UPCOMING CHANGES FOR 2007 – COMING SOON

The list of reportable diseases and conditions is currently being updated by the California Department of Health Services and will be provided in an upcoming issue of The Public’s Health newsletter. For immediate posted updates, please visit: www.lapublichealth.org/acd/cdrs.htm

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 2007. 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.

Regardless of the many specific diseases itemized on the current 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. 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.

HIPAA: 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.

HIPAA regulations permit disease reporting to public health agencies.
HIV is Now Reportable By Name

HIV infection is now reportable in California the same way AIDS has been for 25 years—that is, by name. California Senate Bill 699, signed by Governor Schwarzenegger in April 2006, requires laboratories, physicians, allied health care providers, and HIV counseling and testing sites to report all cases of HIV to their local health department by name instead of by code.

This important change allows us to monitor the HIV epidemic in a more accurate, timely, and complete manner. And because future federal funding is now allocated according to the number of HIV cases (not just AIDS cases) reported by name, compliance with this new law will help ensure that we, as a county, receive our fair share of funding for HIV care and prevention services.

To ensure protection of patient confidentiality, it is strongly recommended that reports not be sent by email or fax. Instead, reports should be mailed in a double-envelope to: Los Angeles County Department of Public Health, 600 S. Commonwealth Ave., Suite 1260, Los Angeles, CA 90005. Reports may also be phoned in to the County’s HIV Epidemiology Program at: (213) 351-8516.

In the last 25 years, there have been over 51,000 persons reported with AIDS in the county, of which over 21,000 are now living with AIDS. From July 1, 2002, when HIV reporting by code began, to April 17, 2006, when coded reporting of HIV ended, a total of 15,275 (non-AIDS) HIV infections were reported by non-name code. We now estimate some 50—60,000 county residents are infected with HIV.

Douglas M. Frye, MD, MPH,
Director HIV Epidemiology Program
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 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 cases of avian influenza should have:**

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

*Countries as of January 5, 2007. Due to frequent changes in the global activity of avian influenza H5N1, please consult ACDC regarding suspected avian influenza cases with recent travel.

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 ten days of symptom onset.

Special Cases of Influenza Are REPORTABLE in Los Angeles County

Individual cases of seasonal influenza are not routinely reportable. However, the following situations should be reported immediately by phone:

• **Outbreaks of suspected influenza or other respiratory illnesses**
  Contact the Morbidity Unit: (888) 397-3993

• **Suspected cases of avian influenza**
  Contact ACDC 24/7: (213) 240-7941

• **Influenza-related pediatric ICU cases and pediatric deaths**
  Contact ACDC: (213) 240-7941

For more information about influenza in LA County, California, and across the Nation, go to http://lapublichealth.org/acd/flu.htm

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

If you would like to receive weekly reports summarizing influenza activity in Los Angeles County, sign-up at: www.ladhs.org/listserv (select “Public Health Topics” and then “FLUWATCH”) or e-mail: LISTSERV@listserv.ladhs.org with SUBSCRIBE FLUWATCH in the body of the email.
Influenza (flu) is a vaccine preventable disease yet it is associated with approximately 36,000 deaths and 200,000 hospitalizations in the U.S. each year. Healthcare providers not only give vaccines and treat patients for flu, they also provide useful data to track the disease.

Since most flu cases are not reportable in the county (except for severe pediatric flu and suspected avian flu), flu activity is monitored by the county’s Department of Public Health using several surveillance methods (Table 1). Healthcare providers, hospitals, and laboratories play an integral role in providing flu data, including reporting laboratory tests, participating in syndromic surveillance at hospitals and physician offices, and reporting outbreaks. Without the cooperation and participation of health professionals, assessing flu in the county would be a daunting, if not impossible, task.

Beginning this year, ACDC will use collected surveillance data to produce a weekly one page newsletter (“Influenza Watch”) describing influenza in the county using information as described in Table 1.

