

Premier Issue

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Disease Reporting in Los Angeles County

Disease-reporting is one of the most important services that clinicians can provide to safeguard the public's health. Timely and accurate reporting of suspected or confirmed communicable diseases enables the Department of Public Health to investigate, identify, and interrupt the spread of many diseases before they affect others in the community. Many diseases that were once common (e.g., tuberculosis, typhoid, and hepatitis) are now rare but still require prompt action to prevent the spread to others.

Importantly, disease reporting also allows the County of Los Angeles to monitor and track trends in disease occurrence over time. Each report submitted improves the quality of our disease surveillance programs.

In California, more than 85 diseases and conditions are reportable by law to the local health department. While there are many diseases on the current list, two situations require an immediate call to the Los Angeles County Department of Public Health's Acute Communicable

Disease Control (ACDC) program, (213) 240-7941. First, any suspicion of certain diseases associated with potential bioterrorist activity warrant an immediate call, even if infection is merely suspected. These include anthrax, botulism, brucellosis, plague, smallpox, tularemia, and the viral hemorrhagic fevers. Also, because of the potential threat to the public's health, any suspected "unusual disease" and any "evidence of an outbreak of disease" warrant an immediate call to ACDC.

Primary health care providers are frequently the first to recognize unusual occurrences or patterns of disease. It is therefore important to maintain a "high index of suspicion" for conditions of potential public health significance and to quickly report them. In addition to collecting information that is required for reporting, Public Health is available to offer guidance for testing, treatment, and prophylaxis for all communicable diseases and outbreaks.

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Editors' Note

We are very pleased to introduce the premier issue of *Rx for Prevention*, a publication that will provide essential prevention-related information to physicians in Los Angeles County. This publication will focus on practices in clinical medicine that are vital to the overarching goals of prevention and public health within our community. While all aspects of clinical care are of vital importance to each individual patient, certain aspects of care have the potential to greatly impact the broader health of the community. Through *Rx for Prevention*, we hope to highlight topics that focus on prevention and provide you with information and tools that are relevant to your practice.

In *Rx for Prevention*, you will read about important topics in prevention and public health, such as treatment of tobacco addiction, chronic disease and injury prevention, immunizations, treatment of alcohol and drug abuse, sexually transmitted diseases, tuberculosis, and other communicable diseases of public health interest. We share with you the goal of providing the best possible care for our Los Angeles residents. If you have any comments on this issue or suggestions for future publications, please let us know.

Sincerely,

– Dr. Jeffrey Gunzenhauser & Dr. Steven Teutsch, *Editors in Chief*



DISEASE REPORTING from page 1

For your convenience, telephone numbers for specific programs in the Department of Public Health that may assist you are listed on page 6. In addition, please take the time to review the reporting forms and other information that are available online at www.publichealth.lacounty.gov/report/prereporting.htm.

Important Changes

Recently, several changes have been made to the official list of legally reportable diseases and conditions in California, including these:

Newly reportable diseases

- Anaplasmosis—This disease is now reportable as a separate condition to recognize that the organism *Anaplasma phagocytophyla* is distinct from *Ehrlichia chafeensis* that causes


human ehrlichiosis. The public health significance is that anaplasmosis (like ehrlichiosis) is a tickborne disease that can be prevented through vector control.

- Guillain-Barré syndrome (reportable in Los Angeles County until 9/30/10)—This condition is reportable as part of a national surveillance effort to monitor for any adverse consequences from the pandemic H1N1 influenza vaccine. To date, all results indicate that the vaccine is not causing adverse events at a rate higher than with seasonal influenza vaccine.

