In Los Angeles County, more than 80 diseases are reportable by law to the local health department. Since there are several different reporting forms and procedures, this special issue was designed to facilitate disease reporting during 2006. The timely and accurate reporting of communicable diseases (both confirmed and suspected cases) is a critical component of disease surveillance, prevention and control. Delay or failure to report may contribute to secondary transmission of disease and is a misdemeanor (Health and Safety Code §12095). In addition, the potential threat of emerging diseases and bioterrorist activity further increases the need for prompt and thorough disease reporting.

Reporting changes from 2005
Four important additions to the list of reportable diseases were included in 2005: 1) suspected SARS cases are reportable immediately by telephone, 2) West Nile virus infections are reportable within 1 day of identification, 3) Lyme disease is reportable within 7 days, and 4) pediatric intensive care cases or deaths with evidence of influenza infection are reportable within 7 days. While these diseases are now specifically included in state reporting regulations, all have been reportable prior to this modification. In addition, two reporting changes for laboratories were implemented in 2005: positive tests for West Nile virus and positive tests for Lyme disease are both reportable within 1 day.

The full list of reportable diseases in Los Angeles County is available at [www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov).

For questions about disease reporting, call Acute Communicable Disease Control (213-240-7941).

**HIPAA: HEALTHCARE INFORMATION PRIVACY STANDARDS EXEMPT PUBLIC HEALTH AGENCIES**

Many healthcare professionals remain unsure of the legality of disease reporting in light of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Congress established the HIPAA regulations to safeguard personal medical information from inappropriate disclosure and misuse, and full implementation was mandated in April 2003. While much has been written about HIPAA, healthcare providers continue to question the legality of disease reporting without obtaining prior patient consent. HIPAA privacy regulations do not preclude sharing information with public health officials—in fact, HIPAA regulations contain specific language permitting reporting to public health agencies of diseases and conditions listed in state public health laws and regulations. Patient authorization is NOT required when healthcare professionals or laboratory workers suspect or diagnose a disease of public health importance that is reportable by law in California or Los Angeles County. These public health reporting exceptions are described in Section 164.512b (p. 82813-4) under "permitted disclosures." The full HIPAA regulations, background, and technical assistance are available at [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa).
Since critical public health events can occur at a moments notice, it is important that healthcare providers be connected to current local information. Sign up now to receive the latest in Los Angeles County Department of Health Public Health announcements and information at www.ladhs.org/listserv.

Influenza is NOT a reportable disease in Los Angeles County

Individual cases of seasonal influenza should not be reported to the health department. Exceptions include:

- Outbreaks of suspected influenza or other respiratory illnesses should be reported immediately by phone: Morbidity Unit (888)-397-3993
- Influenza-related pediatric ICU cases and pediatric deaths should be reported by phone as soon as possible.

For questions, contact Acute Communicable Disease Control 213-240-7941
Avian Influenza:  
Heightened Awareness and Surveillance is Critical

As more and more countries experience animal outbreaks and human cases of avian influenza (influenza A type H5), it is critical that healthcare professionals be especially vigilant in compiling a complete case history (including travel history and potential exposures) of their patients who present with flu-like symptoms. And since the epidemiologic factors that increase risk for avian influenza are frequently changing, consultation with Acute Communicable Disease Control is essential to provide advice on diagnostic testing and specimen collection.

Suspected human cases of avian influenza should have:

1. Radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established, AND
2. A history of travel within 10 days of symptom onset to a country with documented H5N1 avian influenza in poultry and/or humans. Current countries of concern include: Cambodia, China, Croatia, Hong Kong, Indonesia, Japan, Kazakhstan, Korea, Laos, Malaysia, Mongolia, Romania, Russia, Thailand, Turkey, Vietnam.*

Testing for influenza A (type H5) will be considered on a case-by-case basis for patients with:

1. Documented temperature of >38°C (>100.4°F), AND
2. One or more of the following: cough, sore throat, shortness of breath, AND
3. A history of contact with poultry (e.g., visited a poultry farm or bird market, household raising poultry, etc.) OR
4. A history of contact with a known or suspected human case of influenza A (type H5) within 10 days of symptom onset.

Any suspected human case of avian influenza should be reported immediately to Acute Communicable Disease Control 213-240-7941

*Countries as of December 21, 2005.

Anything suspicious warrants an immediate call to ACDC (213-240-7941).

Since primary healthcare providers are frequently the first to recognize unusual occurrences or patterns of disease, they will probably be the first to observe bioterrorist-associated illness. As such, healthcare professionals should be aware of and report all unusual occurrences or patterns of disease such as:

- a serious, unexpected, unexplained acute illness with atypical host characteristics (i.e., young patient, immunologically intact, no underlying illness or recent travel or other exposure or potential source of infection);
- multiple similarly presenting cases—especially if these are geographically associated or closely clustered in time;
- an increase in a common syndrome occurring out of season (i.e., influenza-like illness in the summer).
Especially during cold and flu season, the importance of effective respiratory hygiene to reduce the spread of disease and illness cannot be overstated. Simple steps such as washing your hands and covering your mouth when you cough or sneeze yield enormous benefits in the fight against many illnesses.

DHS has launched the Respiratory Hygiene Awareness Campaign to educate residents on the simple steps they can take to avoid spreading diseases.

Posters are available in nine languages: Spanish, Cambodian, Chinese, Russian, Korean, Tagalog, Farsi, Vietnamese, and Armenian, in addition to English. These colorful posters are 11" X 17" shown below are ideal for waiting rooms, restrooms, cafeterias and other locations where individuals gather.

Also available are self-sticking static cling signs—ideal for posting on smooth surfaces such as windows and mirrors. These signs are 5 1/2 " X 8 1/2 " and are available in English and Spanish.

Please contact the Acute Communicable Disease Control Program for your free copies 213-240-7941.

