

# Los Angeles County Department of Public Health

## Reportable Diseases, Conditions and Outbreaks: Guidance for County of Los Angeles General Acute Care Hospitals

### Immediate Reporting Requirements



**2023**



<http://publichealth.lacounty.gov/acd/index.htm>

# INTRODUCTION

Reporting communicable diseases (CD) and outbreaks, as mandated by the California Code of Regulations (CCR), Title 22, §70737 (Reporting), and CCR, Title 17, §2500 (Reporting to the Local Health Authority) [1][2] are important and challenging components of the hospital infection prevention program. A clinician may suspect that a patient has a reportable communicable disease based on the patient’s history and clinical signs and symptoms. Certain diseases and/or conditions require immediate reporting to Public Health when there is a suspicion of disease prior to final laboratory confirmation (Box 1). [3]

There are no public health mandates or requirements to wait for a positive culture result. There should be mechanisms in place to help identify an individual or single case of a reportable disease and suspected or confirmed healthcare-associated (HA) outbreaks. The process of ongoing surveillance to identify reportable diseases can be done by patient medical record review (electronic or traditional paper) and/or “shoe leather” epidemiology (ongoing visits to clinical areas). [4]

The methodology and procedure for reporting should be documented in the hospital’s outbreak management policy and Infection Prevention Plan. Individual cases of a reportable disease, the occurrence of any unusual disease and outbreaks are listed on the County of Los Angeles (LAC) Reportable Diseases and Conditions list, which is specific to LAC and differs from state and federal reporting requirements [3]. An investigation must be initiated by the hospital when the incidence of infection and/or disease in patients exceeds the usual (normal) expectancy, whether an individual case, an outbreak, or an unusual disease occurrence.

## BOX 1

### **Immediate reporting requirement of selected diseases or conditions:**

- Botulism: foodborne or wound
- Measles (Rubeola)
- Meningococcal Infection
- Occurrence of any unusual disease
- Outbreaks of any disease, including diseases not listed on the “Reportable Disease and Conditions” list; specify if occurring in an institution and/or open community.

**THIS LIST IS NOT ALL INCLUSIVE. ADDITIONAL REPORTING REQUIREMENTS ARE LOCATED AT:**

<http://publichealth.lacounty.gov/acd/docs/ReportableDiseaseList.pdf> [3]

## Definitions

<b>Communicable Disease</b>	Illness due to a specific microbiological or parasitic agent or its toxic products which arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment.
<b>Emerging Infectious Diseases</b>	Infectious diseases whose incidence in humans has increased in the past two decades or threatens to increase in the near future.
<b>Epidemiologically-Linked Case</b>	A case in which a) the patient has had contact with one or more persons who either have/had the disease or have been exposed to a point source of infection (i.e., a single source of infection, such as an event leading to a foodborne-disease outbreak, to which all confirmed case-patients were exposed) and b) transmission of the agent by the usual modes of transmission is plausible.
<b>Laboratory Findings</b>	The results of a laboratory examination of any specimen derived from the human body which yields microscopic, cultural, immunologic, serologic, or other evidence suggestive of a disease or condition made by these regulations.
<b>Reportable Diseases or Conditions</b>	A clinically diagnosed or suspected disease or condition which requires Public Health notification.
<b>Suspect Case</b>	<p>A person whom a healthcare provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have a particular disease or condition; or a person who is considered a probable case, or an epidemiologically-linked case, or who has supportive laboratory findings under the most recent communicable disease surveillance case definition.</p> <p><b>Note: For meningococcal infection, a suspect case is any person whom a healthcare provider believes has a possible infection.</b></p>
<b>Unusual Disease</b>	A rare disease or a newly apparent or emerging disease or syndrome of uncertain etiology which a healthcare provider has reason to believe could possibly be caused by a transmissible infectious agent or microbial toxin.


## REPORTING COMMUNICABLE DISEASES

Reporting individual cases of a communicable disease to Public Health is accomplished using the Confidential Morbidity Report (CMR) form, which should be completed immediately by phone, or as otherwise indicated, by FAX, electronic via Web-CMR Community Reporting Module or mail. Suspected outbreaks or the occurrence of any unusual disease are reported immediately via telephone to Morbidity and to Health Facilities Inspection Division (HFID). [3]



**BOX 2**

### Morbidity Reporting Numbers

Report immediately by telephone any disease or event designated by a  symbol to:

Communicable Disease Reporting System  
888-397-3993 [Phone]  
or  
888-397-3993 [FAX]

County of Los Angeles hospitals (Harbor-UCLA Medical Center [Harbor-UCLA], LAC+USC Medical Center [LAC+USC], Olive View Medical Center [Olive View], Rancho Los Amigos National Rehabilitation Center [Rancho Los Amigos]) report to Morbidity and to California Department of Public Health (CDPH), Licensing and Certification, Orange County District Office. (Box 2)

## URGENCY OF REPORTING

The urgency of reporting is prioritized per the LAC Reportable Diseases and Conditions list. Report by electronic transmission, including the Web-CMR Community Reporting Module, FAX, telephone or mail. [3]

Diseases listed in Box 1, and diseases with a telephone symbol, require that you speak with a person to leave a report. Do not leave a voice mail message. The emergency after hours and holiday number for the LAC operator is (213) 974-1234.

## REPORTING OUTBREAKS

### How Outbreaks Are Recognized

Surveillance for reportable communicable diseases should be part of the Infection Preventionist's (IP) on-going responsibilities based on the general acute care hospitals (GACH) annual infection prevention plan and risk assessment. The rapid identification of individual cases of a reportable disease or outbreak is critical to stop transmission and, if applicable, provide prophylaxis to potentially exposed patients and staff.

