This message is intended for all healthcare providers in Los Angeles County
Please distribute as appropriate.

Key Messages

- The Los Angeles County Department of Public Health (LAC DPH) has made multiple changes to the list of mandated reportable diseases and conditions, including the addition of several new reportable diseases.
- All health care providers in LA County are asked to use the November 2019 LAC DPH Reportable Diseases and Conditions List and discard all previous versions, and to review the summary of changes outlined below.
- The LAC DPH list of mandated reportable diseases and conditions is specific to LA County and differs from state reporting requirements.

Background

California law mandates that health care providers must report certain diseases and conditions to the local health officer for the jurisdiction where the patient resides. The California Department of Public Health recently updated Title 17 sections 2500 and 2505 of the California Code of Regulations which went into effect October 1, 2019.

LAC DPH reviews the list of state mandated reportable diseases and conditions and, based upon local disease trends and surveillance needs, creates the LAC DPH Reportable Diseases and Conditions List.

The following is a summary of the significant changes.

Deletions from List for Health Care Providers

The following diseases have been removed and are no longer reportable to LAC DPH:

- Amebiasis
- Chlamydia trachomatis infections, including lymphogranuloma venereum (LGV). Note: laboratories are still mandated to report Chlamydia trachomatis to LAC DPH.
- Streptococcal infections (outbreaks of any type and individual cases in food handlers and dairy workers). Note that invasive cases of Streptococcus pneumoniae and Streptococcus pyogenes (Group A Streptococcus) are still reportable (see list for details).
Additions to List for Health Care Providers

The following diseases have been added and are now required to be reported to LAC DPH within a specific timeframe (those with a star are LAC DPH-specific reporting mandates):

- *Candida auris* — report within one (1) working day
- Chagas disease* — report within seven (7) calendar days
- Human Immunodeficiency Virus (HIV) infection, any stage — report within seven (7) calendar days
- Middle East Respiratory Syndrome (MERS) — report immediately by telephone
- Nontuberculous mycobacteria, extrapulmonary* — report within seven (7) calendar days
- Paratyphoid fever — report within one (1) working day

Resources

LAC DPH Health Professionals Reporting Webpage
This webpage summarizes how professionals can report diseases and conditions (including animal bites) and includes links to reporting forms and phone numbers and the laboratory reporting list.
[publichealth.lacounty.gov/clinicians/report](http://publichealth.lacounty.gov/clinicians/report)

LAC DPH Reportable Diseases and Conditions List *(Nov.2019)*
Page 1: standard alphabetized format
Page 2: categorized by priority
*Scroll down to see full printable version.*

For questions regarding the LAC DPH reporting list, email acdc2@ph.lacounty.gov.

This communication was sent by Dawn Terashita MD, MPH, Associate Director, Acute Communicable Disease Control, Los Angeles County Department of Public Health.

To view this and other communications or to sign-up to receive LAHANs, please visit [http://publichealth.lacounty.gov/lahan](http://publichealth.lacounty.gov/lahan)
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 office 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.

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 electronic transmission (including FAX), 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 questions: contact the TB Control Program (213) 745-0800 or visit publichealth.lacounty.gov/tb/healthpro.htm
For HIV/STD reporting questions: 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: publichealth.lacounty.gov/lab/index.htm  For veterinary reporting: publichealth.lacounty.gov/vet/index.htm

REPORTABLE COMMUNICABLE DISEASES

Anaplasmosis
Anthrax, human or animal
Babesiosis
Botulism: infant, foodborne, or wound
Brucellosis, animal; except infections due to Brucella canis
Brucellosis, human
Campylobacteriosis
Candida auris
Carabapenem-Resistant Enterobacteriaceae (CRE), including Klebsiella sp., E. coli, and Enterobacter sp., in acute care hospitals or skilled nursing facilities
Chagas Disease
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
Coccidioidomycosis
Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
Cryptosporidiosis
Cyclosporiasis
Cysticercosis or Taeniasis
Dengue Virus Infection
Diphtheria
Domoic Acid (Amnesic Shellfish) Poisoning
Ehrlichiosis
Encephalitis, specify etiology: viral, bacterial, fungal or parasitic
Escherichia coli, shiga toxin producing (STEC) including E. coli O157
Flaviviruses infection of undefined species
Foodborne Disease
Foodborne Outbreak: 2 or more suspected cases from separate households with same assumed source
Giardiasis
Gonococcal Infection
Haemophilus influenzae, invasive disease only, all serotypes, less than 5 years of age
Hantavirus Infection
Hemolytic Uremic Syndrome
Hepatitis A, acute 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), acute infection (§2641.30-2643.20)
Human Immunodeficiency Virus (HIV) infection, any stage
Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS)
Influenza-associated deaths in laboratory confirmed cases, all ages
Influenza, due to novel strains, human
Legionellosis
Leprosy (Hansen’s Disease)
Leptospirosis
Listeriosis
Lyme Disease
Malaria
Measles (Rubella)
Meningitis, specify etiology: viral, bacterial, fungal, or parasitic
Meningococcal Infection
Middle East Respiratory Syndrome (MERS)
Mumps
Myelitis, acute flaccid
Nontuberculous mycobacteria (extrapulmonary)
Novel virus infection with pandemic potential
Paralytic Shellfish Poisoning
Paratyphoid Fever
Pertussis (Whooping Cough)
Plague, human or animal
Psittacosis
Q Fever
Rabies, human or animal
Relapsing Fever
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
Salmonellosis, other than Typhoid Fever
Scombroid Fish Poisoning
Shiga Toxin, detected in feces
Shigellosis
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
Tetanus
Trichinosis
Tuberculosis
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
Zika Virus Infection

