County of Los Angeles
Department of Health Services
Public Health

THE PUBLIC'S HEALTH

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SPECIAL REPORTING ISSUE—2006

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

Continued on page 2

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. HIPPA 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.

HIPAA regulations permit disease reporting to public health agencies.

THE PUBLIC'S HEALTH

County of Los Angeles
Department of Health Services
Public Health

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SPECIAL REPORTING... from page 1

County is included in this issue for reference and display.

Regardless of the many specific diseases itemized on the list, **any** suspected unusual disease and **any** suspected evidence of an outbreak of disease warrants an immediate call to Acute Communicable Disease Control (213-240-7941). Similarly, there are several diseases associated with potential bioterrorist activity that also warrant an immediate call—even if infection is merely suspected—these include: anthrax, botulism, brucellosis, plague, smallpox, tularemia, and the viral hemorrhagic fevers. It is important to note that primary healthcare providers are frequently the first to recognize unusual occurrences or patterns of disease. As such, it is critical that healthcare providers be alert and quick to report all reportable diseases as well as any unusual occurrences. Moreover, it is also important that these high priority diseases be reported immediately to local public health authorities, and not state or national authorities (e.g., CDC). Acute Communicable Disease Control (213-240-7941) should be the first health authority notified in cases of suspected bioterrorist activity or unusual disease since we can more readily and immediately provide guidance for testing, treatment and prophylaxis.

Connect to Public Health

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 >38ºC (>100.4ºF), **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).

Respiratory Hygiene—Contact us for your free Educational Materials

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.

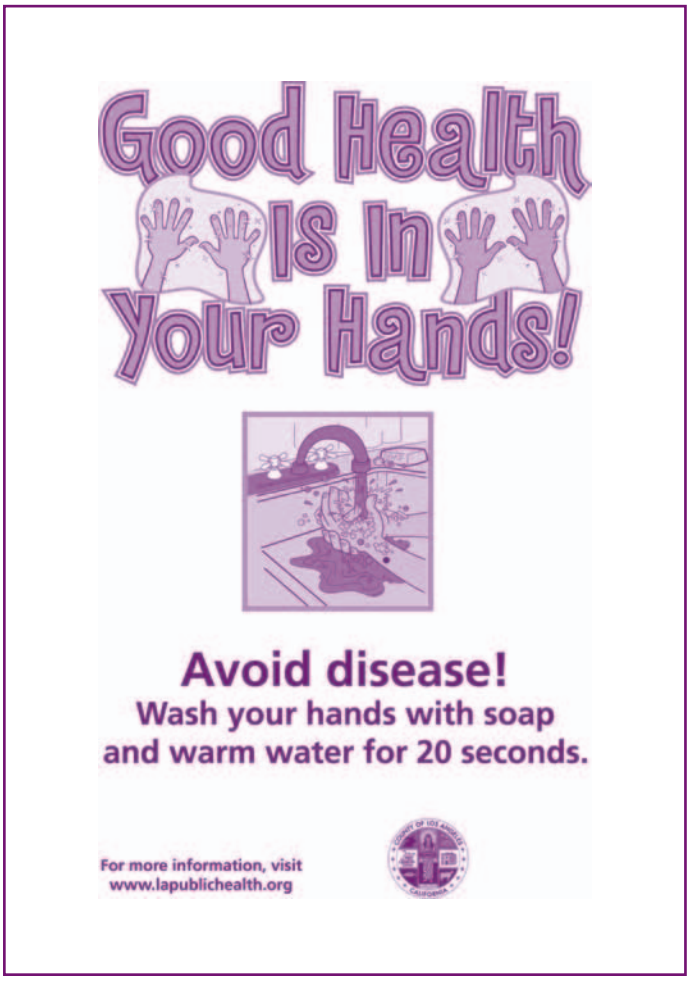
DHS has launched the Respiratory Hygiene Awareness Campaign to educate residents on the simple steps they can take to avoid spreading diseases.

