## Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 requires healthcare providers to report known or suspected cases of disease or conditions listed below to the jurisdiction in which the patient resides.

REPORT IMMEDIATELY BY PHONE During Business Hours 209-558-5678   After Hours 209-664-6032		
<ul> <li>Anthrax, human or animal</li> <li>Botulism (Foodborne, Infant, Wound, Other)</li> <li>Brucellosis, human</li> <li>Cholera</li> <li>Ciguatera Fish Poisoning</li> <li>Domoic Acid Poisoning (Amnesic Shellfish</li> <li>Poisoning)</li> <li>Diphtheria</li> <li>Flavivirus Infection of undetermined species</li> </ul>	<ul> <li>Hemolytic Uremic Syndrome</li> <li>Influenza due to Novel Strains (human)</li> <li>Measles (Rubeola)</li> <li>Meningococcal Infections</li> <li>Middle East Respiratory Syndrome (MERS)</li> <li>Novel Virus with Pandemic Potential</li> <li>Paralytic Shellfish Poisoning</li> <li>Plague, human or animal</li> <li>Rabies, human or animal</li> </ul>	<ul> <li>Scombroid Fish Poisoning</li> <li>Shiga toxin (detected in feces)</li> <li>Smallpox (Variola)</li> <li>Tularemia, human</li> <li>Viral Hemorrhagic Fevers, human or animal (Crimean-Congo, Ebola, Lassa and Marburg Viruses)</li> <li>Occurrence of ANY Unusual Disease</li> <li>Outbreak of ANY disease (including diseases not listed in §2500)</li> </ul>
REPORT WITHIN ONE WORKING DAY BY PHONE, FAX, MAIL or CalREDIE By Phone: 209-558-5678   By Fax: 209-558-7531		
<ul> <li>Babesiosis</li> <li>Campylobacteriosis</li> <li>Candida Auris, colonization or infection</li> <li>Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)</li> <li>Chikungunya Virus Infection</li> <li>COVID-19 hospitalizations and deaths****</li> <li>Cryptosporidiosis</li> <li>Dengue Virus Infection</li> <li>Disseminated Gonococcal Infection (DGI)</li> <li>Encephalitis, specify etiology (viral, bacterial, fungal, parasitic)</li> <li><i>Escherichia coli:</i> Shiga Toxin producing E. Coli (STEC) including <i>E. coli</i> 0157</li> </ul>	<ul> <li>Foodborne Disease</li> <li>Haemophilus influenzae, invasive disease (only in persons less than 5 years of age)</li> <li>Hantavirus Infections</li> <li>Hepatitis A, acute infection</li> <li>Listeriosis</li> <li>Malaria</li> <li>Meningitis, specify etiology (viral, bacterial, fungal, parasitic)</li> <li>Monkeypox virus</li> <li>Orthopoxvirus</li> <li>Paratyphoid Fever</li> <li>Pertussis (Whooping Cough)</li> <li>Poliovirus Infection</li> </ul>	<ul> <li>Psittacosis</li> <li>Q Fever</li> <li>Relapsing Fever</li> <li>Salmonellosis (other than Typhoid Fever)</li> <li>Shigellosis</li> <li>Syphilis (all stages, including congenital)</li> <li>Trichinosis</li> <li>Tuberculosis (TB)</li> <li>Typhoid Fever, cases and carriers</li> <li>Vibrio Infections</li> <li>West Nile Virus (WNV) Infections</li> <li>Yellow Fever</li> <li>Yersiniosis</li> <li>Zika Virus Infection</li> </ul>
REPORT BY PHONE, FAX, MAIL or CalREDIE WITHIN 7 CALENDAR DAYS By Phone: 209-558-5678   By Fax: 209-558-7531		
<ul> <li>Anaplasmosis</li> <li>Brucellosis, animal (except <i>Brucella canis</i>)</li> <li>Chancroid</li> <li>Coccidioidomycosis</li> <li>Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)</li> <li>Cyclosporiasis</li> <li>Cysticercosis or Taeniasis</li> <li>Ehrlichiosis</li> <li>Giardiasis</li> <li>Gonococcal Infections (except DGI)</li> <li>Hepatitis B (specify acute, chronic, or Perinatal)</li> </ul>	<ul> <li>Hepatitis C (specify acute, chronic or perinatal)</li> <li>Hepatitis D (Delta) (specify acute or chronic)</li> <li>Hepatitis E, acute infection</li> <li>Human Immunodeficiency Virus (HIV) infection, any stage including progression to stage 3 (AIDS)</li> <li>Influenza-associated deaths and ICU hospitalizations in laboratory-confirmed cases ages 0-64</li> <li>Legionellosis</li> <li>Leprosy (Hansen Disease)</li> <li>Leptospirosis</li> </ul>	<ul> <li>Lyme Disease</li> <li>Mumps</li> <li>Respiratory Syncytial Virus (RSV)-associated deaths in laboratory confirmed cases less than five years of age</li> <li>Rickettsial Disease (non-Rocky Mountain Spotted Fever), including Typhus and Typhus- Like Illnesses</li> <li>Rocky Mountain Spotted Fever</li> <li>Rubella (German Measles)</li> <li>Rubella Syndrome, Congenital</li> <li>Tetanus</li> <li>Tularemia, animal</li> </ul>
REPORT BY PHONE, TRACEABLE MAIL, OR ELECTRONICALLY WITHIN 7 CALENDAR DAYS By Phone: 209-558-5531 (See detailed reporting requirements below)		
<ul> <li>Human Immunodeficiency Virus (HIV), acute infection</li> <li>Human Immunodeficiency Virus (HIV) infection, any stage, including progression to stage 3 (AIDS)</li> <li>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 <u>Title 17, CCR,</u> §2641.30-2643.20 and the California Department of Public Health's HIV Surveillance and Case Reporting Resource page</li> </ul>		

## REPORTABLE NON-COMMUNICABLE DISEASE AND CONDITIONS §2800-2812 AND §2593 (B)

- Animal Bites
- Disorders Characterized by Lapses of Consciousness (§2800-2801)



For access to CalREDIE reporting, complete the account request form online <u>Reporter/Provider Account Request Form</u>

## • Pesticide-Related Illness or Injury (known or suspected cases)

## Links to CMR reporting forms can be found here:

- \* <u>Confidential Morbidity Report for all conditions EXCEPT TB and</u> conditions reportable to DMV
- \* Confidential Morbidity Report form for TB
- \* Confidential Morbidity Report form for conditions reportable to DMV
- \* Adult HIV-AIDS Confidential Case Report

\* The Confidential Morbidity Report (CMR) 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 & 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 <u>California Cancer Registry (CCR)</u>.
 \*\*\*\* Use CDPH COVID-19 CMR 110d or report in CalREDIE. Follow current CDPH COVID-19 healthcare provider reporting requirements. Testing conducted in Facilities with the CLIA waiver must report SARS-CoV-2 POSITIVE diagnostic results only consistent with CDPH requirements. Revised 04/10/2023





Send Mail to: Stanislaus County HSA Public Health Division Attn: Morbidity 917 Oakdale Road Modesto, Ca 95350