Often the initial suspicion of an outbreak is a series of unrelated events that have nothing in common. Therefore, the first step involves gathering information related to the disease or organism being reported by healthcare providers and laboratorians and then asking these basic questions:

1. What are the signs and/or symptoms?
2. Is this an increased number for this area, time of year, or age group? Are the cases linked to a common source or agent?
3. How many cases are there?
4. The 5 "W's" of any investigation apply here as well. Who? What? Where? When? Why?

Keep in mind that a change in disease monitoring, laboratory diagnostics, reporting requirements or even increased publicity might affect the number of cases reported without accurately reflecting a true disease outbreak. [5] [6]

## **Public Health Management Recommendations**

Outbreak management recommendations are provided by Public Health during the outbreak as appropriate, depending on the organism identified, continued transmission and related activities. In addition to routine control and/or prevention measures for the organism, management recommendations may also include closing the unit to new admissions.

## **Notification of Healthcare Personnel, Patients and Visitors**

All facility employees and non-employees/contractors, such as physicians, temporary staff, volunteers, visitors, and students, of the affected unit(s) should be notified as soon as possible. Communication can be performed in a variety of ways, including memo, email, huddles, staff meeting, etc. The communication should describe what is known of the outbreak and infection control measures to prevent transmission, the signs and symptoms, and whom to contact immediately if the employee currently has signs or symptoms.

All currently hospitalized patients, family members, and visitors should be notified as soon as possible that an outbreak is in progress. Public Health procedure is to recommend that an outbreak notification letter, on facility letterhead, is posted in a visible area of the unit, e.g. nurses' station, near handwashing sinks, etc. The notification letter should clearly describe the outbreak, the organism identified, the symptoms, what control measures have or will be taken to manage the outbreak and collaboration with Public Health. In addition to the notification letter, patient notification via physician medical record documentation or inclusion in the admission packet may be warranted.

## **LABORATORY REPORTING**

Clinical, approved Public Health and veterinary laboratories are also required to report laboratory test results of diseases of public health importance to the local health department per CCR, Title 17, §2505: Reportable Conditions Notification by Laboratories list. [7][8] Laboratory reporting is in addition to, not in lieu of, reporting by Infection Prevention. The laboratory should report the finding to the attending physician, the IP and to LAC Morbidity as required by Title 17.

## **WHEN TO REPORT**

Once the IP has identified a reportable disease or has a suspicion of an outbreak, consultation should begin between the IP, the chair of the infection prevention committee, the infectious disease physician/consultant and administration. Steps 1-3 (page 5) above should be discussed prior to contacting Public Health. Once all pertinent information has been gathered, the County of Los Angeles Communicable Disease Reporting System should be notified as outlined in CCR, Title 17 (also see General Information below). For outbreaks and unusual disease occurrences, LAC Health Facilities Inspection Division must also be notified. [9]

## GENERAL INFORMATION

Early reporting is necessary for effective follow up of patients and contacts and /or when there is an epidemiological link to others. Reporting should begin when:

- The healthcare provider suspects a cluster or an unusual event.
- The healthcare provider has initiated an investigation.
- The laboratory recovers an isolate that is an unusual organism for that facility.
- The healthcare provider is conducting specialized testing such as molecular testing of clinical or environmental isolates to assess relatedness.
- An emerging or unusual organism is suspected, e.g. Ebola, *Candida auris*, etc.
- Infections above the hospital's or clinical area's usual level of occurrence (background/baseline) are identified.
- Unusual organism(s) are found in a sensitive population regardless of the number, e.g. neonatal ICU, adult ICU, Dialysis.
- Death(s) are linked to an unusual organism or an infectious disease.
- A consultant is hired to assist with the hospital investigation.

Additional questions to consider are:

- What type of unit?
- Is the organism presenting elsewhere in the facility?
- What is the expected mode of transmission?
- Is it associated with a product, equipment or procedure?

Other activities that may indicate a suspected outbreak or unusual disease occurrence that warrants immediate reporting by the GACH includes, but is not limited to, the GACH's implementation of enhanced infection control measures, such as increasing and/or changing environmental cleaning practices, discontinuing or sequestering reusable medical equipment, obtaining staff or patient screening cultures, obtaining environmental cultures, sending specimens for molecular testing/typing, post-exposure notification calls to discharged patients and hiring a consultant with expertise working with hospitals.

## DELAY OR FAILURE TO REPORT

The diseases or unusual occurrences listed in this document may threaten the welfare, safety, or health of patients, personnel, or visitors. Delay or failure to report a communicable disease, occurrence of an unusual disease or disease outbreak as mandated may result in a citation, fine or both.

As cited in CCR, Title 17, § 2500, 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 in the Los Angeles County reportable disease list, to report to the local health officer for the jurisdiction where the patient resides as required. 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 reportable diseases or conditions may make such a report to the local health officer for the jurisdiction where the patient resides. [2] [3]

**Note:** Non-reporting or late reporting of reportable disease occurrences or suspected outbreaks will be reported to LAC Health Facilities Inspection Division and may be subject to subsequent action.

## REFERENCES

1. California Code of Regulations (CCR), Title 22, §70737, Reporting. [California Code of Regulations \(CCR\), Title 22, Section 70737, Reporting](#). Accessed July 20, 2023.
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4. Denise Koo, Stephen B. Thacker; in Snow's Footsteps: Commentary on Shoe-Leather and Applied Epidemiology, *American Journal of Epidemiology*, volume 172, issue 6,15 September 2010, pages 737-739, , <https://doi.org/10.1093/aje/kwq252>. Accessed July 20, 2023.
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#### **LAC-DPH website:**

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

#### **ACDC website:**

[www.publichealth.lacounty.gov/acd](http://www.publichealth.lacounty.gov/acd)