No longer reportable

- Conjunctivitis, Acute Infections of the Newborn, Specify Etiology
- Toxoplasmosis
- Diarrhea of the Newborn, Outbreaks

Administrative changes in the names of certain conditions or the timeframe for reporting

- “Poliomyelitis” was changed to “Poliovirus Infection.”
- “*Chlamydia* Infections, including Lymphogranulom Venereum (LGV)” has been changed to “*Chlamydia trachomatis* infections including Lymphogranuloma Venereum (LGV).”
- Urgency of reporting requirement for severe *Staphylococcus aureus* infection changed from “Report immediately by telephone” to “Report within one working day of identification.” 

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

New Influenza Reporting Requirements

Ashley Peterson, MPH

Due to the presence of pandemic H1N1 2009 influenza in Los Angeles County, new influenza reporting requirements are in effect.

The following situations should be reported within 24 hours:

- Outbreaks of suspected influenza or other respiratory illnesses
- Influenza-like illness in an ICU patient or in a decedent with any positive test (EIA, DFA, culture, PCR, rapid test) for influenza, including H1N1, influenza A, or influenza B

To report, print out the Influenza Case Report Form, at www.publichealth.lacounty.gov/acd/EpiForms/acd-influ81309.pdf. Then complete it and fax it to the LA County Department of Public Health, Acute Communicable Disease Control Program at (213) 482-4856, or Report through Web-CMR (for infection control practitioners in hospitals).

Note: Outpatient cases of influenza do not need to be reported to Public Health.


- Influenza-like illness in an ICU patient or in a decedent for which the health care facility is submitting a clinical sample to the LA County Public Health Laboratory for testing.

Print out the Screening Form for Respiratory Viral Testing, at www.publichealth.lacounty.gov/acd/EpiForms/acd-respvirtestH1N1_Draft%202.pdf. Then complete it

and fax it to the LA County Department of Public Health, Acute Communicable Disease Control at (213) 482-4856.

While pandemic H1N1 activity appears to be decreasing in Los Angeles County, it is still early in the respiratory disease season. There may be another increase in H1N1 as well as an increase in seasonal flu and other respiratory viruses that normally appear during this time of year.

For more information about influenza in LA County, go to Public Health’s H1N1 information web page at www.publichealth.lacounty.gov/acd/h1n1.htm.

For questions or additional information, contact Acute Communicable Disease Control at (213) 240-7941 or ACDC2@ph.lacounty.gov. 

Ashley Peterson, MPH, is an epidemiologist for the Acute Communicable Disease Control Program, LA County Department of Public Health.

Subscribe to *Influenza Watch*

For up-to-date information on pandemic and seasonal influenza, as well as other respiratory pathogens, read *Influenza Watch*, which is published by the Los Angeles County Department of Public Health. This newsletter, which is distributed weekly during influenza season, may be accessed at www.publichealth.lacounty.gov/acd/FluSurveillance.htm.

If you would like to receive an e-mail when a new issue is available, sign up at www.publichealth.lacounty.gov/listserv (select “Public Health Topics” and then “FLUWATCH”).

Increased Norovirus Activity in Los Angeles County

Ben Techagaiciyawanis, MPH

Norovirus is a common cause of gastrointestinal illness and affects persons of all ages. Cases of norovirus are typically highest during the winter season. Since the beginning of December 2009, over 50 outbreaks of gastroenteritis have been reported to Public Health, more than twice as many as in the same time period a year ago. Norovirus is being confirmed in most outbreaks where testing is conducted.