Or visit, www.lapublichealth.org/acd/index.htm
In addition to the mandated reporting of communicable diseases, there are several non-communicable diseases and conditions that healthcare professionals are also required to report. These include disorders characterized by lapses of consciousness (such as Alzheimer’s disease) and pesticide-related illnesses. Individuals with conditions that involve lapses of consciousness can pose tremendous risk to both themselves and others should they operate a motor vehicle. Accordingly, it is the responsibility of all healthcare professionals to notify the Health Department of cases of lapses of consciousness within 7 days of diagnosis if they are aware that these cases might present a threat if they operate a motor vehicle [California Code of Regulations (CCR) § 2806]. The preferred method for reporting these cases is by standard Los Angeles County Confidential Morbidity Report available in this issue. Reports are forwarded to the California Department of Motor Vehicles Driver’s Safety Office, which investigates to determine if the patient’s license to drive should be restricted or revoked.

Disorders characterized by lapses of consciousness are medical conditions that involve:

1. a loss of consciousness or a marked reduction of alertness or responsiveness to external stimuli; and
2. the inability to perform one or more activities of daily living (e.g., driving); and
3. the impairment of sensory or motor functions used to operate a motor vehicle.

Examples of medical conditions that may require reporting include: Alzheimer’s disease and related disorders, seizure disorders, brain tumors, narcolepsy, sleep apnea, and abnormal metabolic states (e.g., hypo- and hyperglycemia associated with diabetes). Impaired sensorimotor functions are defined as the inability to integrate seeing, hearing, smelling, feeling, and reacting with physical movement, such as depressing the brake pedal of a car (CCR § 2808).

Since the purpose of reporting is to note driving impairment, cases are limited to patients 14 years of age or older (CCR § 2810). Other reporting exemptions (CCR § 2812) include:

1. the patient’s sensorimotor functions are impaired to the extent that the patient is unable to ever operate a motor vehicle, or
2. the patient does not drive and never intends to drive, or
3. the healthcare provider has reported the patient’s diagnosis previously, or the patient’s records indicate that the diagnosis was reported previously, and since that report, the provider believes the patient has not operated a motor vehicle.

### Reporting cases of pesticide-related illnesses

The California Office of Environmental Health Hazard Assessment (OEHHA) receives and oversees reports of illnesses that are believed to be associated with pesticides. These reports allow for the evaluation and potential elimination of some of these hazardous substances. According to California Health and Safety Code (§ 105200), any physician or surgeon who knows, or has reasonable cause to believe, that a patient is suffering from pesticide poisoning, or any disease or condition caused by a pesticide, is required to report that fact within 24 hours to the local health officer. The “Pesticide Illness Report” is available at: [www.oehha.ca.gov/pesticides/pdf/PIR_99.pdf](http://www.oehha.ca.gov/pesticides/pdf/PIR_99.pdf). For occupational cases of pesticide-related illnesses, physicians are also required within 7 days to send a copy of the "Doctor’s First Report of Occupational Injury or Illness" to the local health officer and to the State Department of Industrial Relations. The form for these reports and mailing address (State Division of Labor Statistics) are available at: [www.oehha.ca.gov/pesticides/pdf/dlsrform5021.pdf](http://www.oehha.ca.gov/pesticides/pdf/dlsrform5021.pdf).

### Pesticide-related Illnesses May Mask Bioterrorist Activity

If you suspect an illness is due to nerve agents or any bioterrorist-associated cause, immediately call the Toxics Epidemiology Program (213-240-7785) or the on-call medical toxicologist (213-974-1234).

For more information about nerve agents and bioterrorism preparedness, visit the CDC web site at: [www.bt.cdc.gov/agent/agentlistchem-category.asp#nerve](http://www.bt.cdc.gov/agent/agentlistchem-category.asp#nerve)
### Reporting Cases of Vaccine-Preventable Diseases to the Health Department

#### Why is it important?

The Health Department plays a vital role in controlling the spread of vaccine-preventable diseases in the community. Timely reporting to the Health Department of suspected or confirmed cases is critically important for our control measures. Once a case is reported, it is not merely a statistic. Public health nurses investigate every reported case of measles, rubella, congenital rubella syndrome, pertussis, *Haemophilus influenzae* type b, hepatitis A, tetanus, diphtheria, and polio, as well as outbreaks of vaccine-preventable diseases; they implement control measures to prevent spread to family members and the community. The confidentiality of patient information is protected by law.

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>REPORTING PROCEDURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>Report immediately to Acute Communicable Disease Control (ACDC) by phone (213) 240-7941.</td>
</tr>
<tr>
<td></td>
<td>After hours, report to (213) 974-1234 for release of anti-toxin.</td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em>, invasive disease</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A (rubeola)</td>
<td></td>
</tr>
<tr>
<td>Measles (rubeola)</td>
<td></td>
</tr>
<tr>
<td>Pertussis (whooping cough)</td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis, paralytic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Report by mail, phone, or fax within 1 working day of identification of the case or suspected case.</td>
</tr>
<tr>
<td></td>
<td>The Immunization Program requests an immediate phone call for measles cases (213) 351-7800.</td>
</tr>
<tr>
<td></td>
<td>After hours, please call (213) 974-1234.</td>
</tr>
<tr>
<td>Hepatitis B (specify acute or chronic case)</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal, invasive disease *</td>
<td></td>
</tr>
<tr>
<td>Rubella (German measles)</td>
<td></td>
</tr>
<tr>
<td>Rubella syndrome, congenital</td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Report by mail, phone, or fax within 7 calendar days of identification of the case or suspected case.</td>
</tr>
<tr>
<td></td>
<td>The Immunization Program requests an immediate phone call for rubella cases (213) 351-7800.</td>
</tr>
<tr>
<td></td>
<td>After hours, please call (213) 974-1234.</td>
</tr>
<tr>
<td>Outbreaks of any disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Report immediately to the Communicable Disease Reporting System by phone (888) 397-3993.</td>
</tr>
<tr>
<td></td>
<td>Report varicella outbreaks (5 or more cases) to the Immunization Program at (213) 351-7800.</td>
</tr>
<tr>
<td></td>
<td>After hours, please call (213) 974-1234.</td>
</tr>
</tbody>
</table>


#### Where and how do I report these diseases?

Health care workers and school officials are required by law to report cases of vaccine-preventable diseases. Cases can be reported to the Communicable Disease Reporting System (CDRS) by telephone or fax. The Confidential Morbidity Report (CMR) is available in this issue and can be obtained by fax from any local health center registrar, from the Morbidity Central Reporting Unit (MCRU), or from the Department of Health Services web site at [www.lapublichealth.org/acd/reports/acdcmr.pdf](http://www.lapublichealth.org/acd/reports/acdcmr.pdf). Cases among residents of Long Beach or Pasadena should be reported to those city health departments.