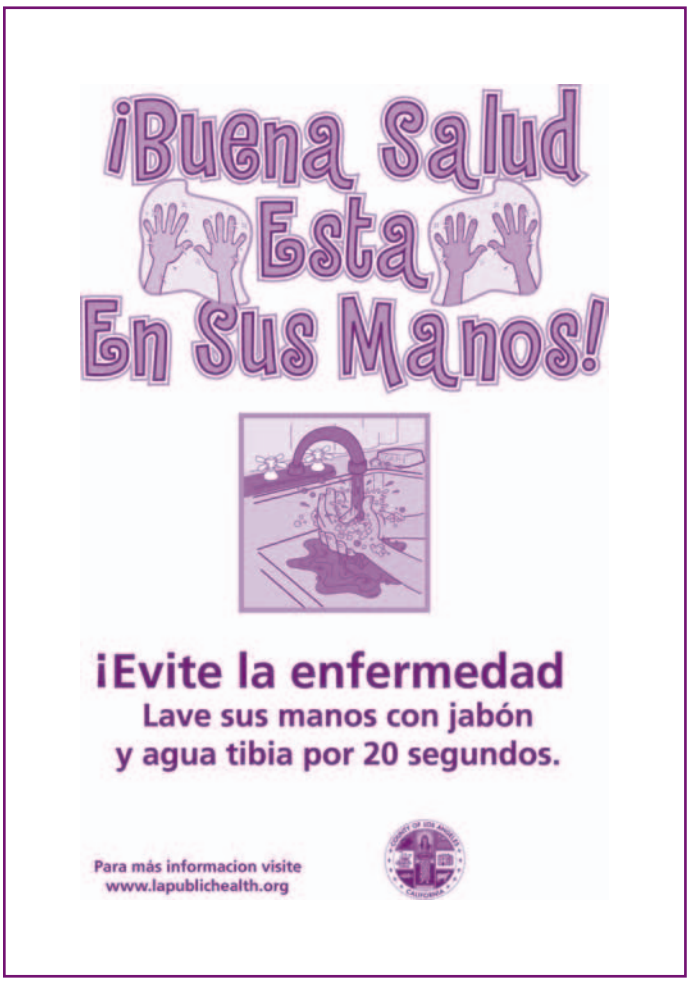
Posters are available in nine languages: Spanish, Cambodian, Chinese, Russian, Korean, Tagalog, Farsi, Vietnamese, and Armenian, in addition to English. These colorful posters are 11" X 17" shown below are ideal for waiting rooms, restrooms, cafeterias and other locations where individuals gather.

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





Reporting of Selected Non-communicable Diseases and Conditions

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. 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.

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

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.

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

* Required in Los Angeles County. Use the IPD report form available at www.lapublichealth.org/acd/Epiforms/New_3_29_05/InvasPneumoform.pdf.

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 . Cases among residents of Long Beach or Pasadena should be reported to those city health departments.

Report to:

Communicable Disease Reporting System
Hotline: (888) 397-3993
Fax: (888) 397-3778

Morbidity Central Reporting Unit
Phone: (213) 240-7821

For general information only:
E-mail: cdrsreprt@dhs.co.la.ca.us

For cases among residents of Long Beach and Pasadena:

Long Beach City Health Dept.
Epidemiology
Phone: (562) 570-4301/4302
Fax: (562) 570-4374

Pasadena City Health Dept.
Public Health Nursing
Phone: (626) 744-6128
Fax: (626) 744-6115

For additional information about vaccine-preventable disease reporting:

Immunization Program
Epidemiology Unit
Phone: (213) 351-7800
Fax: (213) 351-2782

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 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 . 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.

County of Los Angeles ● Department of Health Services ● Public Health

Please post.

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.
⑦ = Report within 7 calendar days from the time of identification by mail, telephone or electronic report.

REPORTABLE DISEASES

⑦ Acquired Immune Deficiency Syndrome (AIDS) *
✉ Amebiasis
✉ Anisakiasis
☎ Anthrax
✉ Babesiosis
☎ Botulism: Infant, Foodborne, or Wound
☎ Brucellosis
✉ Campylobacteriosis
⑦ Chancroid *
⑦ Chlamydial Infections *
☎ Cholera
☎ Ciguatera Fish Poisoning
⑦ Coccidiodomycosis
✉ Colorado Tick Fever
✉ Conjunctivitis, Acute Infections of the Newborn, specify etiology
✉ Cryptosporidiosis
⑦ Cysticercosis
☎ Dengue
☎ Diarrhea of the Newborn, outbreaks only
☎ Diphtheria
☎ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
⑦ Echinococcosis (Hydatid Disease)
⑦ Ehrlichiosis
✉ Encephalitis, specify etiology: Viral, Bacterial, Fungal, Parasitic
☎ ***Escherichia coli*** O157:H7 Infections
✉ Foodborne Disease:
  ☎ 2 or more cases from separate households with same suspected source
⑦ Giardiasis
⑦ Gonococcal Infections *
✉ ***Haemophilus influenzae,*** Invasive Disease
☎ Hantavirus Infections
☎ Hemolytic Uremic Syndrome
☎ Hemorrhagic Fevers, Viral (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)