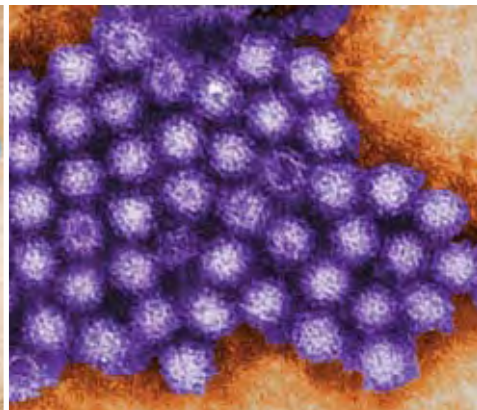
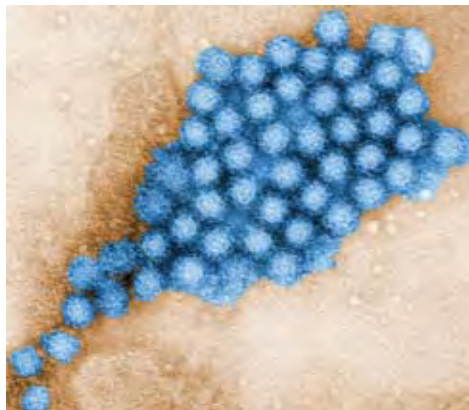
Noroviruses are the most common cause of outbreaks of acute gastroenteritis in the United States.¹ The Centers for Disease Control and Prevention estimates that 23 million cases of acute gastroenteritis are due to norovirus infection, and it is now thought that at least 50% of all foodborne outbreaks of gastroenteritis can be attributed to noroviruses.² Outbreaks commonly occur in a wide variety of settings (e.g., nursing homes, hospitals, restaurants, communities, schools, day care centers, military barracks, and cruise ships). In Los Angeles County, most outbreaks are occurring in skilled nursing facilities and senior residential homes. Recommended control measures are available for facility staff to use in the prompt identification and management of norovirus cases.³

Symptoms

Norovirus infection usually presents as acute-onset vomiting, watery non-bloody diarrhea with abdominal cramps, and nausea. Low-grade fever also occasionally occurs, and vomiting is more common in children. The incubation period is from 10-50 hours, usually 24-48 hours. Duration of the illness varies from 1-2 days. However, current circulating strains of norovirus can make illness last for up to a week.

Treatment

Currently, there is no effective antiviral medication or vaccine for noroviral infection. Norovirus illness is usually brief in healthy individuals. Dehydration among young children, the elderly, and the sick is common, and is the most



CDC/Charles D. Humphrey

These transmission electron micrographs display norovirus virions, which previously were referred to as small round-structured viruses.

serious consequence of norovirus infection. Fluids of any kind can be taken to prevent or treat mild dehydration. For moderate dehydration, sips of oral rehydration fluid are best. Juice, soft drinks, sports drinks and water are not recommended.

Transmission

The virus is present in the stool or vomitus of infected individuals. Individuals are potentially infectious even after symptoms have subsided. Norovirus can be transmitted person-to-person via foodborne, waterborne, and even airborne transmission through splattering or aerosols of vomitus. Virus from stool or vomitus can also contaminate environmental surfaces. On occasion, a foodborne outbreak may occur from items contaminated by an ill food handler or in the course of harvesting or transport.

Prevention

Because it is so infectious and resilient, transmission of noroviruses is difficult to control through routine sanitary measures. Vigorous and frequent handwashing is essential as well as laundering soiled linens and clothes. Soiled surfaces should be cleaned with an appropriate germicidal product (e.g., 10% solution of household bleach).


“This virus is second only to the common cold as far as causes of illness,” says Jonathan Fielding, MD, MPH, Director of Public Health and County Health Officer. “Personal hygiene,

especially handwashing after using the bathroom and changing diapers, and before preparing food, are key to minimizing the spread of this organism.”

Physicians should urge patients to take such precautions during this peak season of norovirus activity in LA County.

Reporting and Resources

A single case of illness of viral gastroenteritis is not reportable to the public health department. However, outbreaks of viral gastroenteritis are reportable.

For information on norovirus, including prevention and control measures, go to www.publichealth.lacounty.gov/ACD/Norovirus.htm. 

Ben Techagaiciyawanis, MPH, is a senior health educator for the Acute Communicable Disease Control Program, Los Angeles County Department of Public Health.