#### Report to:

<table>
<thead>
<tr>
<th>Communicable Disease Reporting System</th>
<th>For cases among residents of Long Beach and Pasadena: Long Beach City Health Dept. Epidemiology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotline: (888) 397-3993</td>
<td>Phone: (562) 570-4301/4302, Fax: (562) 570-4374</td>
</tr>
<tr>
<td>Fax: (888) 397-3778</td>
<td>Pasadenacity Health Dept. Public Health Nursing</td>
</tr>
<tr>
<td>Morbidity Central Reporting Unit</td>
<td>Phone: (213) 240-7821, Fax: (562) 744-6115</td>
</tr>
<tr>
<td>Phone: (213) 240-7821</td>
<td>E-mail: <a href="mailto:cdrsrept@dhs.co.la.ca.us">cdrsrept@dhs.co.la.ca.us</a></td>
</tr>
</tbody>
</table>


#### For additional information about vaccine-preventable disease reporting:

| Immunization Program                           | Phone: (213) 351-7800, Fax: (213) 351-2782                                                    |
| Disease Reporting System                       |                                                                                                  |

**Vaccine Adverse Event Reporting System (VAERS)**

In order to receive and analyze reports about adverse events that may be associated with vaccines, the CDC and FDA maintain a national vaccine adverse event reporting system known as VAERS. This system allows health care providers, consumers, and vaccine manufacturers to report any clinically significant adverse event that occurs following administration of any vaccine, whether or not the vaccine is believed to be the cause of the event. VAERS reports can be made 24 hours a day by completing the VAERS form and sending it to P.O. Box 1100, Rockville MD 20849-1100 or by reporting on-line at [www.vaers.hhs.gov](http://www.vaers.hhs.gov). All health care providers that receive vaccine from the Los Angeles County Immunization Program (LACIP) should send all VAERS reports to the LACIP which will in turn forward them to the appropriate national center. Forms can be requested by calling the information line at (800) 822-7967.
REPORTABLE DISEASES AND CONDITIONS
Title 17, California Code of Regulations (CCR), § 2500

It shall be the duty of every healthcare provider, knowing of or in attendance on a case or suspected case of any diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no healthcare provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report. “Healthcare provider” encompasses physicians, surgeons, veterinarians, podiatrists, nurse practitioners, physician assistants, registered nurses, nurse midwives, school nurses, infection control practitioners, medical examiners, coroners, dentists and chiropractors.

**Urgency Reporting Requirements:**
= Report immediately by telephone.
= Report by mailing, telephoning or electronically transmitting a report within 1 working day of identification of the case or suspected case.
= Report by telephone within 1 hour followed by a written report submitted by facsimile or electronic mail within 1 working day.
= Report within 7 calendar days from the time of identification by mail, telephone or electronic report.

**REPORTABLE DISEASES**

- Acquired Immune Deficiency Syndrome (AIDS) *
- Anemia
- Anisakiasis
- Anthrax
- Babesiosis
- Botulism: Infant, Foodborne, or Wound
- Brucellosis
- Campylobacteriosis
- Chancroid *
- Chlamydial Infections *
- Cholera
- Ciguatera Poisoning
- Cryptosporidiosis
- Conjunctivitis, Acute Infections of the Newborn, specify etiology
- Cryptosporidiosis
- Cysticercosis
- Dengue
- Diarrhea of the Newborn, outbreaks only
- Diphtheria
- Domic Acid Poisoning (Amnesic Shellfish Poisoning)
- Echinococcosis (Hydatid Disease)
- Ehrlichiosis
- Encephalitis, specify etiology: Viral, Bacterial, Fungal, Parasitic
- Escherichia coli 0157:H7 Infections
- Foodborne Disease:
  - 2 or more cases from separate households with same suspected source
- Giardiasis
- Gonococcal Infections *
- Haemophilus influenzae Invasive Disease
- Hantavirus Infections
- Hemolytic Uremic Syndrome
- Hemorrhagic Fears, Viral (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)

**Notification Required of Laboratories (CCR § 2505)**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Notifiable by Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Acute, infections by IgM anti-HBc antibody test; Surface Antigen Positivity (specify gender); Hemorrhagic Fears, Viral (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus (HIV)</td>
</tr>
</tbody>
</table>
| Lyme Disease | Human Immunodeficiency Virus (HIV) *
| Malaria | Human Immunodeficiency Virus (HIV) *
| Measles | Human Immunodeficiency Virus (HIV) *
| Rubella | Human Immunodeficiency Virus (HIV) *
| Salmonellosis (other than Typhoid Fever) | Human Immunodeficiency Virus (HIV) *
| SARS (Severe Acute Respiratory Syndrome) | Human Immunodeficiency Virus (HIV) *
| Scabies (Atypical or Crusted) | Human Immunodeficiency Virus (HIV) *
| Scombroid Fish Poisoning | Human Immunodeficiency Virus (HIV) *
| Shigellosis | Human Immunodeficiency Virus (HIV) *
| Smallpox | Human Immunodeficiency Virus (HIV) *
| Streptococcal Infections | Human Immunodeficiency Virus (HIV) *
| Tuberculosis | Human Immunodeficiency Virus (HIV) *
| Typhoid Fever | Human Immunodeficiency Virus (HIV) *
| Vibrio | Human Immunodeficiency Virus (HIV) *
| Water-associated Disease | Human Immunodeficiency Virus (HIV) *
| West Nile Virus | Human Immunodeficiency Virus (HIV) *

