

REPORTABLE DISEASES AND CONDITIONS

Title 17, California Code of Regulations (CCR), § 2500

It is 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. "Health care provider" encompasses physicians (surgeons, osteopaths, oriental medicine practitioners), veterinarians, podiatrists, physician assistants, registered nurses (nurse practitioners, nurse midwives, school nurses), infection control professionals, medical examiners/coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case. All reports must include hospitalizations are control professionals, medical examiners/coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case. All reports must include hospitalizations are controlled to the control professionals and the controlled to the control professionals are controlled to the control professionals are controlled to the co

Note: This list is specific to Los Angeles County and differs from state and federal reporting requirements ★

- Report immediately by telephone for both confirmed and suspected cases.
- Report by telephone within 1 working day from identification.
- Report by telephone within 24 hours for both confirmed and suspected cases.
- ☑ Report by electronic transmission (including FAX or email), telephone or mail within 1 working day from identification.
- ② Report by electronic transmission (including FAX or email), telephone or mail within 7 calendar days from identification.
- Mandated by and reportable to the Los Angeles County Department of Public Health.
- ± If enrolled, report electronically via the National Healthcare Safety Network (www.cdc.gov/nhsn/index.html). If not enrolled, use the LAC DPH CRE Case Report Form (publichealth.lacounty.gov/acd/Diseases/EpiForms/CRERepSNF.pdf)
- For TB reporting: contact the TB Control Program (213) 745-0800 or visit www.publichealth.lacounty.gov/tb/healthpro.htm
- For HIV/STD reporting: contact the Division of HIV and STD Programs. HIV (213) 351-8516, STDs (213) 368-7441 www.publichealth.lacounty.gov/dhsp/ReportCase.htm

For laboratory reporting: www.publichealth.lacounty.gov/lab/index.htm For veterinary reporting: www.publichealth.lacounty.gov/vet/index.htm

REPORTABLE COMMUNICABLE DISEASES

- Anaplasmosis 7
- 9 Anthrax, human or animal **Babesiosis**
- Botulism, foodborne or wound
- Botulism, infant—Reportable to CDPH IBTPP (see below[±])
- 7 Brucellosis, animal; except infections due to Brucella canis
- Brucellosis, human
- Campylobacteriosis
- Candida auris, colonization or infection
- Carbapenem-Resistant Enterobacteriaceae (CRE), including Klebsiella sp., E. coli, and Enterobacter sp., in acute care hospitals or skilled nursing facilities ★±
- Chagas Disease *
- 7 Chancroid .
- Chickenpox (Varicella), only hospitalizations, deaths, and outbreaks (≥3 cases, or one case in a high-risk setting)
- Chikungunya Virus Infection
- Cholera
- ***** Ciguatera Fish Poisoning
- 7 Coccidioidomycosis
- COVID-19 hospitalizations (Inpatient reporting instructions)
- Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
- 0 Cronobacter, Invasive Infection among Infants
- Cryptosporidiosis
- Cyclosporiasis
- 7 Cysticercosis or Taeniasis
- 7 Cytomegalovirus, congenital *
- **Dengue Virus Infection**
- Diphtheria
- ****** Domoic Acid (Amnesic Shellfish) Poisoning
- 7 **Ehrlichiosis**
- Encephalitis, specify etiology: viral, bacterial, fungal or parasitic
- Escherichia coli, shiga toxin producing (STEC) including E. coli O157
- Flavivirus infection of undetermined species Foodborne Disease
- [±] Suspected infant botulism should be reported immediately by phone to CDPH IBTPP (510-231-7600)

