

**County of Riverside - RUHS Public Health
DISEASE REPORTING REQUIREMENTS**

DISEASES TO BE REPORTED IMMEDIATELY BY TELEPHONE

ANTHRAX, human or animal+	MEASLES (Rubeola)+	SCOMBROID FISH POISONING
BOTULISM (Infant, Foodborne, Wound, Other)+	Melioidosis	SMALLPOX (Variola)+
CHOLERA*	MIDDLE EAST RESPIRATORY SYNDROME (MERS)	TULAREMIA, human+
CIGUATERA FISH POISONING (Community-acquired only)	MONKEYPOX OR ORTHOPOX VIRUS INFECTION	VIRAL HEMORRHAGIC FEVERS, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg Viruses)+
DIPHTHERIA+	<i>Neisseria meningitidis</i> (invasive disease)	OCCURRENCE OF ANY UNUSUAL DISEASE OUTBREAKS OF ANY DISEASE (including Foodborne and any diseases not listed in Section 2500. Specify if institutional and/or community setting. Two or more cases from separate households = an outbreak.)
DOMOIC ACID POISONING (Amnesic shellfish poisoning)	NOVEL CORONAVIRUS INFECTION	
FLAVIRIUS INFECTION of undetermined species	NOVEL VIRUS INFECTION with pandemic potential**	
INFLUENZA DUE TO NOVEL STRAINS, (human)+	PARALYTIC SHELLFISH POISONING	
	PLAGUE, Human or Animal+	
	RABIES, Human or Animal+	

DISEASES OR SUSPECTED DISEASES TO BE REPORTED WITHIN ONE DAY OF IDENTIFICATION

by electronic transmission (including FAX), telephone, or mail

BABESIOSIS+	<i>HAEMOPHILUS INFLUENZAE</i> , Invasive Disease all serotypes (report an incident of < 5 years of age)+ INTAKE	PSITTACOSIS+
BRUCELLOSIS, human+	HANTAVIRUS INFECTION+	Q FEVER+
CAMPYLOBACTERIOSIS*+	HEMOLYTIC UREMIC SYNDROME	RELAPSING FEVER+
CANDIDA AURIS colonization or Infection	HEPATITIS A, acute infection *1+	SALMONELLOSIS (Other than Typhoid Fever)*+
CHICKEN POX (Varicella) (Outbreaks, hospitalizations, and deaths)	HUMAN IMMUNODEFICIENCY VIRUS (HIV), ACUTE INFECTION++	SHIGA TOXIN (detected in feces)+
CHIKUNGUNYA Virus Infection	Legionellosis	SHIGELLOSIS*+
Coronavirus Disease 2019 (COVID-19) (hospitalizations only)	LISTERIOSIS+	SYPHILIS (All stages, including congenital)+
Cronobacter sakazakii infections in infants less than one year of age	MALARIA+	TRICHINOSIS+
CRYPTOSPORIDIOSIS+	MENINGITIS, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	TUBERCULOSIS*+ ³
CYCLOSPORIASIS+	Multisystem inflammatory syndrome in children (MIS-C)	TYPHOID FEVER, Cases and Carriers*+
DENGUE VIRUS INFECTION+	PARATYPHOID FEVER	VIBRIO INFECTION *+
ENCEPHALITIS+, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	PERTUSSIS (Whooping cough)+	WEST NILE VIRUS (WNV) infection, acute+
<i>ESCHERICHIA COLI</i> : Shiga toxin-producing (STEC), including <i>E. coli</i> O157 *+	POLIOVIRUS INFECTION+	YERSINIOSIS+
FOODBORNE DISEASE		YELLOW FEVER+
		ZIKA VIRUS INFECTION+