**Non-communicable Diseases or Conditions**

- Alzheimer’s Disease and Related Conditions (CCR § 2802, § 2806, § 2810)
- Disorders Characterized by Lapses of Consciousness (CCR § 2806, § 2810)
- Pesticide-Related Illnesses (Health and Safety Code, § 105200)

* For questions regarding the reporting of HIV/AIDS, STDs, or TB, contact their respective programs:
  - TB Control Program: 213-744-6271 (for reporting) 213-744-6160 (general)

To report a case or outbreak of any disease contact the Communicable Disease Reporting System Hotline
Tel: 888-397-3993 • Fax: 888-397-3778
### CONFIDENTIAL MORBIDITY REPORT

**NOTE:** This form is not intended for reporting STDs, HIV, AIDS or TB. See comments below

<table>
<thead>
<tr>
<th>DISEASE BEING REPORTED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient's Last Name:</td>
</tr>
<tr>
<td>Social Security Number:</td>
</tr>
<tr>
<td>First Name and Middle Name (or initial):</td>
</tr>
<tr>
<td>Birthdate (MM/DD/YYYY):</td>
</tr>
<tr>
<td>Age:</td>
</tr>
<tr>
<td>Address (Street and number):</td>
</tr>
<tr>
<td>City/Town:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
</tr>
<tr>
<td>Home Telephone Number: ( )</td>
</tr>
<tr>
<td>Work Telephone Number: ( )</td>
</tr>
<tr>
<td>Patient's Occupation or Setting:</td>
</tr>
<tr>
<td>Day Care</td>
</tr>
<tr>
<td>Health Care</td>
</tr>
<tr>
<td>Date of Onset (MM/DD/YYYY): ( )</td>
</tr>
<tr>
<td>Date of Diagnosis (MM/DD/YYYY): ( )</td>
</tr>
<tr>
<td>Date of Hospitalization (MM/DD/YYYY): ( )</td>
</tr>
<tr>
<td>Date of Death (MM/DD/YYYY): ( )</td>
</tr>
<tr>
<td>Health Care Provider:</td>
</tr>
<tr>
<td>Health Care Facility:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>FAX:</td>
</tr>
<tr>
<td>Submitted by:</td>
</tr>
<tr>
<td>Date CMR submitted (MM/DD/YYYY): ( )</td>
</tr>
<tr>
<td>Hepatitis Diagnosis:</td>
</tr>
<tr>
<td>Hep A, acute</td>
</tr>
<tr>
<td>Hep B, acute</td>
</tr>
<tr>
<td>Hep B, chronic</td>
</tr>
<tr>
<td>Hep C, acute</td>
</tr>
<tr>
<td>Hep C, chronic</td>
</tr>
<tr>
<td>Hep D</td>
</tr>
<tr>
<td>Other Hepatitis</td>
</tr>
<tr>
<td>Elevated LFTs?</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes → ALT</td>
</tr>
<tr>
<td>AST</td>
</tr>
<tr>
<td>Jaundiced?</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REMARKS:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISTRICT CODE (internal use only):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity (check one):</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>Race (check one):</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Native American / Alaskan Native</td>
</tr>
<tr>
<td>Asian / Pacific Islander (check one below):</td>
</tr>
<tr>
<td>Asian-Indian</td>
</tr>
<tr>
<td>Cambodian</td>
</tr>
<tr>
<td>Chinese</td>
</tr>
<tr>
<td>Filipino</td>
</tr>
<tr>
<td>Hawaiian</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Factors / Suspected Exposure Type: (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood transfusion</td>
</tr>
<tr>
<td>Child care</td>
</tr>
<tr>
<td>Foreign travel</td>
</tr>
<tr>
<td>Household exposure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of diagnostic specimen: (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
</tr>
<tr>
<td>Stool</td>
</tr>
<tr>
<td>Clinical</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

**DO NOT** use this form to report HIV/AIDS, chancroid, chlamydia infections, gonorrhea, non-gonococcal urethritis, pelvic inflammatory disease, syphilis, or tuberculosis.

For HIV and AIDS: report to the HIV Epidemiology Program. Reporting information and forms are available by phone (213-351-8516) or at: [www.laphilchealth.org](http://www.laphilchealth.org/hiv/index.htm)

For Pediatric AIDS: report to the Pediatric HIV/AIDS Reporting Program. Reporting information is available by calling 213-250-8666.

For Tuberculosis: report cases and suspected cases to the TB Control Program within 24 hours of identification. Reporting information is available by phone (213-744-6160) or at: [www.laphilchealth.org/tb/index.htm](http://www.laphilchealth.org/tb/index.htm). Fax reports to: 213-744-0926.

For STDs: The STDs that are reportable to the STD Program include: chlamydial infections, syphilis, gonorrhea, chancroid, non-gonococcal urethritis (NGU), and pelvic inflammatory disease. Reporting information is available by phone (213-744-3070) or at: [www.laphilchealth.org/std/index.htm](http://www.laphilchealth.org/std/index.htm)

**FAX THIS REPORT TO:** 888-397-3778

For assistance, please call the Morbidity Unit at 888-397-3993, or mail to Morbidity Unit, 313 N. Figueroa St. #117, Los Angeles, CA 90012.
**ADULT HIV/AIDS CONFIDENTIAL CASE REPORT**
(Patients ≥ 13 years of age at time of diagnosis)

### I. Health Department Use Only

<table>
<thead>
<tr>
<th>Date form completed</th>
<th>Report status</th>
<th>Reporting health department</th>
<th>State patient number</th>
<th>City/county patient number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### II. For HIV and AIDS Cases