Table 1. Selected surveillance systems used to monitor seasonal influenza

<table>
<thead>
<tr>
<th>SURVEILLANCE SYSTEM</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza and RSV Tests*</td>
<td>Sentinel laboratories serving Los Angeles County healthcare providers and institutions report the number of positive tests indicating influenza or respiratory syncytial virus on a weekly basis.</td>
</tr>
<tr>
<td>Hospitalized Adult Influenza*</td>
<td>In a pilot study this season, five hospitals in Los Angeles County will report all hospitalized influenza cases (lab-confirmed).</td>
</tr>
<tr>
<td>Severe Pediatric Influenza†</td>
<td>Children &lt;18 years who are hospitalized in the Pediatric Intensive Care Unit (PICU) or die from laboratory confirmed influenza are reportable in the county.</td>
</tr>
<tr>
<td>Emergency Department Visits**</td>
<td>Participating emergency departments throughout the county provide initial self-reported symptoms of patients presenting to the emergency department. Influenza-like illness (ILI) is categorized by symptoms such as: fever, congestion, sneezing, sore throat, runny nose, and cough. The proportion of ILI emergency department visits for all ages and for children &lt; 6 years of age is analyzed weekly.</td>
</tr>
</tbody>
</table>

For more information and a detailed description of influenza surveillance, see: [http://lapublichealth.org/acd/flu.htm](http://lapublichealth.org/acd/flu.htm)

* Sentinel Surveillance—surveillance network where a sample of selected Los Angeles County hospitals and laboratories report cases
† Population Based Surveillance (passive): all Los Angeles County hospitals and laboratories are required to report cases
** Syndromic Surveillance—surveillance using health-related data (e.g. ILI data, school absenteeism) that precede diagnosis and signal a sufficient probability of a case or an outbreak to warrant further public health response.

The newsletter will also include important news, announcements, and guidelines concerning influenza. We encourage you to sign up for these weekly reports at: [www.ladhs.org/listserv](http://www.ladhs.org/listserv) (select “Public Health Topics” and then “FLUWATCH”) or send an email to [LISTSERV@listserv.ladhs.org](mailto:LISTSERV@listserv.ladhs.org) with SUBSCRIBE FLUWATCH in the body of the email. The newsletter will be electronically distributed each week throughout the traditional influenza surveillance season, from the beginning of October to mid-May, and posted on our dedicated influenza website: [http://lapublichealth.org/acd/flu.htm](http://lapublichealth.org/acd/flu.htm).