- Foodborne Outbreak: 2 or more suspected cases from separate households with same assumed source
- 7 Giardiasis
- 7 Gonococcal Infection ■
- Haemophilus influenzae, invasive disease only, all serotypes, less than 5 years of age
- Hantavirus Infection
- \boxtimes Hemolytic Uremic Syndrome
- Hepatitis A, acute infection
- 7 Hepatitis B, specify acute, chronic, or perinatal
- 7 Hepatitis C, specify acute, chronic, or perinatal
- 7 Hepatitis D (Delta), specify acute or chronic
- (7) Hepatitis E, acute infection
- Human Immunodeficiency Virus (HIV), acute infection (§2641.30-2643.20)
- 7 Human Immunodeficiency Virus (HIV) infection, any stage ■*
- 7 Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS) ■*
- 7 Influenza-associated deaths in laboratory confirmed cases, <18 years of age
- Influenza, due to novel strains, human
- Legionellosis
- 7 Leprosy (Hansen's Disease)
- 7 Leptospirosis
- Listeriosis
- Lyme Disease 7
- Malaria
- Measles (Rubeola)
- Melioidosis
 - Meningitis, specify etiology: viral, bacterial, fungal, or parasitic
- Middle East Respiratory Syndrome (MERS)
- Mpox or Orthopox virus infections, hospitalizations, and deaths (Online reporting)
- Multisystem Inflammatory Syndrome in Children (MIS-C)
- 7 Mumps
- Myelitis, acute flaccid ★ 0
- The Neisseria meningitidis (invasive disease)
- Nontuberculosis mycobacteria
- (extrapulmonary) *
- Novel virus infection with pandemic potential
- * Use of FAX for HIV reporting is highly discouraged in order to protect patient confidentiality

- Paralytic Shellfish Poisoning
- Paratyphoid Fever
- Pertussis (Whooping Cough)
- ****** Plague, human or animal 0 Poliovirus Infection
- **Psittacosis**
- Q Fever
- ****** Rabies, human or animal
- Relapsing Fever
- 7 Respiratory Syncytial Virus, only deaths in a patient less than 5 years of age
- 7 Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses
- Rocky Mountain Spotted Fever
- (7) Rubella (German Measles)
- Rubella Syndrome, Congenital 7
- Salmonellosis, other than Typhoid Fever
- Scombroid Fish Poisoning
- Shiga toxin, detected in feces
- Shigellosis 7 Silicosis
- ******* Smallpox (Variola)
- Streptococcus pneumoniae: Invasive cases only (sterile body site infections) ★
- Streptococcus pyogenes (Group A Streptococcus): Invasive cases only including necrotizing fasciitis and STSS *
- Syphilis, all stages including congenital
- 7 Tetanus
- **Trichinosis**
- Tuberculosis ■
- 7 Tularemia, animal
- ***** Tularemia, human
- Typhoid Fever, cases and carriers
- Vibrio Infection
- Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
- West Nile Virus (WNV) Infection
- Yellow Fever
- Yersiniosis
- \boxtimes Zika Virus Infection
- **OCCURRENCE OF ANY UNUSUAL DISEASE**
- **OUTBREAKS OF ANY DISEASE, including** diseases not listed above. Specify if in an institution and/or the open community.

REPORTABLE NON-COMMUNICABLE DISEASES OR CONDITIONS

- 🕿 Animal (mammal) bites to humans (CCR § 2606) immediate electronic report 🗇 Cancer, including benign and borderline brain tumors (CCR §2593)
- Disorders Characterized by Lapses of Consciousness (CCR § 2806, § 2810) Pesticide-Related Illnesses (Health and Safety Code §105200)
 - To report a case or outbreak of any disease, contact the Communicable Disease Reporting System Tel: (888) 397-3993 or (213) 240-7821 (M-F 8am-5pm) • (213) 974-1234 (afterhours, weekends, holidays) Fax: (888) 397-3778 or (213) 482-5508 • Email: RPU@ph.lacounty.gov
 - Health Professionals Reporting Webpage: www.publichealth.lacounty.gov/clinicians/report



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Note: This list is specific to Los Angeles County and differs from state and federal reporting requirements ★

Report immediately by telephone (for both confirmed and suspected cases)

OCCURRENCE OF ANY UNUSUAL DISEASE

OUTBREAKS OF ANY DISEASE, including diseases not otherwise listed. Specify if in an institution and/or the open community.

- Anthrax, human or animal
- Botulism, foodborne or wound
- Botulism, infant (report immediately by phone to CDPH IBTPP 510-231-7600)
- Cholera
- Ciguatera Fish Poisoning

- Diphtheria
- Domoic Acid (Amnesic Shellfish) Poisoning
- Flavivirus infection of undetermined species
- Foodborne Outbreak; 2 or more suspected cases from separate households with same assumed source
- Influenza, due to novel strains, human
- Measles (Rubeola)
- Middle East Respiratory Syndrome (MERS)
- Melioidosis
- Neisseria meningitidis (invasive disease)