Rabies, human or animal
Relapsing Fever
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
Salmonellosis, other than Typhoid Fever
Scombroid Fish Poisoning
Shiga Toxin, detected in feces
Shigellosis
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
Tetanus
Trichinosis
Tuberculosis
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
Zika Virus Infection

To report a case or outbreak of any disease, contact the Communicable Disease Reporting System
Tel: (888) 397-3993 or (213) 240-7821  Fax: (888) 397-3778 or (213) 482-5508
Health Professionals Reporting Webpage: www.publichealth.lacounty.gov/clinicians/report

REPORTABLE NON-COMMUNICABLE DISEASES OR CONDITIONS
Disorders Characterized by Lapses of Consciousness (CCR § 2806, § 2810)
Pesticide-Related Illnesses (Health and Safety Code §105200)
Cancer, including benign and borderline brain tumors (except basal and squamous skin cancer unless on genital, and carcinoma in situ and CIN III of the Cervix)  CCR §2593

Health Professionals Reporting Webpage: www.publichealth.lacounty.gov/clinicians/report
# 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.

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

### OCCURRENCE OF ANY UNUSUAL DISEASE

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

- Anthrax, human or animal
- Botulism: infant, foodborne, or wound
- Brucellosis, human
- Chickenpox (Varicella), only hospitalizations, deaths, and outbreaks (23 cases, or one case in a high-risk setting)
- 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
- Hemolytic Uremic Syndrome
- Influenza, due to novel strains, human
- Measles (Rubeola)
- Meningococcal Infection
- Middle East Respiratory Syndrome (MERS)
- Novel virus infection with pandemic potential
- Paralytic Shellfish Poisoning
- Plague, human or animal
- Rabies, human or animal
- Scombroid Fish Poisoning
- Shigellosis, detected in feces
- Smallpox (Variola)
- Tularemia, human
- Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
- Human Immunodeficiency Virus (HIV), acute infection (telephone within 1 working day)

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

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

- Babesiosis
- Campylobacteriosis
- Candida auris
- Chikungunya Virus Infection
- Cryptosporidiosis
- 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
- Haemorrhagic Fever, Marburg, Crimean-Congo
- Hepatitis C, specify acute, chronic, or perinatal
- Hepatitis B, specify acute, chronic, or perinatal
- Hepatitis A, acute infection
- Listeriosis
- Malaria
- Meningitis, specify etiology: viral, bacterial, fungal, or parasitic
- Paralytic shellfish poisoning
- Pertussis (Whooping Cough)
- Pesticide-Related Illnesses (Health and Safety Code §105200)
- Poliovirus Infection
- Psittacosis
- Q Fever
- Relapsing Fever
- Salmonellosis, other than Typhoid Fever
- Shigellosis
- Staphylococcal Infection: foodborne, crush injury
- 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

### Report by electronic transmission (including FAX), 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
- Cyclosporiasis
- Cysticercosis or Taeniasis

### Disorders Characterized by Lapses of Consciousness (CCR § 2806, § 2810)

- Anoxic/Ischemic Encephalopathy
- Central Nervous System Infections
- Coma, vegetative state
- Dementia, all types
- Disorders of Consciousness
- Encephalopathy
- Fever of Unknown Origin: persistent and refractory
- Foundation Depression
- Gastroenteritis, unspecified and unspecified complications
- Giardiasis
- Gastroenteritis, unspecified and unspecified complications
- Helicobacter pylori
- Hepatitis C, specify acute, chronic, or perinatal
- Hepatitis B, specify acute, chronic, or perinatal
- Hepatitis A, acute infection
- 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, all ages ★

### Use of FAX for HIV reporting is highly discouraged in order to protect patient confidentiality.

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/CREREspSNF.pdf)

To report a case or outbreak of any disease, contact the Communicable Disease Reporting System

Tel: (888) 397-3993 or (213) 240-7821 • Fax: (888) 397-3778 or (213) 482-5508

Health Professionals Reporting Webpage: www.publichealth.lacounty.gov/clinicians/report