# Los Angeles County Department of Health Services Information and Reporting Phone Numbers

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Hours available</th>
<th>Service Providers</th>
<th>What can be reported</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AIDS/STD</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>California AIDS Hotline</td>
<td>1-800-367-2437 9AM-9PM M-F and 10AM-6PM Sat-Sun</td>
<td>General Public</td>
<td>Referrals for HIV/AIDS testing, case management, and services.</td>
</tr>
<tr>
<td>Sexually Transmitted Disease/HIV Hotline</td>
<td>1-800-758-0880 9AM-5PM M-F, 24hr msg.</td>
<td>Public and Healthcare providers</td>
<td>STD/HIV information line; specific information available from a Health Educator.</td>
</tr>
<tr>
<td><strong>Animal Reporting</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Animal Bites and Dead Bird Reporting</td>
<td>1-877-747-2243 8AM-5PM M-F, 24hr msg.</td>
<td>Public and Healthcare providers</td>
<td>Reporting of animal bites and dead birds for disease surveillance (e.g., West Nile Virus)</td>
</tr>
<tr>
<td><strong>Children Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>California Children Services</td>
<td>1-800-288-4584 8AM-5PM</td>
<td>General Public</td>
<td>Medical assessments and referrals.</td>
</tr>
<tr>
<td>LA County Child Health/Disability Prevention</td>
<td>1-800-993-2437 8:00AM-5PM</td>
<td>Public and Healthcare providers</td>
<td>Information regarding immunizations and medical examinations.</td>
</tr>
<tr>
<td><strong>DISEASE AND ILLNESS-RELATED Information Lines</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicable Disease Reporting System (CDRS)</td>
<td>1-888-397-3993 or Fax 1-888-397-3778 24 hours</td>
<td>Healthcare Providers</td>
<td>Communicable disease reporting</td>
</tr>
<tr>
<td>Environmental Health Food Program</td>
<td>1-888-700-9995 8AM-5PM M-F monitored; 24hr line</td>
<td>Public and Healthcare providers</td>
<td>Food facility complaints and suspected food-related illness.</td>
</tr>
<tr>
<td>Health Facilities (Complaints)</td>
<td>1-800-228-1019 8AM-5PM M-F, 24hr msg.</td>
<td>Public and Healthcare providers</td>
<td>Complaints about health facilities.</td>
</tr>
<tr>
<td>Health Services Information</td>
<td>1-800-427-8700 8AM-5PM M-F</td>
<td>Public and Healthcare providers</td>
<td>Healthcare resource information, county facility and information numbers.</td>
</tr>
<tr>
<td>LA County Alcohol and Drug Programs</td>
<td>1-800-564-6600 8AM-5PM M-F</td>
<td>General Public</td>
<td>Information regarding alcohol and drug treatment centers.</td>
</tr>
<tr>
<td>Lead Program: Medically elevated blood levels of lead reporting</td>
<td>213-351-5086 8AM-5PM M-F</td>
<td>Healthcare providers and labs</td>
<td>Reporting of medically determined high levels of lead in the blood.</td>
</tr>
<tr>
<td>Lead Program: Unsafe work practices for those working with lead-based products</td>
<td>1-800-524-5323 8AM-5PM M-F</td>
<td>General Public</td>
<td>Reporting unsafe methods of removing lead-based paint.</td>
</tr>
<tr>
<td>TB Control Program: Surveillance Unit</td>
<td>213-744-6271 or Fax 213-749-0926 8AM-5PM M-F, 24hr/ msg.</td>
<td>Healthcare providers</td>
<td>Reporting TB cases and suspected cases.</td>
</tr>
</tbody>
</table>
### 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. After hours, report to (213) 974-1234 for release of anti-toxin.</td>
</tr>
<tr>
<td><strong>Haemophilus influenzae, invasive disease</strong></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</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>Rubella (German measles)</td>
<td></td>
</tr>
<tr>
<td>Rubella syndrome, congenital</td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis B (specify acute or chronic case)</strong></td>
<td>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 and rubella cases (213) 351-7800. After hours, please call (213) 974-1234.</td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal, invasive disease *</td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
</tr>
<tr>
<td><strong>Outbreaks of any disease</strong></td>
<td>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.</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 Public Health website 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:**

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

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

**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
  - 6128/6089

**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 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.
### Adult Syphilis

- **Primary Syphilis**
  - Onset Date: [__-__-__]
  - Lesion Sites: [Genital, Perirectal, Oral, Other: __]
  - Symptom Sites: [Palmar/Plantar Rash, Other: __]

- **Secondary Syphilis**
  - Onset Date: [__-__-__]
  - Late Syphilis: [Yes, No]
  - Neurosyphilis: [Yes, No]

- **Early Latent** (1 Year)
- **Late Latent (>1 Year)
- **Latent, Unknown Duration**

- **Specimen Collection Date:** [__-__-__]
- **RPR or VDRL:** Titer: [__:__]
- **TP-PA or FTA-ABS or Other:** Titer: [__:__]
- **CSF-VDRL:** Titer: [__:__]

- **Patient Treated:** [Yes, No] (If yes, give treatment/dose & dates below)
  - **Date(s) Treated:** [__-__-__, __-__-__, __-__-__]
  - **Medication / Dose:** [__-__-__, __-__-__, __-__-__]

### Congenital Syphilis

- **Infant Information**
  - **Infant’s Last Name:** [__-__-__]
  - **Infant’s First Name:** [__-__-__]
  - **Infant’s Medical Record Number:** [__-__-__]
  - **Infant’s Birth Date:** [__-__-__]
  - **Gestation (wks):** [M, F]
  - **Gender:** [Live Birth, Still Birth]

- **Weight (grams):** Symptom: [Yes → Describe: __, No]
- **Serum:** [__-__-__]
- **CSF:** [__-__-__]
- **Laboratory Test Date:** [__-__-__]
  - **RPR:** Reactive → Titer: [__:__]
  - **VDRL:** Reactive → Titer: [__:__]
  - **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]

- **Mother’s Information**
  - **Mother’s Last Name:** [__-__-__]
  - **Mother’s First Name:** [__-__-__]
  - **Mother’s Medical Record Number:** [__-__-__]
  - **Mother’s Birth Date:** [__-__-__]
  - **Laboratory Test Date:** [__-__-__]
  - **SeroLOGY AT DELIVERY:** [__-__-__]

