒	❒	❒

Suspected Exposure Type

❒ Blood transfusion ❒ Other needle exposure ❒ Sexual contact ❒ Household contact
❒ Child care ❒ Other: _____

TUBERCULOSIS (TB)

Status

❒ **Active Disease**
❒ Confirmed
❒ Suspected
❒ **Infected, No Disease**
❒ Convertor
❒ Reactor

Site(s)

❒ Pulmonary
❒ Extra-Pulmonary
❒ Both

Mantoux TB Skin Test

Date Performed Month Day Year

❒ Pending
Results:_____ mm ❒ Not Done

Chest X-Ray Month Day Year

Date Performed

❒ Normal ❒ Pending ❒ Not done
❒ Cavitary ❒ Abnormal/Noncavitary

Bacteriology

Date Specimen Collected Month Day Year

Source _____

Smear: ❒ Pos ❒ Neg ❒ Pending ❒ Not done
Culture: ❒ Pos ❒ Neg ❒ Pending ❒ Not done

Other test(s) _____

TB TREATMENT INFORMATION

❒ **Current Treatment**
❒ INH ❒ RIF ❒ PZA
❒ EMB ❒ Other: _____

Date Treatment Initiated Month Day Year

❒ **Untreated**
❒ Will treat
❒ Unable to contact patient
❒ Refused treatment
❒ Referred to: _____

REMARKS