Hepatitis:
  ✉ Hepatitis A
  ⑦ Hepatitis B, specify Acute or Chronic
  ⑦ Hepatitis C, specify Acute or Chronic
  ⑦ Hepatitis D (Delta)
  ⑦ Hepatitis Other, Acute
⑦ Human Immunodeficiency Virus (HIV) *
⑦ Influenza, pediatric—ICU cases or deaths only
⑦ Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)
⑦ Legionellosis
⑦ Leprosy (Hansen's Disease)
⑦ Leptospirosis
✉ Listeriosis
⑦ Lyme Disease
✉ Lymphocytic Choriomeningitis
✉ Malaria
✉ Measles (Rubeola)
✉ Meningitis, specify etiology: Viral, Bacterial, Fungal, or Parasitic
☎ Meningococcal Infections
⑦ Mumps
⑦ Non-Gonococcal Urethritis (report laboratory confirmed Chlamydia as Chlamydia) *
☎ Paralytic Shellfish Poisoning
⑦ Pelvic Inflammatory Disease (PID) *
✉ Pertussis (Whooping Cough)
☎ Plague, Human or Animal
✉ Poliomyelitis, Paralytic
✉ Psittacosis
✉ Q Fever
☎ Rabies, Human or Animal
✉ Relapsing Fever
⑦ Reye Syndrome
⑦ Rheumatic Fever, Acute
⑦ Rocky Mountain Spotted Fever
Rubella:
  ⑦ Acute Rubella (German Measles)
  ⑦ Congenital Rubella Syndrome

✉ Salmonellosis (other than Typhoid Fever)
☎ SARS (Severe Acute Respiratory Syndrome)
☎ Scabies (Atypical or Crusted) ★
☎ Scombroid Fish Poisoning
✉ Shigellosis
☎ Smallpox
Streptococcal Infections:
  ✉ Outbreaks of any type
  ✉ Individual case in a food handler
  ✉ Individual case in a dairy worker
  ✉ Invasive Group A Streptococcal Infections including Streptococcal Toxic Shock Syndrome and Necrotizing Fasciitis ★
  (Do not report individual cases of pharyngitis or scarlet fever.)
⑦ ***Streptococcus pneumoniae,*** Invasive ★
✉ Swimmer's Itch (Schistosomal Dermatitis)
✉ Syphilis *
⑦ Tetanus
⑦ Toxic Shock Syndrome
⑦ Toxoplasmosis
✉ Trichinosis
✉ Tuberculosis *
☎ Tularemia
✉ Typhoid Fever, cases and carriers
⑦ Typhus Fever
Varicella:
  ☎ Varicella, Fatal Cases
  ⑦ Varicella, Hospitalized Cases
(Do not report cases of herpes zoster/shingles.)
✉ ***Vibrio*** Infections
✉ Water-associated Disease
✉ West Nile Virus
☎ Yellow Fever
✉ Yersiniosis

☎ ***OCCURRENCE OF ANY UNUSUAL DISEASE***

☎ ***OUTBREAKS OF ANY DISEASE***

Notification Required of Laboratories (CCR § 2505)

◑ Anthrax ✚■
◑ Botulism ■
◑ Brucellosis ✚■
✉ Chlamydial Infections *
✉ Cryptosporidiosis
✉ Diphtheria ✚
✉ Encephalitis, arboviral
◑ ***Escherichia coli*** O157:H7 or Shiga toxin-producing ***E. coli*** O157:NM ✚
✉ Gonorrhea *
✉ Hepatitis A, Acute Infections, by IgM antibody test or positive viral antigen test