- **Stage of Syphilis at Diagnosis**
  - **Primary**
  - **Secondary**
  - **Early Latent (1 Year)**
  - **Late Latent (>1 Year)**
  - **Latent, Unknown Duration**

- **DATE(S) TREATED:** [__-__-__, __-__-__, __-__-__]
- **Medication / Dose:** [__-__-__, __-__-__, __-__-__]

### Other Reportable STDs

- **Diagnosis:** [Pelvic Inflammatory Disease, Non-Chlamydial/Non-Gonococcal, Non-Gonococcal/Non-Chlamydial Urethritis (NGU), Chancre]
  - **Treated:** [Yes, No]
  - **Date Treated:** [__-__-__, __-__-__, __-__-__]
  - **Medication / Dose:** [__-__-__, __-__-__, __-__-__]

**Fax both sides to:** (213) 749-9602

**Mail to:** STD Program
2615 S. Grand Avenue, RM. 450
Los Angeles, CA 90007

**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
## CONFIDENTIAL MORBIDITY REPORT

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

### DISEASE BEING REPORTED:
- **Patient's Last Name:**
- **Social Security Number:**
- **Ethnicity (check one):**
  - Hispanic
  - Non-Hispanic / Non-Latino
- **Race (check one):**
  - White
  - African American / Black
  - Native American / Alaskan Native
  - Other
- **Home Telephone Number:**
- **Work Telephone Number:**
- **Gender:**
  - Male
  - Female → Pregnant? □ Yes □ No □ Unknown
  - Estimated Delivery Date (MM/DD/YYYY):
  - Risk Factors / Suspected Exposure Type:
    - Blood transfusion
    - Needle or blood exposure
    - Child care
    - Recreational water exposure
    - Food / drink
    - Sexual activity
    - Foreign travel
    - Unknown
    - Household exposure
    - Other (specify)
- **Patient's Occupation or Setting:**
  - Day Care
  - Correctional Facility
  - Food Service: (Explain)
  - Health Care
  - School
  - Other: (Explain)
- **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):**

### 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:
- anti-HAV IgM □ Pos □ Neg □ Pend □ Not Done
- 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](http://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](http://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 inflammatory disease. Reporting information is available by phone (213-744-3070) or at: [www.lapublichealth.org/std/index.htm](http://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.
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
- Anthrax
- Babesiosis
- Botulism: Infant, Foodborne, or Wound
- Brucellosis
- Chancroid *
- Chlamydial Infections *
- Cholera
- Ciguatera Fish Poisoning
- Coxiella burnetii Infection
- Colorado Tick Fever
- Conjunctivitis, Acute Infections of the Newborn, specify etiology
- Cryptosporidiosis
- Cytomegalovirus
- Dengue
- Diarrhea of the Newborn, outbreaks only
- Diphteria
- Diphtheria, Botulism, or Other Poisoning
- Escherichia coli O157:H7 Infections
- Giardiasis
- Gonococcal Infections *
- Haemophilus influenzae Invasive Disease
- Hawai'i Hepatitis A
- Hemolytic Uremic Syndrome
- Hemorrhagic Fever, Viral (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
- Hepatitis A, Acute, Infections
- Hepatitis B
- HIV
- Influenza A, B, C, or D
- Legionellosis
- Leprosy
- Leptospirosis
- Listeriosis
- Malaria
- Measles (Rubella)
- Measles, specific etiology: Viral, Bacterial, Fungal, or Parasitic
- Meningococcal Infections
- Mumps
- Non-Gonococcal Urethritis (report laboratory
- Paralytic Shellfish Poisoning
- Pelvic Inflammatory Disease
- Pertussis
- Plague, Human or Animal
- Poliomyelitis, Paralytic
- Psittacosis
- Q Fever
- Rabies, Human or Animal
- Relapsing Fever
- Rickettsial Fever, Acute
- Rocky Mountain Spotted Fever

Notification Required of Laboratories (CCR § 2505)

- Plague, Human or Animal *
- Rabies, Animal or Human *
- Salmonella *
- Shigellosis *
- Staphylococcal Infections *
- Streptococcal pneumoniae Invasive *
- Staphylococcus aureus *
- Streptococcal infections *
- Tuberculosis *
- Tularaemia *
- Typhoid Fever, cases and carriers
- Typhus Fever

NON-COMMUNICABLE DISEASES OR CONDITIONS

- Alzheimer's Disease and Related Conditions
- Disorders Characterized by Loss 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 Hotline
Tel: 888-397-3993 • Fax: 888-397-3778
### ADULT HIV/AIDS CONFIDENTIAL CASE REPORT

(Patients ≥ 13 years of age at time of diagnosis)

I. This is for Health Department use. Uniquely identifying information is not transmitted to the Centers for Disease Control and Prevention.