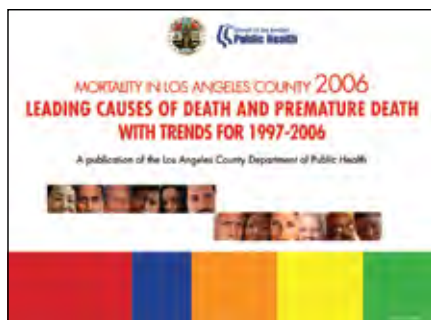
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1. Molecular and epidemiologic trends of caliciviruses associated with outbreaks of acute gastroenteritis in the United States, 2000-2004. Blanton LH, Adams SM, Beard RS, Wei G, Bulens SN, Widdowson MA, Glass RI, Monroe SS. *J Infect Dis*. 2006 Feb 1;193(3):413-21. Epub 2005 Dec 21.
2. Norovirus Technical Fact Sheet. Centers for Disease Control and Prevention. 3. Aug. 2006. Web. Jan 2010. <www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus-factsheet.htm>
3. Norovirus Control Measures for Skilled Nursing Facilities. County of Los Angeles. Department of Public Health. Acute Communicable Disease Control Program 1. Dec 2006. Web. Jan 2010 <www.publichealth.lacounty.gov/acd/Norovirus.htm>

New report reveals mortality trends

“Mortality in Los Angeles County 2006: Leading Causes of Death and Premature Death with Trends for 1997-2006” has just been released.

This 71-page report contains charts and tables that detail the leading causes of death and premature death in 2006 by gender, race/ethnicity, age group, and geography. Further, it examines 10-year trends, from 1997-2006. (Note: Premature death is defined as a death before the age of 75, a standard cut-off used in public health.)



Here are some of the report's highlights:

- Of the 59,461 deaths in 2006, 30,035 were male, and 29,426 were female. Death rates were higher for men than women for every leading cause of death and premature death, except Alzheimer's disease and breast cancer.
- Overall, coronary heart disease (14,842 deaths) and cancer (13,525 deaths) caused nearly half (48%) of all deaths.
- Injuries, such as homicide, suicide, drug overdose, motor vehicle crash, and drowning, were the leading cause of death for persons aged 1 to 44 years.
- Homicide was the second-leading cause of premature death overall, and the leading cause of premature death for Hispanics and blacks, in the South Service Planning Area, and in the El Monte, Inglewood, Northeast, and San Antonio Health Districts.

For 1997-2006, the report lists several mortality trends, including these:

- The overall death rate decreased 19.5%, from 821 to 661 deaths per 100,000 population (age-adjusted rate).
- The ranking of the six leading causes of death remain unchanged since 1999: coronary heart disease, stroke, lung cancer, emphysema/COPD, pneumonia/influenza, and diabetes.
- Alzheimer's disease, the seventh-leading cause of death in 2006, moved up from the eighth-leading cause in 2005. Further, deaths increased 234%, from 465 in 1997 to 1,551 in 2006.
- There were notable decreases in many of the leading causes of death and premature death: female breast cancer (-22%), colorectal cancer (-17%), coronary heart disease (-33%), emphysema/COPD (-15%), homicide (-20%), HIV (-5%), liver disease (-13%), stroke (-31%), and suicide (-25%).

- The death rate from lung cancer decreased 24%. In 1997, there were 46 deaths per 100,000; in 2006, 35 deaths per 100,000. The overall rate in LA County is below the Healthy People 2010 objective: LA County (34.6 deaths per 100,000); Healthy People 2010 objective (43.3 deaths per 100,000). Los Angeles County has one of the lowest lung cancer mortality rates in California, which is due, in part, to successful tobacco control programs.
- HIV, the third-leading cause of premature death in 1997, was not among the 10 leading causes of premature death overall in 2006. The number of HIV deaths decreased from 680 in 1997 to 414 in 2006.

This annual mortality report, which was created by the Office of Health Assessment and Epidemiology, may be accessed online at www.publichealth.lacounty.gov/dca/dcareportspubs.htm. For a printed copy, call the Office of Health Assessment and Epidemiology at (213) 240-7785.