- Novel virus infection with pandemic potential
- Paralytic Shellfish Poisoning
- Plague, human or animal
- Rabies, human or animal
- Scombroid Fish Poisoning
- Smallpox (Variola)
- Tularemia, human
- Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)

Animal (mammal) bites to humans (CCR§ 2606) immediate electronic report

 Human Immunodeficiency Virus (HIV), acute infection (Telephone within 1 working day)

Report within 24 hours by telephone for both confirmed and suspected cases

Cronobacter, Invasive Infection among Infants

Poliovirus Infection

Myelitis, acute flaccid ★

Report by electronic transmission (including FAX or email), telephone or mail within 1 working day from identification

- Babesiosis
- Brucellosis
- Campylobacteriosis
- Candida auris, colonization or infection
- Chickenpox (Varicella), only hospitalizations, deaths, and outbreaks (≥3 cases, or one case in a high-risk setting)
- Chikungunya Virus Infection
- COVID-19, hospitalizations (Inpatient reporting instructions)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue Virus Infection
- Encephalitis, specify etiology: viral, bacterial, fungal or parasitic
- Escherichia coli, shiga toxin producing (STEC) including E. coli O157
- Foodborne Disease

- Haemophilus influenzae, invasive disease only, all serotypes, less than 5 years of age
- Hantavirus Infection
- Hemolytic Uremic Syndrome
- Hepatitis A, acute infection
- Legionellosis
- Listeriosis
- Malaria
- Meningitis, specify etiology: viral, bacterial, fungal, or parasitic
- Mpox or Orthopox virus infections, hospitalizations, and deaths (Online reporting)
- Multisystem Inflammatory Syndrome in Children (MIS-C)
- Paratyphoid Fever
- Pertussis (Whooping Cough)
- Pesticide-Related Illnesses (Health and Safety Code §105200)
- Psittacosis

- O Fever
- Relapsing Fever
- Salmonellosis, other than Typhoid Fever
- Shiga toxin, detected in feces
- Shigellosis
- Streptococcus pneumoniae: Invasive cases only (sterile body site infections) *
- Streptococcus pyogenes (Group A Streptococcus): Invasive cases only, including necrotizing fasciitis and STSS *
- Syphilis, all stages including congenital
- Trichinosis
- Tuberculosis
- Typhoid Fever, cases and carriers
- Vibrio Infection
- West Nile Virus (WNV) Infection
- Yellow Fever
- Yersiniosis
- Zika Virus Infection

② Report by electronic transmission (including FAX or email), telephone or mail within 7 calendar days from identification

- Anaplasmosis
- Brucellosis, animal; except infections due to Brucella canis
- Cancer, including benign and borderline brain tumors (CCR §2593)*
- Carbapenem-Resistant Enterobacteriaceae (CRE), including Klebsiella sp., E. coli, and Enterobacter sp., in acute care hospitals or skilled nursing facilities ★±
- Chagas Disease ★
- Chancroid
- Coccidioidomycosis
- Creutzfeldt-Jakob Disease and other Transmissible Spongiform Encephalopathies
- Cysticercosis or Taeniasis
- Cytomegalovirus, congenital ★
- *Except basal and squamous skin cancer unless on genital, and carcinoma in-situ and CIN III of the Cervix

- Disorders Characterized by Lapses of Consciousness (CCR § 2806, § 2810)
- Ehrlichiosis
- Giardiasis
- Gonococcal Infection
- Hepatitis B, specify acute, chronic, or perinatal
- Hepatitis C, specify acute, chronic, or perinatal
- Hepatitis D (Delta), specify acute or chronic
- Hepatitis E, acute infection
- Human Immunodeficiency Virus (HIV) infection, any stage *
- Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS) **
- Influenza-associated deaths in laboratory confirmed cases, <18 years of age
- **Use of FAX for **HIV reporting** is highly discouraged in order to protect patient confidentiality.

- Leprosy (Hansen's Disease)
- Leptospirosis
- Lyme Disease
- Nontuberculosis mycobacteria (extrapulmonary) ★
- Respiratory Syncytial Virus, only deaths in a patient less than 5 years of age
- Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses
- Rocky Mountain Spotted Fever
- Rubella (German Measles)
- Rubella Syndrome, Congenital
- Silicosis
- Tetanus
- Tularemia, animal

± If enrolled, report electronically via the National Healthcare Safety Network If not enrolled, use the LAC