Hepatitis B:
  ✉ Acute Infections, by IgM anti-HBc antibody test
  ✉ Surface Antigen Positivity (specify gender)
◑ Hemorrhagic Fevers, Viral (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses) ■
⑦ Human Immunodeficiency Virus (HIV) *
✉ Listeriosis ✚
✉ Lyme Disease
✉ Malaria ✚
✉ Measles (Rubeola), Acute Infections, by IgM antibody test or positive viral antigen test

◑ Plague, Animal or Human ✚■
✉ Rabies, Animal or Human
✉ Salmonella ✚
◑ Smallpox ■
⑦ ***Streptococcus pneumoniae,*** Invasive ★
✉ Syphilis *
✉ Tuberculosis ✚*
◑ Tularemia ✚■
✉ Typhoid and other ***Salmonella*** Species ✚
✉ ***Vibrio*** Species Infections ✚
✉ West Nile Virus

★ Reportable to the Los Angeles County Department of Health Services.
✚ Bacterial isolates and malarial slides must be forwarded to the Los Angeles County DHS Public Health Laboratory for confirmation. Healthcare providers must still report all such cases separately.
■ Laboratories receiving specimens for the diagnosis of these diseases must immediately contact the California Department of Health Services; for bacterial testing call 510-412-3700, for viral testing call 510-307-8575. For botulism testing, contact Acute Communicable Disease Control at 213-240-7941.

Non-communicable Diseases or Conditions

⑦ Alzheimer's Disease and Related Conditions (CCR § 2802, § 2806, § 2810)
⑦ 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:

HIV Epidemiology Program
213-351-8516
www.lapublichealth.org/hiv/index.htm

STD Program
213-744-3070
www.lapublichealth.org/std/index.htm

TB Control Program
213-744-6271 (for reporting) 213-744-6160 (general)
www.lapublichealth.org/tb/index.htm

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

(Rev. 10/05) **Tel: 888-397-3993 ● Fax: 888-397-3778**

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
Public Health
313 N. Figueroa St., Rm. 117
Los Angeles, CA 90012
888-397-3993 (tel.)
888-397-3778 (fax.)

CONFIDENTIAL MORBIDITY REPORT

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

DISEASE BEING REPORTED:

DISTRICT CODE (internal use only):

Patient's Last Name:

Social Security Number: ___ ___ ___ – ___ ___ – ___ ___ ___ ___

Ethnicity (check one):
☐ Hispanic ☐ Non-Hispanic / Non-Latino

First Name and Middle Name (or initial):

Birthdate (MM/DD/YYYY): ____/____/____

Age:

Race (check one):
☐ White
☐ African American / Black
☐ Native American / Alaskan Native
☐ Other _____
☐ Asian / Pacific Islander (check one below):
☐ Asian-Indian ☐ Japanese
☐ Cambodian ☐ Korean
☐ Chinese ☐ Laotian
☐ Filipino ☐ Samoan
☐ Hawaiian ☐ Other _____

Address (Street and number):

City/Town:

State:

Zip Code:

Home Telephone Number: ( )

Work Telephone Number: ( )

Gender:
☐ Male
☐ Female ➜ Pregnant? ☐ Yes ☐ No ☐ Unknown
Estimated Delivery Date (MM/DD/YYYY): ____/____/_____

Patient's Occupation or Setting:
☐ Day Care ☐ Correctional Facility ☐ Food Service: (Explain) _____
☐ Health Care ☐ School ☐ Other: (Explain) _____

Risk Factors / Suspected Exposure Type:
(check all that apply)
☐ Blood transfusion ☐ Needle or blood exposure
☐ Child care ☐ Recreational water exposure
☐ Food / drink ☐ Sexual activity
☐ Foreign travel ☐ Unknown
☐ Household exposure ☐ Other (specify) _____

Date of Onset (MM/DD/YYYY): ___/___/_____

Date of Diagnosis (MM/DD/YYYY): ___/___/_____

Date of Hospitalization (MM/DD/YYYY): ___/___/_____

Date of Death (MM/DD/YYYY): ___/___/_____

Health Care Provider:

Health Care Facility:

Address:

City:

Telephone:

FAX:

Submitted by:

Date CMR submitted (MM/DD/YYYY): ____/____/_____

Type of diagnostic specimen:
(check all that apply)
☐ Blood ☐ CSF
☐ Stool ☐ Urine
☐ Clinical ☐ No test
☐ Other _____

Hepatitis Diagnosis:
☐ Hep A, acute
☐ Hep B, acute
☐ Hep B, chronic
☐ Hep C, acute
☐ Hep C, chronic
☐ Hep D
☐ Other Hepatitis _____

Elevated LFTs?
☐ No ☐ Yes➜ ___ ALT
___ AST

Jaundiced? ☐ No ☐ Yes

Type of Hepatitis Testing
(check all that apply):

	Pos.	Neg.	Pend.	Not Done
anti-HAV IgM	☐	☐	☐	☐
HBsAg	☐	☐	☐	☐
anti-HBc (total)	☐	☐	☐	☐
anti-HBc IgM	☐	☐	☐	☐
anti-HBs	☐	☐	☐	☐
anti-HCV	☐	☐	☐	☐
– anti-HCV signal to cut-off ratio = _____				
PCR-HCV	☐	☐	☐	☐
anti-Delta	☐	☐	☐	☐
other test	☐	☐	☐	☐

specify _____

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.lapublichealth.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.lapublichealth.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 inflamatory disease. Reporting information is available by phone (213-744-3070) or at: www.lapublichealth.org/std/index.htm

REMARKS:

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.

State of California—Health and Human Services Agency

Department of Health Services
Office of AIDS
HIV/AIDS Surveillance Program

ADULT HIV/AIDS CONFIDENTIAL CASE REPORT
(Patients ≥ 13 years of age at time of diagnosis)

Date form completed: Month / Day / Year

Report status: [1] New [2] Update

I. Health Department Use Only

Report source | Reporting health department | State patient number | City/county patient number

II. For HIV and AIDS Cases

Soundex code | Date of birth: Month / Day / Year | Gender: [1] M [2] F [3] M→F [4] F→M

For Non-AIDS Cases Only

Last four digits of SSN | Lab report number | *Confidential C&T number

*Publicly funded confidential counseling and testing sites only

III. Demographic Information

Diagnosis status at report (check one): [1] HIV infection(not AIDS) [2] AIDS — Age at Diagnosis, Years

Current status: [1] Alive [2] Dead [9] Unknown

Date of death: Month / Day / Year

State/Territory of death

Race/Ethnicity: [1] White (non-Hispanic) [2] Black (non-Hispanic) [3] Hispanic (specify: _____) [4] Asian/Pacific Islander (specify: _____) [5] American Indian/Alaska Native [9] Not specified

Country of birth: [1] U.S. [7] U.S. Territories (including Puerto Rico) [8] Other (specify): _____ [9] Unknown

☐ Check if HIV infection is presumed to have been acquired outside United States and Territories. Specify country: _____

Residence at diagnosis: City | County | State/Country | ZIP code

☐ Homeless

IV. Facility of Diagnosis

Facility name

City

State/Country

Facility type (check one)

[01] Physician, HMO
[29] Community Health Center
[30] Correctional Facility
[31] Hospital, inpatient
[32] Hospital, outpatient
[88] Other (specify): _____
[99] Unknown

Facility setting (check one): [1] Public [2] Private [3] Federal [9] Unknown

V. Patient History

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

	Yes	No	Unknown
• Sex with a male	1	0	9
• Sex with a female	1	0	9
• Injected nonprescription drugs	1	0	9
• Received clotting factor for hemophilia/coagulation disorder	1	0	9

Specify disorder: [1] Factor VIII (Hemophilia A) [2] Factor IX (Hemophilia B) [8] Other (specify): _____

	Yes	No	Unknown
• HETEROSEXUAL relations with any of the following:			
• Intravenous/injection drug user	1	0	9
• Bisexual male	1	0	9
• Person with hemophilia/coagulation disorder	1	0	9
• Transfusion recipient with documented HIV infection	1	0	9
• Transplant recipient with documented HIV infection	1	0	9
• Person with AIDS or documented HIV infection, risk not specified	1	0	9
• Received transfusion of blood/components (other than clotting factor) First: Month / Year Last: Month / Year	1	0	9
• Received transplant of tissue/organs or artificial insemination	1	0	9
• Worked in a health care or clinical laboratory setting (Specify occupation): _____	1	0	9