LA Coroner requests admission blood samples, lab reports, culture completion on decedents

When a patient expires in a hospital and is accepted as a coroner's case, in addition to the body, the Los Angeles County Department of Coroner also requests admission blood samples, lab reports, and completion of cultures when infectious disease is suspected.

The admission blood samples will assist the Medical Examiner/Coroner when performing comprehensive quantitative and qualitative toxicology testing. The Coroner also requests any serum/plasma samples, as they will be useful for specialized testing.


Initial admission blood samples that were collected from a patient in the emergency room (preferably before any therapy) and sent to the laboratory and blood bank should be saved for the Coroner's office. The samples will be retrieved by the Coroner's staff when removing the decedent.

Hospital staff who make the initial call to report a case will be asked for the blood and serum/plasma samples.

The Coroner also requests the results of all toxicology screen testing ordered by emergency room personnel.

Finally, the Coroner requests that hospital lab (microbiology) personnel follow through with cultures taken on patients suspected of an infectious disease process. After a patient's demise, some hospitals terminate cultures and serologic testing for infectious diseases, thereby losing important information.

The Coroner would like these requests incorporated into standard operating procedure for hospital administration, ER staff, personnel in the Decedent Affairs office, and the Nursing Director.

For more information, log on to www.coroner.lacounty.gov. 

REPORTABLE DISEASES AND CONDITIONS

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

It is the duty of every health care provider, knowing of or in attendance on a case or suspected case of any diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. "Health care provider" encompasses physicians (surgeons, osteopaths, oriental medicine practitioners), veterinarians, podiatrists, physician assistants, registered nurses (nurse practitioners, nurse midwives, school nurses), infection control professionals, medical examiners/coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case.

Urgency Reporting Requirements

☎ = Report **immediately** by telephone ☒ = Report within **1 working day** of identification ⌚ = Report within **7 calendar days** from time of identification