DISEASES TO BE REPORTED WITHIN SEVEN CALENDAR DAYS

ANAPLASMOSIS+	HEPATITIS C (Specify acute, chronic, or perinatal)2+	LEPTOSPIROSIS+
BRUCELLOSIS, animal (except infections due to <i>Brucella canis</i>)+	HEPATITIS D (Delta) (Specify acute case or chronic)1+	LYME DISEASE
CHANCROID+	HEPATITIS E, acute infection 1+	MUMPS+
COCCIDIOIDOMYCOSIS+	HUMAN IMMUNODEFICIENCY VIRUS (HIV) infection, any stage	RESPIRATORY SYNCYTIAL VIRUS (RSV)-associated deaths in laboratory-confirmed cases < 5 years of age)
CREUTZFELDT-JAKOB DISEASE (CJD) and other Transmissible Spongiform Encephalopathies (TSE)	HUMAN IMMUNODEFICIENCY VIRUS (HIV), (Non-acute infection)	RICKETTSIAL DISEASES (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illness)+
CYSTICERCOSIS OR TAENIASIS	HUMAN IMMUNODEFICIENCY VIRUS (HIV) infection, progression to stage 3 (AIDS)	ROCKY MOUNTAIN SPOTTED FEVER+
EHRlichiosis+	INFLUENZA (ICU and Associated deaths in laboratory-confirmed cases for ages 0-64 years)****	RUBELLA (German Measles)+
GIARDIASIS+	LEPROSY (Hansen's Disease): Occurrence of any unusual disease	RUBELLA SYNDROME, Congenital
GONOCOCCAL INFECTION		Silicosis
HEPATITIS B acute 1*+		TETANUS
HEPATITIS B chronic and perinatal 1*+		TULAREMIA, animal+

REPORTABLE NON-COMMUNICABLE DISEASES AND CONDITIONS

ALZHEIMER'S DISEASE AND RELATED CONDITIONS	CANCER (SEE PAGE 3) ***	MICROCEPHALY (ANY CAUSE)****
ANIMAL BITE (SEE REVERSE)	DISORDERS CHARACTERIZED BY LAPSES OF CONSCIOUSNESS	PESTICIDE EXPOSURE (SEE REVERSE)

* Essential to include occupation

+ Must also be reported by Laboratories

¹ Viral Hepatitis: All Hepatitis reports must include lab results and the date of onset. Hepatitis A: include occupation. Hepatitis B: if pregnant, include EDC.

- 2 Please differentiate Acute Hepatitis C cases on the CMR. Chronic Hepatitis C, indicated by positive anti-HCV test in an asymptomatic person, should still be reported and should include confirmatory test results and supporting labs.
- 3 Special Requirements for TB:
 1. Health care provider is responsible for reporting TB results from out-of-state labs.
 2. Laboratories that isolate *Mycobacterium tuberculosis* from a patient's specimen must follow requirements for submission of a culture to the Public Health Lab and drug susceptibility testing (Copy of requirements available upon request).
 3. Active or suspected cases require approval of the Health Officer (or designee) prior to discharge/transfer from a health care facility.
 4. Newly infected persons listed below must be reported:
 - a) TB Converters: Those with an increase in the size of the tuberculin reaction by at least 10 mm of induration within 2 years from a documented negative to positive TST, or those who have a documented negative IGRA followed by a positive IGRA within a 2-year period.
 - b) Children 3 years of age or younger with a positive TB skin test (5mm or greater).
- ** Pandemic potential: The potential ability of a pathogen to spread easily and efficiently in the human population, crossing international borders, and usually affecting many people. Such pathogens may be associated with severe illness and death.
- ++ Acute HIV Infection: Detectable HIV-1 RNA or p24 antigen in serum or plasma in the setting of a negative or indeterminate HIV-1 antibody test result for patients tested using a currently approved HIV test algorithm, as defined in section 2641.57.
- *** Cancer reporting
- **** Locally reportable by order of the Riverside County Public Health Officer

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641-2643, and §2800-2812 Reportable Diseases and Conditions

State law requires that health care providers report diseases of public health importance. Physicians, nurses, dentists, coroners, laboratory directors, school officials, and other persons knowing of a CASE OR SUSPECTED CASE of any of the following diseases or conditions are required to report them to the local Department of Public Health.

- §2500(b) It shall be the duty of every health care provider, knowing or in attendance on a case or suspected case of any of the diseases or conditions listed on the front, 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 on the front 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 health 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 dentist.

HOW TO REPORT ALL DISEASES, EXCEPT HIV CASES:

Extremely urgent conditions: (i.e., Anthrax, Botulism, Brucellosis, Cholera, Dengue, Diphtheria, Outbreaks of **any** kind - including Foodborne, Plague, Rabies, Relapsing Fever, and Smallpox) are to be reported immediately by telephone, 24 hours a day, to the appropriate number.

Urgent conditions: Foodborne illnesses should be reported by telephone or fax within one (1) working day of identification of the case or suspected case.