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

Date of record completed:
- Month: [ ]
- Day: [ ]
- Year: [ ]

II. Health Department Use Only

<table>
<thead>
<tr>
<th>Report status</th>
<th>Report source</th>
<th>Reporting health department</th>
<th>State patient number</th>
<th>City/county patient number</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Update</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Soundex code</th>
<th>Date of birth</th>
<th>Gender</th>
<th>CLIA number</th>
<th>Lab report/Acquisition number</th>
<th>Confidential C&amp;T number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month: [ ]</td>
<td>Day: [ ]</td>
<td>Year: [ ]</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>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Infection (not AIDS)</td>
<td></td>
<td>Alive</td>
<td>Month: [ ]</td>
<td>Country of birth</td>
</tr>
<tr>
<td>AIDS</td>
<td></td>
<td>Dead</td>
<td>Day: [ ]</td>
<td>U.S.</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td>Unknown</td>
<td>Year: [ ]</td>
<td>U.S. Territories (including Puerto Rico)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Race</th>
<th>Expansed race (specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Hispanic nor Latino</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence at first diagnosis of HIV or AIDS</th>
<th>Homeless (Must use city/county/ZIP code of local health department (LHD) or facility of diagnosis.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>County</td>
</tr>
</tbody>
</table>

IV. Facility of Diagnosis

<table>
<thead>
<tr>
<th>Facility setting (check one)</th>
<th>Facility type (check one)</th>
<th>Facility name</th>
<th>City</th>
<th>State/Country</th>
<th>ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>Physician, HMO</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td>Counseling and Testing Site</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td>Correction Facility</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td>Adult HIV Clinic</td>
<td>39</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

V. Patient Risk History (Check all that apply.)

- Sex with a male
- Sex with a female
- Injected nonprescription drugs
- Injected prescription drugs
- Intravenous/injection drug use
- HETEROSEXUAL relations with any of the following:
  - Intravenous/injection drug use
  - Male
  - Male
  - Person with hemophilia/coagulation disorder
  - Person with HIV/AIDS infection
  - Person with HIV/AIDS infection, risk not specified

- Received clotting factor for hemophilia/coagulation disorder
- Factor VIII (Hemophilia A)
- Factor IX (Hemophilia B)
- Other (specify):

- Received transfusion of blood/components (other than clotting factor)
- Month: [ ]
- Year: [ ]
- First: [ ]
- Last: [ ]

- Received transfusion of blood/components (other than clotting factor)
- Month: [ ]
- Year: [ ]
- First: [ ]
- Last: [ ]

- Worked in a health care or clinical laboratory setting
- Month: [ ]
- Year: [ ]

- Perinatally-acquired HIV infection regardless of year of birth
- Other (specify):

VI. Laboratory Data (Indicate first documented test(s.).)

<table>
<thead>
<tr>
<th>Test</th>
<th>Date</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-1 EIA</td>
<td></td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>HIV-1/2 combination EIA</td>
<td></td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>RCPR</td>
<td></td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Other HIV antibody test</td>
<td></td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test</th>
<th>Date</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD4</td>
<td></td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>CD4</td>
<td></td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

C. HIV Viral Load Test (Record earliest test.)

<table>
<thead>
<tr>
<th>Test type:</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other (specify and version):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detectable Copies/mL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undetectable Less than: Copies/mL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. Immunological Lab Tests - At or closest to current diagnostic status

- CD4 count: [ ]
- CD4 count: [ ]
- CD4 count: [ ]
- CD4 count: [ ]
- CD4 count: [ ]
- CD4 count: [ ]

<table>
<thead>
<tr>
<th>Test</th>
<th>Date</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD4</td>
<td></td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>CD4</td>
<td></td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