REPORTABLE DISEASES

- ⌚ Acquired Immune Deficiency Syndrome (AIDS) ■
- ☒ Amebiasis
- ⌚ Anaplasmosis
- ☎ Anthrax +
- ☎ Avian Influenza, Human
- ☒ Babesiosis
- ☎ Botulism: Infant, Foodborne, or Wound
- ☎ Brucellosis +
- ☒ Campylobacteriosis
- ⌚ Chancroid ■
- ⌚ *Chlamydia trachomatis* Infections, including lymphogranuloma venereum (LGV) ■
- ☎ Cholera
- ☎ Ciguatera Fish Poisoning
- ⌚ Coccidioidomycosis
- ☒ Colorado Tick Fever
- ⌚ Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
- ☒ Cryptosporidiosis
- ⌚ Cysticercosis or Taeniasis
- ☎ Dengue
- ☎ Diphtheria +
- ☎ Domoic Acid (Amnesic Shellfish) Poisoning
- ⌚ Ehrlichiosis
- ☒ Encephalitis, specify etiology: Viral, Bacterial, Fungal, Parasitic
- ☎ *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157 +
- ☒ Foodborne Disease:
 - ☎ 2 or more cases from separate households with same suspected source
- ⌚ Giardiasis
- ⌚ Gonococcal Infections ■
- ⌚ Guillain-Barré syndrome (reportable until 9/30/10)
- ☒ *Haemophilus influenzae*, invasive disease (less than 15 years of age)
- ☎ Hantavirus Infections
- ☎ Hemolytic Uremic Syndrome
- ☎ Hemorrhagic Fevers, Viral (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
- ☒ Hepatitis A
- ⌚ Hepatitis B, specify Acute or Chronic
- ⌚ Hepatitis C, specify Acute or Chronic
- ⌚ Hepatitis D (Delta)
- ⌚ Hepatitis, Other/Acute
- ⌚ Human Immunodeficiency Virus (HIV) ■ (§2641-2643)
- ⌚ Influenza deaths (Only report cases less than 18 years of age)
- ⌚ Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)
- ⌚ Legionellosis
- ⌚ Leprosy (Hansen's Disease)
- ⌚ Leptospirosis
- ☒ Listeriosis +
- ⌚ Lyme Disease
- ☒ Malaria
- ☒ Measles (Rubeola)
- ☒ Meningitis, specify etiology: Viral, Bacterial, Fungal, or Parasitic
- ☎ Meningococcal Infections
- ⌚ Mumps
- ☎ Paralytic Shellfish Poisoning
- ⌚ Pelvic Inflammatory Disease (PID) ■
- ☒ Pertussis (Whooping Cough)
- ☎ Plague, Human or Animal +
- ☒ Poliovirus Infection
- ☒ Psittacosis
- ☒ Q Fever
- ☎ Rabies, Human or Animal
- ☒ Relapsing Fever
- ⌚ Rheumatic Fever, Acute
- ⌚ Rocky Mountain Spotted Fever
- ⌚ Rubella (German Measles)
- ⌚ Rubella Syndrome, Congenital
- ☒ Salmonellosis (other than Typhoid Fever) +
- ☎ SARS (Severe Acute Respiratory Syndrome)
- ☎ Scabies (Atypical or Crusted) ★
- ☎ Scombroid Fish Poisoning
- ☎ Shiga Toxin (detected in feces)
- ☒ Shigellosis
- ☎ Smallpox (Variola)
- ☒ *Staphylococcus aureus* Infections (death only or admission to an intensive care unit of a person who has not had surgery or dialysis or been hospitalized, or resided in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture)
- 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.)
 - ⌚ *Streptococcus pneumoniae*, Invasive ★
- ☒ Syphilis ■
- ⌚ Tetanus
- ⌚ Toxic Shock Syndrome
- ☒ Trichinosis
- ☒ Tuberculosis + ■
- ☎ Tularemia +
- ☒ Typhoid Fever, cases and carriers +
- ⌚ Typhus Fever
- ☎ Varicella, Fatal Cases
- ⌚ Varicella, Hospitalized Cases (do **not** report cases of herpes zoster or shingles)
- ☒ *Vibrio* Infections +
- ☒ Water-Associated Disease (e.g., Swimmer's Itch or Hot Tub Rash)
- ☒ West Nile Virus (WNV) Infection
- ☎ Yellow Fever
- ☒ Yersiniosis
- ☎ OCCURRENCE OF ANY UNUSUAL DISEASE**
- ☎ OUTBREAKS OF ANY DISEASE** (including diseases not listed above). Specify if occurring in an institution and/or the open community.

★ Reportable to the Los Angeles County Department of Public Health
 + Bacterial isolates and malarial slides must be forwarded to LA County Public Health Laboratory for confirmation. Health care providers must still report all such cases separately.
 ■ For questions regarding the reporting of HIV/AIDS, STDs or TB, contact the respective program:

| | | |
|--|--|--|
| HIV Epidemiology Program | STD Program | TB Control Program |
| (213) 351-8516 | (213) 744-3070 | (213) 744-6271 (reporting); (213) 744-6160 (general) |
| www.publichealth.lacounty.gov/hiv/index.htm | www.publichealth.lacounty.gov/std/index.htm | www.publichealth.lacounty.gov/tb/index.htm |

Non-communicable Reportable 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)

To report a case or outbreak of any disease contact the Communicable Disease Reporting System
Tel: (888) 397-3993 • Fax: (888) 397-3778

List of Public Health Hotlines, Reporting, Programs and Services

AIDS/STD

AIDS, STD and Hepatitis Hotline, State of California

(800) 367-2437 [Monitored M,W-F, 9am-5pm; Tues 9am-9pm]
TTY [hearing impaired]: (888) 225-2437

www.AIDShotline.org

Referrals for HIV/AIDS testing sites, education programs, community-based organizations, case management and services, AIDS drug assistance program (ADAP), STD and hepatitis counseling, peer counseling and AIDS, STD and Hepatitis Speakers' Bureau