VI. Laboratory Data

A. HIV Antibody Test at Diagnosis *(Indicate first test.)*

	Pos	Neg	Ind	Not Done	TEST DATE Month	Year
• HIV-1 EIA	1	0	—	9		
• HIV-1/HIV-2 combination EIA	1	0	—	9		
• HIV-1 Western Blot/IFA	1	0	8	9		
• Other HIV antibody test (Specify): _____	1	0	8	9		

B. ***Positive*** HIV Detection Test *(Record earliest test.)* Month / Year

☐ Culture ☐ Antigen ☐ PCR, DNA, or RNA probe

Other (specify): _____

C. ***Detectable*** Viral Load *(Record earliest test.)* Month / Year

Test type* | Copies/ml

*Type 11=NASBA (Organon); 12=RT-PCR (Roche); 13=bDNA (Chiron); 18=Other

- Date of last documented ***negative*** HIV test (specify type): _____ Month / Year
- If HIV laboratory tests were not documented, is HIV diagnosis documented by a physician? Yes / No / Unknown
- If yes, provide date of documentation by physician Month / Year

D. Immunologic Tests

At or closest to current diagnostic status
- CD4 count _____ cells/µl Month / Year
- CD4 percent _____ %

First <200 µl or <14%
- CD4 count _____ cells/µl Month / Year
- CD4 percent _____ %

STATE/LOCAL USE ONLY

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

Patient's name (last, first, MI) | Telephone number ( ) | Social Security Number

Address (number, street) | City | County | State | ZIP code

VIII. Clinical Status

Clinical record reviewed — Yes [1] No [0]

Enter date patient was diagnosed as — Month / Year
- Asymptomatic (including acute retroviral syndrome and persistent generalized lymphadenopathy) .....
- Symptomatic (not AIDS) .....

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

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 [1] No [0] Unknown [9]

IX. Treatment/Services Referrals

Has the patient been informed of his/her HIV infection? ..... Yes [1] No [0] Unknown [9]

This patient's partner(s) has been or will be notified about their HIV exposure and counseled by:
[1] Health Department [2] Physician/Provider [3] Patient [9] Unknown

This patient received or is receiving: Yes / No / Unknown
- Antiretroviral therapy ..... 1 / 0 / 9
- PCP prophylaxis ..... 1 / 0 / 9

This patient is receiving or has been referred for: Yes / No / NA / Unknown
- HIV-related medical services ..... 1 / 0 / — / 9
- Substance abuse treatment services ..... 1 / 0 / 8 / 9

This patient has been enrolled at:

Clinical Trial	*Clinic*
[1] NIH-sponsored	[1] HRSA-sponsored
[2] Other	[2] Other
[3] None	[3] None
[9] Unknown	[9] Unknown

This patient's medical treatment is primarily reimbursed by:
[1] Medicaid [2] Private insurance/HMO
[3] No coverage [4] Other public funding
[7] Clinical trial/government program [9] Unknown

For women: Yes / No / Unknown
- This patient is receiving or has been referred for gynecological or obstetrical services ..... 1 / 0 / 9
- This patient is currently pregnant ..... 1 / 0 / 9
- This patient has delivered live born infant(s) ..... 1 / 0 / 9

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

Child's date of birth (Month / Day / Year)	Hospital of birth		Child's Soundex	Child's state patient number
	City	State		

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, MI)	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 STATUS: ☐ New ☐ Update

REPORT DONE BY:

County of Los Angeles Department of Health Services **Public Health**

1 PROVIDER

DIAGNOSING MEDICAL PRACTITIONER (LAST NAME & FIRST NAME)

TITLE ABBREVIATION

FACILITY/CLINIC NAME

SUITE/UNIT NO.

FACILITY/CLINIC STREET ADDRESS

CLINIC STAMP ▼

CITY/TOWN

STATE

AREA CODE ( )

OFFICE TEL –

ZIP CODE

AREA CODE ( )

OFFICE FAX –

2 PATIENT INFORMATION

PATIENT'S LAST NAME

FIRST NAME

MI

MEDICAL RECORD NUMBER

SOCIAL SECURITY NUMBER – –

OCCUPATION

PATIENT'S STREET ADDRESS

APT/UNIT NO.