<table>
<thead>
<tr>
<th>Soundex code</th>
<th>Date of birth</th>
<th>Gender</th>
<th>Last four digits of SSN</th>
<th>Lab report number</th>
<th>Confidential C&amp;T number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### III. Demographic Information

<table>
<thead>
<tr>
<th>Diagnosis status at report (check one)</th>
<th>Age at Diagnosis</th>
<th>Current status</th>
<th>Date of death</th>
<th>State/Territory of death</th>
<th>Race/Ethnicity</th>
<th>Country of birth</th>
<th>ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV infection/ AIDS</td>
<td>Years</td>
<td>Alive</td>
<td>Month Day Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIDS</td>
<td></td>
<td>Dead</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### V. Patient History

After 1977 and preceding the first positive HIV antibody test or AIDS diagnosis, this patient had (respond to ALL categories):

- Sex with a male
- Sex with a female
- Injected nonprescription drugs
- Received clotting factor for hemophilia/coagulation disorder

### VI. Laboratory Data

**A. HIV Antibody Test at Diagnosis**

<table>
<thead>
<tr>
<th>HIV-1 EIA</th>
<th>HIV-1/HIV-2 combination EIA</th>
<th>HIV-1 Western Blot/IFA</th>
<th>Other HIV antibody test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pos</td>
<td>Neg</td>
<td>Ind</td>
<td>Not Done</td>
</tr>
<tr>
<td>1 0</td>
<td>0 9</td>
<td>1 0</td>
<td>1 0</td>
</tr>
</tbody>
</table>

**B. Positive HIV Detection Test**

- Culture
- Antigen
- PCR, DNA, or RNA probe
- Other (specify):

**C. Detectable Viral Load**

- Type 11: Nasb/HIV-1
- Type 12: RPR (Rt/hk)
- Type 13: HDAW (China)
- Type 18: Other

### VII. FOR AIDS CASES ONLY—Patient-identifier information is not transmitted to CDC.

<table>
<thead>
<tr>
<th>Patient's name (last, first, MI)</th>
<th>Telephone number</th>
<th>Social Security Number</th>
<th>State</th>
<th>ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*For Non-AIDS Cases Only*

<table>
<thead>
<tr>
<th>Confidential C&amp;T number</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Partially funded confidential counseling and testing after case.</em></td>
</tr>
</tbody>
</table>
### VIII. Clinical Status

**Clinical record reviewed**
- Yes [ ]
- No [ ]

Enter date patient was diagnosed as:
- Asymptomatic (including acute retroviral syndrome and persistent generalized lymphadenopathy) [ ]
- Symptomatic (not AIDS) [ ]

<table>
<thead>
<tr>
<th>AIDS INDICATOR DISEASES</th>
<th>Initial Diagnosis</th>
<th>Initial Date</th>
<th>AIDS INDICATOR DISEASES</th>
<th>Initial Diagnosis</th>
<th>Initial Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Def. Pres. Month Year</td>
<td>Def. Pres. Month Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Candidiasis, bronchi, trachea, or lungs</strong></td>
<td>1 2</td>
<td>1 NA</td>
<td><strong>Lymphoma, Burkitt's (or equivalent term)</strong></td>
<td>1 NA</td>
<td></td>
</tr>
<tr>
<td><strong>Candidiasis, esophageal</strong></td>
<td>1 2</td>
<td>1 NA</td>
<td><strong>Lymphoma, immunoblastic (or equivalent term)</strong></td>
<td>1 NA</td>
<td></td>
</tr>
<tr>
<td><strong>Carcinoma, invasive cervical</strong></td>
<td>1 NA</td>
<td>1 NA</td>
<td><strong>Lymphoma, primary in brain</strong></td>
<td>1 NA</td>
<td></td>
</tr>
<tr>
<td><strong>Coccidioidomycosis, disseminated or extrapulmonary</strong></td>
<td>1 NA</td>
<td>1 NA</td>
<td><strong>Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary</strong></td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td><strong>Crotococcosis, extrapulmonary</strong></td>
<td>1 NA</td>
<td>1 NA</td>
<td><strong>M. tuberculosis, pulmonary</strong></td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td><strong>Cryptosporidiosis, chronic intestinal (&gt;1 month duration)</strong></td>
<td>1 NA</td>
<td>1 NA</td>
<td><strong>M. tuberculosis, disseminated or extrapulmonary</strong></td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td><strong>Cytomegalovirus disease (other than in liver, spleen, or nodes)</strong></td>
<td>1 2</td>
<td>1 NA</td>
<td><strong>Mycobacterium of other species or unidentified species, disseminated or extrapulmonary</strong></td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td><strong>Cytomegalovirus retinitis (with loss of vision)</strong></td>
<td>1 2</td>
<td>1 NA</td>
<td><strong>Pneumocystis carinii pneumonia</strong></td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td><strong>HIV encephalopathy</strong></td>
<td>1 NA</td>
<td>1 NA</td>
<td><strong>Pneumonia, recurrent, in 12-month period</strong></td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td><strong>Herpes simplex: chronic ulcer(s) (&gt;1 month duration); or bronchitis, pneumonitis, or esophagitis</strong></td>
<td>1 NA</td>
<td>1 NA</td>
<td><strong>Progressive multifocal leukoencephalopathy</strong></td>
<td>1 NA</td>
<td></td>
</tr>
<tr>
<td><strong>Histoplasmosis, disseminated or extrapulmonary</strong></td>
<td>1 NA</td>
<td>1 NA</td>
<td><strong>Salmonella septicemia, recurrent</strong></td>
<td>1 NA</td>
<td></td>
</tr>
<tr>
<td><strong>Isosporiasis, chronic intestinal (&gt;1 month duration)</strong></td>
<td>1 NA</td>
<td>1 NA</td>
<td><strong>Toxoplasmosis of brain</strong></td>
<td>1 2</td>
<td></td>
</tr>
<tr>
<td><strong>Kaposi's sarcoma</strong></td>
<td>1 2</td>
<td>1 NA</td>
<td><strong>Wasting syndrome due to HIV</strong></td>
<td>1 NA</td>
<td></td>
</tr>
</tbody>
</table>