HIV/AIDS Surveillance and Reporting

(213) 351-8516 [Monitored M-F, 7am-5pm]

www.publichealth.lacounty.gov/HIV/hivreporting.htm

HIV/AIDS case reporting

Sexually Transmitted Disease/HIV Hotline

(800) 758-0880 [Monitored M-F, 8am-5pm; 24-hr line]

www.publichealth.lacounty.gov/std

STD/HIV information; referrals for free or low-cost STD/HIV testing; disease information available from a health educator; treatment services and other resources

ANIMALS

Animal Bites, and Dead Crow Reporting

(877) 747-2243 [Monitored M-F, 9am-5pm; 24-hr message line]

www.publichealth.lacounty.gov/vet/disintro.htm

Reporting of animal bites, and dead crows for disease surveillance (e.g., West Nile virus)

CHILDREN

Child Health/Disability Prevention, LA County

(800) 993-2437 [Monitored M-F, 8am-4pm]
(626) 569-9350 FAX

www.publichealth.lacounty.gov/cms/CHDP.htm

Information on immunizations, medical examinations, developmental providers and ophthalmology providers

Child Protection Hotline, LA County

(800) 540-4000 [24 hours]

Child abuse reporting; social workers available for information

Children Medical Services, State of California

(800) 288-4584 [Monitored M-F, 7:30am-5pm]
(800) 924-1154 FAX

www.dhcs.ca.gov/services/ccs/Pages/default.aspx

Medical assessments and referrals; medical specialty providers, dental providers and optometry providers

DISEASE AND ILLNESS-RELATED

Alcohol and Drug Programs, LA County

(800) 564-6600 [Monitored M-F, 8am-5pm]

www.publichealth.lacounty.gov/adpa/

Information on alcohol and drug treatment centers

Communicable Disease Reporting System (CDRS), State of California Local Health District Contact

(888) 397-3993 [24-hr line]
(888) 397-3778 FAX

Submit confidential morbidity report forms

www.publichealth.lacounty.gov/acd/cdrs.htm

Communicable disease reporting, including STD, HIV, AIDS or TB

Food Program Hotline, LA County Environmental Health

(888) 700-9995 [Monitored M-F, 8am-5pm; 24-hr message line]

Food facility complaints and suspected food-related illness

Health Facilities Complaints, State of California Local Health District Contact

(800) 228-1019 [Monitored M-F, 8am-5pm; 24-hr message line]

Complaints about health facilities

Health Services Information—Free and Low Cost, State of California Local Health District Contact

Acute Care Complaints: (323) 869-8500
Home Health Complaints: (800) 427-8700

[Both phones monitored M-F, 8am-5pm; 24-hr message line]

www.dhs.co.la.ca.us

Health care resource information, county facility and information phone numbers

Lead Reporting: Medically elevated blood levels of lead

(323) 869-7195 [Monitored M-F, 8am-5pm]
(323) 890-8739 FAX

Reporting medically determined high levels of lead in the blood

Lead-based Products Hotline: Unsafe work practices

(800) 524-5323 [Monitored M-F, 8am-5pm]
(323) 890-8737 FAX

Reporting unsafe methods of removing lead-based paints; information on lead poisoning and lead-based products available from a health educator

TB Surveillance, LA County TB Control Program

(213) 744-6160 [Monitored M-F, 8am-5pm; 24-hr message line]
(213) 749-0926 FAX

tb@ph.lacounty.gov E-mail

www.publichealth.lacounty.gov/tb/surveillance.htm

Reporting tuberculosis cases and suspected cases



Reporting Lapses of Consciousness

David Dassey, MD, MPH

Individuals with conditions that involve lapses of consciousness can pose a dangerous risk to public safety, as well as themselves.

