## 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.

Durin	REPORT IMMEDIATELY BY PHONE g 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, MA By Phone: 209-558-5678   By Fax: 209-558-753	
<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 CAL By Phone: 209-558-5678   By Fax: 209-558-753	
<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>
	NE, TRACEABLE MAIL, OR ELECTRONICALLY WITH ne: 209-558-5531 (See detailed reporting requiren	
<ul> <li>Human Immunodeficiency Virus (HIV), acute</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).

§2641.30-2643.20 and the California Department of Public Health's HIV Surveillance and Case Reporting Resource page

\*\*\* 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