*Def. = definitive diagnosis  Pres. = presumptive diagnosis

**RVCT case number**

If HIV tests were not positive or were not done, does this patient have an immunodeficiency that would disqualify him/her from the AIDS case definition?
- Yes [ ]
- No [ ]
- Unknown [ ]

### IX. Treatment/Services Referrals

Has the patient been informed of his/her HIV infection? [ ]

This patient's partner(s) has been or will be notified about their HIV exposure and counseled by:
- [ ] Health Department
- [ ] Physician/Provider
- [ ] Patient
- [ ] Unknown

This patient received or is receiving:
- [ ] Anti-retroviral therapy
- [ ] PCP prophylaxis

This patient is receiving or has been referred for:
- [ ] HIV-related medical services
- [ ] Substance abuse treatment services

This patient has been enrolled at:
- [ ] Clinical Trial
- [ ] Clinic

- [ ] NIH-sponsored
- [ ] HRSA-sponsored
- [ ] Other
- [ ] Other
- [ ] None
- [ ] None
- [ ] Unknown
- [ ] Unknown

This patient's medical treatment is primarily reimbursed by:
- [ ] Medicaid
- [ ] Private insurance/HMO
- [ ] No coverage
- [ ] Other public funding
- [ ] Clinical trial/government program
- [ ] Unknown

For women:
- [ ] This patient is receiving or has been referred for gynecological or obstetrical services
- [ ] This patient is currently pregnant
- [ ] This patient has delivered live born infant(s)

(If yes and if delivered after 1977, provide birth information below for the most recent birth)

Child's birth date and month year:

Child's place of birth:
- City [ ]
- State [ ]

Child's Soundex:

Child's state patient number:

### X. Comments

Persons with HIV infection without an AIDS diagnosis must be reported without name. Persons with conditions meeting AIDS case criteria must be reported with name. For additional information about HIV/AIDS case reporting, please call your local health department.

### XI. Provider Information

Physician's name (last, first, M.D.):

Telephone number:

Patient's medical record number:

Person completing form:

Telephone number:

Address (number, street): [ ]

City [ ]

State [ ]

ZIP code [ ]

MAIL COMPLETED FORM TO YOUR LOCAL HEALTH DEPARTMENT.
**LOS ANGELES COUNTY SEXUALLY TRANSMITTED DISEASE CONFIDENTIAL MORBIDITY REPORT**

**DATE OF REPORT:**

**REPORT:** □ New  □ Update

**STATUS:** □ Done

**DIAGNOSING MEDICAL PRACTITIONER (LAST NAME & FIRST NAME):**

**FACILITY/CLINIC NAME:**

**FACILITY/CLINIC STREET ADDRESS:**

**CITY/TOWN:**

**STATE:**

**AREA CODE:**

**OFFICE TEL:**

**ZIP CODE:**

**AREA CODE:**

**OFFICE FAX:**

**CLINIC STAMP:**

**TITLE ABBREVIATION:**

**SUITE/UNIT NO.:**

**PROVIDER:**

**PATIENT'S LAST NAME:**

**FIRST NAME:**

**MI:**

**MEDICAL RECORD NUMBER:**

**SOCIAL SECURITY NUMBER:**

**OCCUPATION:**

**APT/UNIT NO.:**

**PATIENT'S STREET ADDRESS:**

**CITY/TOWN:**

**STATE:**

**ZIP CODE:**

**AREA CODE:**

**DAY TEL:**

**AREA CODE:**

**EVENING TEL:**

**AGE:**

**BIRTH DATE:**

**PREGNANT:** □ Yes → If yes, LMP:

**GENDER:** □ Male  □ Female  □ Transgender (M to F)  □ Transgender (F to M)

**MARITAL STATUS:** □ Single  □ Married  □ Domestic Partner  □ Separated  □ Divorced  □ Widowed  □ Living with Partner

**RACE:** (X all that apply): □ White  □ Black or African American  □ Native American or Alaska Native  □ Asian or Asian American  □ Native Hawaiian or Pacific Islander  □ Unknown

**ETHNICITY:** (X only one): □ Hispanic or Latino  □ Non Hispanic/Non-Latino

**GENDER(S) OF SEX PARTNERS:**

-X all that apply:

□ Male  □ Female  □ Transgender (M to F)  □ Transgender (F to M)  □ Unknown  □ Refused

---

**CHLAMYDIA**

**DIAGNOSIS:** (X one):

□ Asymptomatic

□ Symptomatic - uncomplicated

□ Pelvic Inflammatory Disease

□ Ophthalmia/Conjunctivitis

□ Other:

**SITE / SPECIMEN:** (X all that apply):

□ Urine

□ Cervix

□ Urethra

□ Rectum

□ Nasopharynx

□ Other:

**Specimen Collection Date:**

**Treatment Date:**

**Medication & Dose:**

□ Not treated

**Partner Information:** Number partners (last 60 days)

**Number treated**

**Number Partner Delivered Therapy**

---

**GONORRHEA**

**DIAGNOSIS:** (X one):

□ Asymptomatic

□ Symptomatic - uncomplicated

□ Pelvic Inflammatory Disease

□ Ophthalmia/Conjunctivitis

□ Disseminated

□ Other:

**SITE / SPECIMEN:** (X all that apply):

□ Urine

□ Cervix

□ Urethra

□ Rectum

□ Nasopharynx

□ Other:

**Specimen Collection Date:**

**Treatment Date:**

**Medication & Dose:**

□ Not treated

**Partner Information:** Number partners (last 60 days)

**Number treated**

---

**SYPHILIS, CONGENITAL SYPHILIS, OTHER REPORTABLE STDs AND REPORTING INFORMATION ON BACK PAGE.**

H1911A (Rev. 11/03)
**ADULT SYPHILIS**

- **Primary Syphilis**
  - Onset Date:
  - Lesion Sites: (X all that apply): Genital, Perirectal, Oral, Other: 
  - Symptoms: Palmar/Plantar Rash, Other:

- **Secondary Syphilis**
  - Onset Date:
  - Symptom Sites: Genital, Perirectal, Oral, Other:
  - (X all that apply): Vagina, Rectum

- **Late Syphilis**
  - Titer: 1:
  - Reactive: Yes, No

- **Neurosyphilis**
  - Titer: 1:
  - Reactive: Yes, No

- **Specimen Collection Date:**
  - Laboratory Test Date: RPR or VDRL } Titer: 1:
  - Reactive: Yes, No

- **Congenital Syphilis** (Separate CMR should be submitted for mother and infant)

- **Infant Information:**
  - (Complete section A and B if this is mother's CMR; complete only section B if this is infant's CMR)
  - Infant's Last Name
  - Infant's First Name
  - Infant's Medical Record Number
  - Infant's Birth Date
  - Gestation (wks)
  - Gender: M, F
  - Weight (grams)
  - Symptoms: Yes, No
  - Describe:
  - Serum: CSF:
  - Laboratory Test Date: RPR: Reactive, Non- reactive, Not Done
  - VDRL: Reactive, Non-Reactive
  - WBC >5/mm³: Yes, No
  - Protein >50 mg/dl: Yes, No
  - Titer 4x mothers?: Yes, No
  - Lumbar Puncture Done: Yes, No

- **Maternal Information:**
  - (Complete if this is infant's CMR)
  - Mother's Last Name
  - Mother's First Name
  - Mother's Medical Record Number
  - Mother's Birth Date
  - Mother's Medical History:
  - Lumbar Puncture Done: Yes, No
  - Laboratory Test Date: RPR or VDRL } Titer: 1:
  - Reactive: Yes, No

- **Other Reportable STDs**
  - Pelvic Inflammatory Disease:
  - Non-Chlamydial/Non-Gonococcal:
  - Non-Gonococcal/Non-Chlamydial Urethritis: (NGU):
  - Chancroid:
  - Treated: Yes, No

---

**TO REQUEST CMR FORMS & ENVELOPES:** Call (213) 741-8000 or download at: www.lapublichealth.org/std/providers.htm

**FOR CASE DEFINITIONS & REPORTING QUESTIONS:** Call (213) 744-3070 or visit www.lapublichealth.org/std/providers.htm

**FOR HIV REPORTING:** Call (213) 351-8516 or visit www.lapublichealth.org/hiv
Los Angeles County
Phone: (213) 744-6271
Fax: (213) 749-0926

Confidential Morbidity Report of
Tuberculosis Reactors, Suspects & Cases

Department of Health Services
Rev: 1/05

Under California law, all TB suspects and cases must be reported within **one** working day.

<table>
<thead>
<tr>
<th>Patient's Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Sex</th>
<th>Patient's SS#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient's Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Country of Birth</th>
<th>Date Arrived in U.S.</th>
<th>Medical Record Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Race:**
- [ ] White
- [ ] Black
- [ ] Asian specify
- [ ] Pacific Islander specify
- [ ] Alaska Native
- [ ] American Indian

**Ethnicity:**
- [ ] Hispanic
- [ ] Non-Hispanic

**Previous TB Skin Test:**
- Date: / / 
- mm of induration

**Current TB Skin Test:**
- Date: / / 
- mm of induration

<table>
<thead>
<tr>
<th>Chest X-ray date:</th>
<th>/ /</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Check here if Reporting a Skin Test Reactor age 3 and under **only**

**Complete for TB Suspect/Case Only**

**Site of Disease**
- [ ] TB Suspect
- [ ] Pulmonary TB
- [ ] Extra-pulmonary TB

**Specify Site:**

<table>
<thead>
<tr>
<th>Cough and/or Sputum production</th>
<th>Yes</th>
<th>No</th>
<th>Date of Onset</th>
<th>Date of Diagnosis</th>
<th>Date of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Bacteriology**
- [ ] Not Done

<table>
<thead>
<tr>
<th>Date Collected</th>
<th>Specimen Type</th>
<th>Smear AFB</th>
<th>Culture MTB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Treatment**
- [ ] Not Started

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>INH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rifampin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PZA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rifamate®</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rifater®</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Lab Name:**

**Phone:** ( )

**Remarks:**

**For TB Control Use**
- [ ] New or Open
  - DPN: 
- [ ] Close date
  - Conf. date
  - TB or PMD
  - Faxed date
  - Faxed date
  - Ox: 

**Reporting Health Care Provider**
- Telephone Number ( )
- Fax Number ( )

**Reporting Health Care Facility Address**
- Submitted By
- Date Submitted
WHY DO YOU REPORT?
Because it is required! Reporting of all patients with **confirmed** or **suspect** Tuberculosis is mandated by State Health and Safety Codes (HSC) Section 121362 and Title 17, Chapter 4, Section 2500 and must be done within **one working day of diagnosis**. HSC Section 121361 also mandates that prior to discharge, all tuberculosis suspects and cases in hospitals and prisons have an individualized, written discharge plan approved by the Local Health Officer (i.e., TB Controller).

WHO MUST REPORT?
1. All health care providers (including administrators of health care facilities and clinics) in attendance of a patient suspected to have or confirmed with active tuberculosis must report within **one working day** from the time of identification.
2. The director of any clinical lab or designee must report laboratory evidence suggestive of tuberculosis to the Health Department on the same day that the physician who submitted the specimen is notified (California Code of Regulations Section 2505).