Lapses of consciousness are medical conditions that include a marked reduction of alertness or responsiveness to external stimuli, or impairment of sensory or motor functions. Impaired sensory or motor functions are defined as the inability to integrate seeing, hearing, smelling, feeling, and reacting with physical movement; for instance, the inability to depress the brake pedal of a car.

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).

Operating a Motor Vehicle

In our society, the ability to get into the driver's seat of your own automobile and have it take you to a destination of your choosing is an important lifestyle and control issue. It is synonymous with independence. Taking away a person's ability to drive, or his or her independence, is a responsibility that often gives physicians pause.

However, keeping the public and the patient safe must be a clinician's top priority. Therefore, it is important that health care professionals report a patient's lapse of consciousness within seven days of diagnosis if he or she is aware that the patient may pose a threat when operating a motor vehicle (California Code of Regulations [CCR] §2806).


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

Also, it is unnecessary to file a report if...

- the patient's sensory motor functions are impaired to the extent that the patient is unable to ever operate a motor vehicle, or
- the patient does not drive and never intends to drive, or
- the health care 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.

Since a lapse of consciousness that involves operating a motor vehicle is a public safety issue, a patient's HIPAA consent (privacy) is NOT required when reporting him or her to the Department of Public Health or the Department of Motor Vehicles.

When filing a report with the Los Angeles County Department of Public Health, health care professionals should complete the "Confidential Morbidity Report," which may be accessed at www.publichealth.lacounty.gov/acd/reports/CMR-H-794.pdf. After completing the fillable form online, it should be printed out and faxed to the department's Morbidity Unit at (888) 397-3778. Telephonic reports are not acceptable.

Once received, the Department of Public Health will forward the report to the Driver's Safety Office at the California Department of Motor Vehicles. This office will then investigate whether the patient's driver license should be restricted or revoked. 

David Dassey, MD, MPH, is a senior physician for the Acute Communicable Disease Control Program, LA County Department of Public Health.

Resources

- "Driving Safety Screening for Health Care Providers" *Action Report* (July 2004), Medical Board of California www.mbc.ca.gov/publications/action_report_2004_07.pdf
- California Department of Motor Vehicles (800) 777-0133
- Los Angeles County Department of Public Health, Morbidity Unit, (888) 397-3993



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Index of Disease Reporting Forms

Reportable Diseases and Conditions

Confidential Morbidity Report

Morbidity Unit (888) 397-3993

Acute Communicable Disease Control (213) 240-7941

www.publichealth.lacounty.gov/acd/reports/CMR-H-794.pdf

Adult HIV/AIDS Case Report Form

For patients over 13 years of age at time of diagnosis.

HIV Epidemiology Program (213) 351-8196

www.publichealth.lacounty.gov/HIV/hivreporting.htm

Pediatric HIV/AIDS Case Report Form

For patients less than 13 years of age at time of diagnosis

Pediatric AIDS Surveillance Program (213) 351-8153

Must first call program before reporting

www.publichealth.lacounty.gov/HIV/hivreporting.htm

Sexually Transmitted Disease

Confidential Morbidity Report

(213) 744-3070

www.publichealth.lacounty.gov/std/providers.htm (web page)

www.publichealth.lacounty.gov/std/docs/H1911A.pdf (form)

Confidential Morbidity Report of Tuberculosis (TB)

Suspects and Cases

(213) 744-6160

www.publichealth.lacounty.gov/tb/forms/cmr.pdf

Animal Bite Report Form

Veterinary Public Health (877) 747-2243

www.publichealth.lacounty.gov/vet/biteintro.htm

Animal Diseases and Syndrome Report Form

Veterinary Public Health (877) 747-2243

www.publichealth.lacounty.gov/vet/disintro.htm

Lead Reporting

No reporting form. Reports are taken over the phone.

Lead Program (323) 869-7195 Fax (323) 890-8739

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