CITY/TOWN

STATE

ZIP CODE

AREA CODE ( ) DAY TEL –

AREA CODE ( ) EVENING TEL –

For HIV REPORTING:
Call (213) 351-8516 or visit www.lapublichealth.org/hiv

AGE:

BIRTH DATE: – –

PREGNANT: ☐ Yes → ☐ Unknown ☐ No

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
- ☐ Other:

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

3 DIAGNOSIS & TREATMENT

CHLAMYDIA

DIAGNOSIS: (X one):
- ☐ Asymptomatic
- ☐ Symptomatic - uncomplicated
- ☐ Pelvic Inflammatory Disease
- ☐ Opthalmia/Conjunctivitis
- ☐ Other:

SITE / SPECIMEN: (X all that apply):
- ☐ Urine
- ☐ Cervix
- ☐ Urethra
- ☐ Rectum
- ☐ Nasopharynx
- ☐ Other:

Specimen Collection Date:

Treatment Date: ☐ **Not treated**

Medication & Dose:

Partner Information: Number partners (last 60 days) | Number treated | Number Partner Delivered Therapy

GONORRHEA

DIAGNOSIS: (X one):
- ☐ Asymptomatic
- ☐ Symptomatic - uncomplicated
- ☐ Pelvic Inflammatory Disease
- ☐ Opthalmia/Conjunctivitis
- ☐ Disseminated
- ☐ Other:

SITE / SPECIMEN: (X all that apply):
- ☐ Urine
- ☐ Cervix
- ☐ Urethra
- ☐ Rectum
- ☐ Nasopharynx
- ☐ Other:

Specimen Collection Date:

Treatment Date: ☐ **Not treated**

Medication & Dose:

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)

PATIENT'S LAST NAME (COMPLETE SECTIONS 1 & 2 FIRST) | FIRST NAME | MI

3 cont. DIAGNOSIS & TREATMENT

ADULT SYPHILIS

☐ Primary Syphilis — Onset Date: | LESION SITES (X all that apply): ☐ Genital ☐ Perirectal ☐ Oral ☐ Other: ☐ Vagina ☐ Rectum

☐ Secondary Syphilis — Onset Date: | SYMPTOMS (X all that apply): ☐ Palmar/Plantar Rash ☐ Gen. Body Rash ☐ Other: ☐ Alopecia

☐ Early Latent (1 Year)
☐ Late Latent (>1 Year)
☐ Latent, Unknown Duration

☐ Late Syphilis
☐ Neurosyphilis
DESCRIBE SYMPTOMS

(Neurosyphilis must be accompanied by a staged diagnosis)

Specimen Collection Date:

PARTNER INFORMATION: Number elicited | Number treated

☐ RPR or ☐ VDRL — Titer: 1 :

☐ TP-PA or ☐ FTA-ABS or ☐ Other — Reactive: ☐ Yes ☐ No

☐ CSF - VDRL Titer: 1 :

Patient Treated: ☐ Yes ☐ No (if yes, give treatment/dose & dates below)

DATE(S) TREATED	MEDICATION / DOSE

CONGENITAL SYPHILIS (SEPARATE CMRS 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 | ☐ Live Birth ☐ Still Birth

WEIGHT (grams) | SYMPTOMS: ☐ Yes → Describe: ☐ No

Serum:
Laboratory Test Date:
RPR: ☐ Reactive → Titer: ☐ Non-reactive ☐ Not Done — 1 :

CSF:
Laboratory Test Date:
VDRL: ☐ Reactive ☐ Non-Reactive
WBC >5/mm³: ☐ Yes ☐ No
Protein>50mg/dl: ☐ Yes ☐ No

Titer 4x> mothers?: ☐ Yes ☐ No
Long Bone X-rays: ☐ Positive ☐ Negative ☐ Not Done
Infant Treated: ☐ Yes ☐ No *(If **yes**, attach record of treatment dates and doses.)*

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 SEROLOGY AT DELIVERY **Lab Test Date:**

STAGE OF SYPHILIS AT DIAGNOSIS
☐ Primary
☐ Secondary
☐ Early Latent (1 Year)
☐ Late Latent (>1 Year)
☐ Latent, Unknown Duration
☐ Late Syphilis