WHEN DO YOU REPORT?
1. When the following conditions are present:
   - signs and symptoms of tuberculosis are present, and /or
   - the patient has an abnormal chest x-ray consistent with tuberculosis, or
   - the patient is placed on two or more anti-TB drugs
2. When bacteriology smears or cultures are positive for acid fast bacilli (AFB).
3. When the patient has a positive culture for **M. tuberculosis complex** (i.e., **M. tuberculosis, M. bovis, M. canetti, M. africanum, M. microti**)
4. When a pathology report is consistent with tuberculosis.
5. When a patient **age 3 years** or younger has a positive Tuberculin skin test and normal chest x-ray.

DELAY OR FAILURE TO REPORT:
Delay or failure to report communicable diseases has contributed to serious consequences in the past. Under the California Code of Regulations, Title 16 (section 1364.10), failure to report a communicable disease is a violation of State regulations subject to a citation(s) and monetary fine(s).
The Medical Board of California determined failure to report in a timely manner a citable offense under California Business and Professions Code (Section 2234), "Unprofessional Conduct."

HOW DO YOU REPORT?
The Confidential Morbidity Report (CMR) form on the other side is to be completed in its entirety and submitted to Tuberculosis Control:

1. **BY FAX:** (213) 749-0926
   or
2. **BY PHONE:** (213) 744-6271 After hours, leave your name, phone or pager #, patient name, DOB and medical record number on voice mail.

Rev: 1/05
### MEDICAL AND OTHER ORGANIZATIONS

#### ANIMAL BITE REPORTING FORM

<table>
<thead>
<tr>
<th>PERSON BITTEN</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim name (last and first)</td>
<td>Date of Birth</td>
<td>Address (number, street, city and zip)</td>
</tr>
<tr>
<td>Victim phone number</td>
<td>Reported by:</td>
<td>Reporter phone number</td>
</tr>
<tr>
<td>Date bitten</td>
<td>Time bitten</td>
<td>Address where bitten (if no address make sure to put city)</td>
</tr>
<tr>
<td>How bite occurred</td>
<td>(if other, explain)</td>
<td></td>
</tr>
<tr>
<td>□ Provoked</td>
<td>□ Vicious</td>
<td>□ Playful</td>
</tr>
<tr>
<td>Date Treated</td>
<td>Treated by</td>
<td>Phone number</td>
</tr>
<tr>
<td>Type of treatment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ANIMAL</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner Name (last and first)</td>
<td>Address (number, street city and zip)</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td>Type of animal</td>
<td>Description of animal</td>
</tr>
<tr>
<td>□ Dog</td>
<td>□ Cat</td>
<td>□ Other</td>
</tr>
<tr>
<td>Animal Impounded</td>
<td>Animal Shelter</td>
<td>Impound #</td>
</tr>
<tr>
<td>□ YES</td>
<td>□ NO</td>
<td></td>
</tr>
<tr>
<td>Remarks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Report taken by:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Faxed: □ yes □ No</th>
<th>Initials</th>
</tr>
</thead>
</table>

Form (H-1561)
Rev. 11/05
DISEASE REPORTING FORMS INDEX

All Los Angeles County Department of Health Services case reporting forms are available by calling the respective programs and through their web sites. The following forms are included in this issue:

Los Angeles County Department of Health Services, Reportable Diseases and Conditions, 2003
Morbidity Unit ................................. 888-397-393
Acute Communicable Disease Control ........... 213-240-7941
www.lapublichealth.org/acd/reports/acdcmr.pdf

Confidential Morbidity Form (revised 12/02)
Morbidity Unit ................. 213-240-7821
Acute Communicable Disease Control ........... 213-240-7941
www.lapublichealth.org/acd/reports/acdcmr.pdf

Adult HIV/AIDS Case Report Form
(patients over 13 years of age at time of diagnosis with out personal identification, for pediatric cases see below)
HIV Epidemiology Program ................. 213-351-8516
www.lapublichealth.org/HIV/hivreporting/Adult%20HIV-AIDS%20Case%20Report%20Form.PDF

Sexually Transmitted Disease Confidential Morbidity Report
STD Program ............................... 213-744-3070
www.lapublichealth.org/std/H-1911A%20Nov03%for%20web.pdf

Confidential Morbidity Report of Tuberculosis (TB) Suspects and Cases
Tuberculosis Control ...................... 213-744-6160
www.lapublichealth.org/tb/cmr/cmrfax.pdf

Animal Bite Report Form
Veterinary Public Health ........................ 877-747-2243
www.lapublichealth.org/vet/biteintro.htm

Not included in this issue:

Pediatric HIV/AIDS Case Report Form
(patients less than 13 years of age at time of diagnosis)
Pediatric AIDS Surveillance Program ............. 213-351-7319
** Must first call program before reporting. **
www.lapublichealth.org/hiv/hivreporting/Pediatric HIV-AIDS Case Report Form.pdf

Animal Diseases and Syndrome Report Form (online):
Veterinary Public Health ...................... 323-730-3723
www.lapublichealth.org/vet/disintro.htm

Lead Reporting Form
Lead Program ...................... 213-869-7195
Call program to obtain reporting information.

FOODBORNE ILLNESS REPORTING

Food and drink may be the vehicle of many human diseases, so reporting possible foodborne illnesses to the Health Department is an important surveillance tool for public health. Don’t wait for tests results to return before you report; if you see 2 or more cases of the same syndrome in persons from separate households but with the same suspected food source, Public Health should be notified immediately by telephone. This is especially important if illness is suspected of coming from a commercial food item or retail establishment. Public Health can investigate quickly and take control measures to prevent exposure of others to contaminated or spoiled food.

Report possible foodborne illness to the disease reporting hotline: 888-397-3993.

This Issue . . .

SPECIAL REPORTING ISSUE—2006 .............................. 1
HIPAA: EXEMPT PUBLIC HEALTH AGENCIES ........... 3
Avian Influenza ............................................. 3
Respiratory Hygiene ........................................ 4
Reporting of Selected Non-communicable Diseases .......... 5
Reporting Cases of Vaccine-Preventable Diseases ............. 6