Non-urgent conditions are to be reported within seven (7) calendar days from the time of identification.

Although it is not mandatory at this time, health care providers are encouraged to enroll in the California Reportable Disease Exchange (CalREDIE) and submit reports electronically.

The appropriate Confidential Morbidity Report (CMR) form must be filled out. **All** the requested information is essential, including the lab information for selected diseases. All phone, fax, and mailed reports are to be made to the Disease Control Office, with the following exceptions: Reports of sexually transmitted diseases are to be faxed to (951) 358-6007 or mailed to the STD Program Office.

Confidential Morbidity Report (CMR) forms are available online at www.rivco-diseasecontrol.org. Please use COVID-19 CMR for reporting Novel Coronavirus and MIS-COVID

Disease Control
P.O. Box 7600
Riverside, CA 92513-7600
Phone: (951) 358-5107
Confidential Fax: (951) 358-5446

HIV/STD Program
P.O. Box 7600
Riverside, CA 92513-7600
Phone: (951) 358-7820
Fax: (951) 358-6007

**NIGHT AND WEEKEND
EMERGENCIES
(951) 782-2974**

HIV REPORTING BY HEALTH CARE PROVIDERS §2641.30-2643.20

Human Immunodeficiency Virus (HIV) infection at all stages is reportable by traceable mail, person-to-person transfer, or electronically within seven calendar days. For complete HIV-specific reporting requirements, see Title 17, CCR, §2641.30-2643.20 and the California Department of Public Health's HIV Surveillance and Case Reporting and Case Reporting Resource page

HOW TO REPORT ALL HIV CASES:

Call (951) 358-7820 to report

Mail in a double envelope stamped “**Confidential**” to:

HIV/STD Surveillance Unit

P.O. Box 7600

Riverside, CA 92513-7600

OR

Fax to (951) 358-6007, if faxing please call (951) 358-7820 to confirm receipt

ALWAYS use CDPH form 8641-A rev. 05/13 (Adult), to report cases 13 years of age and older. For pediatric cases call (951) 358-7820 to report.

**It is recommended that mailed reports are sent via Certified or Registered mail for tracking purposes.*

ANIMAL BITE: Animal bites by a species subject to rabies are reportable in order to identify persons potentially requiring prophylaxis for rabies. Additionally, vicious animals identified may be controlled by this regulation and local ordinances (California Administration Code, Title 17, Sections 2606 et seq.; Health and Safety Code Sections 121575-120435). Reports can be filed with the local Animal Control Agency or Humane Society. The County Animal Control office may assist in filing your report. Call (951) 358-7327 or (951) 358-7387. Report form is available at www.rivco-diseasecontrol.org

PESTICIDE EXPOSURE: The Health and Safety Code, Section 105200, requires that a physician who knows or who has reason to believe that a patient has a pesticide-related illness or condition must report the case to the local County Health Office by phone within 24 hours. For occupational exposure there is an additional requirement to send the “Doctor’s First Report of Occupational Injury or Illness” to the Department of Public Health within 7 days. Phone reports may be made to (951) 358-5107; or faxed to (951) 358-5102. Copies of the required report forms (OEH-700 [Rev. 9/06] and California Form 5021 [Rev. 4] 1992) may be obtained from the same office.

Report form is available at <http://www.oehha.ca.gov/pesticides/programs/Pestrpt.html>

REPORTING DISORDERS CHARACTERIZED BY LAPSES OF CONSCIOUSNESS: Health and Safety Code 103900 requires: Every physician and surgeon shall report immediately to the local health officer in writing, the name, date of birth, and address of every patient at least 14 years of age or older whom the physician and surgeon has diagnosed as having a case of a disorder characterized by lapses of consciousness. However, if a physician and surgeon reasonably and in good faith believes that the reporting of a patient will serve the public interest, he or she may report a patient’s condition even if it may not be required under the department’s definition of disorders characterized by lapses of consciousness pursuant to subdivision (d).

CANCER REPORTING: 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 DISEASE (if applicable): ****

SEVERE INFLUENZA (ICU or fatal cases) 0-64 years of age
MICROCEPHALY (ANY CAUSE)

*The Confidential Morbidity Report (CMR) is designed for health care providers to report those disease mandated by Title 17, California Code of Regulations (CCR). The CMR form can be found here: Communicable Disease Reporting Forms. Failure to report is a misdemeanor (Health & 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.