☐ RPR or ☐ VDRL — Titer: 1 :

☐ TP-PA or ☐ FTA-ABS or ☐ Other — Reactive: ☐ Yes ☐ No

Lumbar Puncture Done: ☐ Yes ☐ No

DATE(S) TREATED	MEDICATION / DOSE

OTHER REPORTABLE STDs

DIAGNOSIS	TREATED	DATE TREATED	MEDICATION / DOSE
☐ Pelvic Inflammatory Disease: Non-Chlamydial/ Non-Gonococcal	☐ Yes ☐ No		
☐ Non-Gonococcal/Non-Chlamydial Urethritis: (NGU)	☐ Yes ☐ No		
☐ Chancroid:	☐ Yes ☐ No		

4 SEND

FAX BOTH SIDES TO:
(213) 749-9602

OR

MAIL TO: STD PROGRAM
2615 S. GRAND AVENUE, RM. 450
LOS ANGELES, CA 90007

5 INFO

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

Patient's Last Name	First	Middle	Date of Birth / /	Age	Sex	Patient's SS#

Patient's Address	City	State	Zip	County	Phone
					( ) -

Occupation	Country of Birth	Date Arrived in U.S. / /	Medical Record Number

(mark one) **Race:** ☐ White ☐ Black ☐ Asian *specify*_____ ☐ Pacific Islander *specify*_____ ☐ Alaska Native ☐ American Indian
(mark one) **Ethnicity:** ☐ Hispanic ☐ Non-Hispanic

Previous TB Skin Test:
Date: / / _____ mm of induration
Current TB Skin Test:
Date: / / _____ mm of induration

Chest X-ray date: / /
☐ Normal ☐ Cavitary ☐ Non-Cavitary
Impression: _____

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

Complete for TB Suspect/Case Only

Active Disease
☐ **TB Suspect**
☐ **TB Case**

Site of Disease
☐ **Pulmonary TB**
☐ **Extra-pulmonary TB** **Specify Site:** _____

Cough and/or Sputum production ☐ Yes ☐ No	Date of Onset / /	Date of Diagnosis / /	Date of Death / /

Bacteriology ☐ **Not Done**

Date Collected	Specimen Type	Smear AFB	Culture MTB

Treatment ☐ **Not Started**

Drug	Dose	Start Date
INH		
Rifampin		
EMB		
PZA		
Rifamate®		
Rifater®		

Lab Name:_____ **Phone:** ( ) _____

Remarks:

For TB Control Use
☐ New or Open
DP#:_____
☐ Close date _____
☐ Conf. date _____
—
☐ TB or ☐ PMD
☐ Faxed date _____
☐ Faxed date _____
cc: _____

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

Reporting Health Care Facility Address	Submitted By	Date Submitted

County of Los Angeles ● Department of Health Services ● Public Health

Tuberculosis Control Program

2615 S. Grand Ave., Room 507 Los Angeles, CA 90007

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. canettii, 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

VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM
TEL: (562) 401-7088 FAX: (562) 401-7112
http://lapublichealth.org/vet

MEDICAL AND OTHER ORGANIZATIONS
ANIMAL BITE REPORTING FORM

PERSON BITTEN

Victim name (last and first)	Date of Birth	Address (number, street, city and zip)

Victim phone number	Reported by:	Reporter phone number

Date bitten	Time bitten	Address where bitten (if no address make sure to put city)	Body location bitten

How bite occurred **(if other, explain)**

☐ Provoked ☐ Vicious ☐ Playful ☐ Sick ☐ break up fight ☐ Unknown ☐ Other

Date Treated	Treated by	Phone number

Type of treatment

ANIMAL

Owner Name (last and first)	Address (number, street city and zip)

Phone Number	Type of animal	Description of animal
	☐ Dog ☐ Cat ☐ Other _____	

Animal Impounded	Animal Shelter	Impound #
☐ YES ☐ NO		

Remarks

Report taken by:

Date	Time	Faxed: ☐ yes ☐ No	Initials

Form (H-1561)
Rev. 11/05

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.

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.

This Issue . . .

THE PUBLIC'S HEALTH

Newsletter for Medical Professionals in Los Angeles County

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
Public Health

313 North Figueroa Street, Room 212
Los Angeles, California 90012