

**Title 17, California Code of Regulations (CCR), §2500, §2593, §2641–2643, 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 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 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), §2641–2643

<p>Acquired Immune Deficiency Syndrome (AIDS) (HIV infection only: see "Human Immunodeficiency Virus")</p> <p>FAX ☎ ☒ Amebiasis</p> <p>FAX ☎ ☒ Anisakiasis</p> <p>☎ Anthrax</p> <p>FAX ☎ ☒ Babesiosis</p> <p>☎ Botulism (Infant, Foodborne, Wound)</p> <p>☎ Brucellosis</p> <p>FAX ☎ ☒ Campylobacteriosis</p> <p>Chancroid</p> <p>Chlamydial Infections</p> <p>☎ Cholera</p> <p>☎ Ciguatera Fish Poisoning</p> <p>Coccidioidomycosis</p> <p>FAX ☎ ☒ Colorado Tick Fever</p> <p>FAX ☎ ☒ Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology</p> <p>FAX ☎ ☒ Cryptosporidiosis</p> <p>Cysticercosis</p> <p>☎ Dengue</p> <p>☎ Diarrhea of the Newborn, Outbreaks</p> <p>☎ Diphtheria</p> <p>☎ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)</p> <p>Echinococcosis (Hydatid Disease)</p> <p>Ehrlichiosis</p> <p>FAX ☎ ☒ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic</p> <p>☎ <i>Escherichia coli</i> O157:H7 Infection</p> <p>† FAX ☎ ☒ Foodborne Disease</p> <p>Giardiasis</p> <p>Gonococcal Infections</p> <p>FAX ☎ ☒ <i>Haemophilus influenzae</i> Invasive Disease</p> <p>☎ Hantavirus Infections</p> <p>☎ Hemolytic Uremic Syndrome</p> <p>Hepatitis, Viral</p> <p>FAX ☎ ☒ Hepatitis A</p> <p>Hepatitis B (specify acute case or chronic)</p> <p>Hepatitis C (specify acute case or chronic)</p> <p>Hepatitis D (Delta)</p> <p>Hepatitis, other, acute</p> <p>Human Immunodeficiency Virus (HIV) (§2641–2643): reporting is NON-NAME (see www.dhs.ca.gov/aids)</p> <p>Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)</p> <p>Legionellosis</p> <p>Leprosy (Hansen Disease)</p> <p>Leptospirosis</p> <p>FAX ☎ ☒ Listeriosis</p> <p>Lyme Disease</p> <p>FAX ☎ ☒ Lymphocytic Choriomeningitis</p> <p>FAX ☎ ☒ Malaria</p> <p>FAX ☎ ☒ Measles (Rubeola)</p> <p>FAX ☎ ☒ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic</p> <p>☎ Meningococcal Infections</p> <p>Mumps</p> <p>Non-Gonococcal Urethritis (Excluding Laboratory Confirmed Chlamydial Infections)</p>	<p>☎ Paralytic Shellfish Poisoning</p> <p>Pelvic Inflammatory Disease (PID)</p> <p>FAX ☎ ☒ Pertussis (Whooping Cough)</p> <p>☎ Plague, Human or Animal</p> <p>FAX ☎ ☒ Poliomyelitis, Paralytic</p> <p>FAX ☎ ☒ Psittacosis</p> <p>FAX ☎ ☒ Q Fever</p> <p>☎ Rabies, Human or Animal</p> <p>FAX ☎ ☒ Relapsing Fever</p> <p>Reye Syndrome</p> <p>Rheumatic Fever, Acute</p> <p>Rocky Mountain Spotted Fever</p> <p>Rubella (German Measles)</p> <p>Rubella Syndrome, Congenital</p> <p>FAX ☎ ☒ Salmonellosis (Other than Typhoid Fever)</p> <p>☎ Scombroid Fish Poisoning</p> <p>☎ Severe Acute Respiratory Syndrome (SARS)</p> <p>FAX ☎ ☒ Shigellosis</p> <p>☎ Smallpox (Variola)</p> <p>FAX ☎ ☒ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)</p> <p>FAX ☎ ☒ Swimmer's Itch (Schistosomal Dermatitis)</p> <p>FAX ☎ ☒ Syphilis</p> <p>Tetanus</p> <p>Toxic Shock Syndrome</p> <p>Toxoplasmosis</p> <p>FAX ☎ ☒ Trichinosis</p> <p>FAX ☎ ☒ Tuberculosis</p> <p>☎ Tularemia</p> <p>FAX ☎ ☒ Typhoid Fever, Cases and Carriers</p> <p>Typhus Fever</p> <p>☎ Varicella (deaths only)</p> <p>FAX ☎ ☒ <i>Vibrio</i> Infections</p> <p>☎ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)</p> <p>FAX ☎ ☒ Water-associated Disease</p> <p>FAX ☎ ☒ West Nile Virus (WNV) Infection</p> <p>☎ Yellow Fever</p> <p>FAX ☎ ☒ Yersiniosis</p> <p>☎ OCCURRENCE of ANY UNUSUAL DISEASE</p> <p>☎ OUTBREAKS of ANY DISEASE (Including diseases not listed in §2500). Specify if institutional and/or open community.</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800–2812 and §2593(b)

Disorders Characterized by Lapses of Consciousness
 Cancer (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix)
 Pesticide-related illness or injury (known or suspected cases)**

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's Citation and Fine Program (Title 16, CCR, §1364).
 ** Failure to report is a citable offense and subject to civil penalty (§250) (Health and Safety Code §105200).