



**Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions\*****§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.**

- **§ 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.
- **§ 2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

**URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(i)]**

☎ = Report immediately by telephone (designated by a ♦ in regulations).

† = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations.)

FAX ☎ ☒ = Report by FAX, telephone, or mail within one working day of identification (designated by a + in regulations).

= All other diseases/conditions should be reported by FAX, telephone, or mail within seven calendar days of identification.

**REPORTABLE COMMUNICABLE DISEASES §2500(j)(1)**

	Acquired Immune Deficiency Syndrome (AIDS) (Human Immunodeficiency Virus infection only - see lower right)	FAX ☎ ☒	Poliomyelitis, Paralytic
		FAX ☎ ☒	Psittacosis
FAX ☎ ☒	Amebiasis	FAX ☎ ☒	Q Fever
	☎ Anthrax	☎	Rabies, Human or Animal
	☎ Avian Influenza (human)	FAX ☎ ☒	Relapsing Fever
FAX ☎ ☒	Babesiosis		Rheumatic Fever, Acute
	☎ Botulism (Infant, Foodborne, Wound)		Rocky Mountain Spotted Fever
	☎ Brucellosis		Rubella (German Measles)
FAX ☎ ☒	Campylobacteriosis		Rubella Syndrome, Congenital
	Chancroid	FAX ☎ ☒	Salmonellosis (Other than Typhoid Fever)
FAX ☎ ☒	Chickenpox (only hospitalizations and deaths)	☎	Scombroid Fish Poisoning
	Chlamydial Infections, including Lymphogranulom Venereum (LGV)	☎	Severe Acute Respiratory Syndrome (SARS)
	☎ Cholera	☎	Shiga toxin (detected in feces)
	☎ Ciguatera Fish Poisoning	FAX ☎ ☒	Shigellosis
	Coccidioidomycosis	☎	Smallpox (Variola)
FAX ☎ ☒	Colorado Tick Fever	☎	<i>Staphylococcus aureus</i> infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture)
FAX ☎ ☒	Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology		Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
	Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)	FAX ☎ ☒	Syphilis
FAX ☎ ☒	Cryptosporidiosis		Tetanus
	Cysticercosis or Taeniasis	FAX ☎ ☒	Toxic Shock Syndrome
	☎ Dengue		Toxoplasmosis
	☎ Diarrhea of the Newborn, Outbreak	FAX ☎ ☒	Trichinosis
	☎ Diphtheria	FAX ☎ ☒	Tuberculosis
	☎ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	☎	Tularemia
	Ehrlichiosis	FAX ☎ ☒	Typhoid Fever, Cases and Carriers
FAX ☎ ☒	Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic		Typhus Fever
	☎ <i>Escherichia coli</i> : shiga toxin producing (STEC) including <i>E. coli</i> O157	FAX ☎ ☒	<i>Vibrio</i> Infections
† FAX ☎ ☒	Foodborne Disease	☎	Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
	Giardiasis	FAX ☎ ☒	Water-Associated Disease (e.g., Swimmer's Itch or Hot Tub Rash)
	Gonococcal Infections	FAX ☎ ☒	West Nile Virus (WNV) Infection
FAX ☎ ☒	<i>Haemophilus influenzae</i> invasive disease (report an incident less than 15 years of age)	☎	Yellow Fever
	☎ Hantavirus Infections	FAX ☎ ☒	Yersiniosis
	☎ Hemolytic Uremic Syndrome	☎	<b>OCCURRENCE of ANY UNUSUAL DISEASE</b>
	Hepatitis, Viral	☎	<b>OUTBREAKS of ANY DISEASE</b> (Including diseases not listed in § 2500). Specify if institutional and/or open community.
FAX ☎ ☒	Hepatitis A		
	Hepatitis B (specify acute case or chronic)		
	Hepatitis C (specify acute case or chronic)		
	Hepatitis D (Delta)		
	Hepatitis, other, acute		
	Influenza deaths (report an incident of less than 18 years of age)		
	Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)		
	Legionellosis		
	Leprosy (Hansen Disease)		
	Leptospirosis		
FAX ☎ ☒	Listeriosis		
	Lyme Disease		
FAX ☎ ☒	Malaria		
FAX ☎ ☒	Measles (Rubeola)		
FAX ☎ ☒	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic		
	☎ Meningococcal Infections		
	Mumps		
	☎ Paralytic Shellfish Poisoning		
	Pelvic Inflammatory Disease (PID)		
FAX ☎ ☒	Pertussis (Whooping Cough)		
	☎ Plague, Human or Animal		

**HIV REPORTING BY HEALTH CARE PROVIDERS § 2641.5-2643.20**

Human Immunodeficiency Virus (HIV) infection is reportable by traceable mail or person-to-person transfer within seven calendar days by completion of the HIV/AIDS Case Report form (CDPH 8641A) available from the local health department. For completing HIV-specific reporting requirements, see Title 17, CCR, §2641.5-2643.20 and <http://www.cdph.ca.gov/programs/AIDS/Pages/OAHIVReporting.aspx>.

**REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS § 2800-2812 AND § 2593(b)**

Disorders Characterized by Lapses of Consciousness (§2800-2812)

Pesticide-related illness or injury (known or suspected cases)\*\*

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) ( § 2593)\*\*

**LOCALLY REPORTABLE DISEASES (If Applicable):**

\* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health and Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).

\*\* Failure to report is a citable offense and subject to civil penalty (\$250) (Health and Safety Code §105200).

\*\*\* The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at: [www.ccrca.org](http://www.ccrca.org).