DHS 8641 A(606)
VII. Provider Information

Physician's name (last, first, Mi):

Address (number, street):

City

State

ZIP code

Person completing form

Telephone number

VIII. Clinical Status

Clinical record reviewed

Yes

No

Month

Day

Year

Enter date patient was diagnosed as:

- Asymptomatic (including acute retroviral syndrome and persistent generalized lymphadenopathy)

- Symptomatic (not AIDS)

AIDS INDICATOR DISEASES

Initial Diagnosis

Initial Date

AIDS INDICATOR DISEASES

Initial Diagnosis

Initial Date

Candidiasis, bronchi, trachea, or lungs

1

NA

Lymphoma, Burkitt's (or equivalent term)

1

NA

Candidiasis, esophageal

1

2

Lymphoma, immunoblastic (or equivalent term)

1

NA

Carcinoma, invasive cervical

1

NA

Lymphoma, primary in brain

1

NA

Coccidioidomycosis, disseminated or extrapulmonary

1

NA

Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary

1

2

Cryptococcosis, extrapulmonary

1

NA

Cryptosporidiosis, chronic intestinal

1

NA

M. tuberculosis, pulmonary

1

2

Cytomegalovirus disease (other than in liver, spleen, or nodes)

1

NA

M. tuberculosis, disseminated or extrapulmonary

1

2

Cytomegalovirus retinitis (with loss of vision)

1

NA

Mycobacterium of other species or unidentified species, disseminated or extrapulmonary

1

2

HIV encephalopathy

1

NA

Pneumocystis jiroveci pneumonia (PCP)

1

2

Herpes simplex: chronic ulcer(s) (>1 month duration): or bronchitis, pneumonitis, or esophagitis

1

NA

Pneumonia, recurrent, in 12-month period

1

2

Histoplasmosis, disseminated or extrapulmonary

1

NA

Progressive multifocal leukoencephalopathy

1

NA

Isosporiasis, chronic intestinal (>1 month duration)

1

NA

Salmonella septicemia, recurrent

1

NA

Kaposi's sarcoma

1

2

Toxoplasmosis of brain

1

2

Def. = definitive diagnosis

Pres. = presumptive diagnosis

* RVCT case number:

Yes

No

Unknown

IX. Treatment/Services Referrals

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

Yes

No

Unknown

1

0

9

This patient has been enrolled at:

Clinical Trial

Clinic

1

HRSA-sponsored

2

Other

3

None

4

Unknown

5

Unknown

This patient's medical treatment is primarily reimbursed by:

Medicaid

Private insurance/HMO

Medicare

No coverage

Other public funding

Clinical trial/government program

Clinical trial/government program

Yes

No

Unknown

1

0

9

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, provide birth information below for the most recent birth)

Child's date of birth

Month

Day

Year

Hospital of birth

City

State

Child's Soundex

Health Department Use Only

Child's state patient number

X. Comments

Patient's home address at time of diagnosis:

Assigned to:

Reviewed by:

First lab test result on or after 4/17/2006:

Any Viral Load: Data:

Result:

Copies/mL

Log; Test Type:

Entered by:

MAIL COMPLETED FORM TO: LOS ANGELES COUNTY DEPT OF PUBLIC HEALTH
603 S. COMMONWEALTH AVE, SUITE 1260, LOS ANGELES, CA 90005

DHS 864-A (5/06)

ADULT HIV/AIDS CONFIDENTIAL CASE REPORT - Page 2 of 2
Confidential Morbidity Report of Tuberculosis Suspects & Cases

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>
</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>
</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>
</table>

(mark one) Race: [ ] White [ ] Black [ ] Asian spec. [ ] Pacific Islander spec. [ ] 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 [ ] Pulmonary TB [ ] Extra-pulmonary TB
- TB Case [ ]

Specify Site: ____________________________

Site of Disease
- Cough and/or Sputum production: [ ] Yes [ ] No

Date of Onset: __/__/__
Date of Diagnosis: __/__/__
Date of Death: __/__/__

Bacteriology: [ ] Not Done

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

Lab Name: ____________________________

Phone: ( ) -

Remarks:

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 CXR.

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) 744-6160

   After hours, leave your name, phone or pager #, patient name, DOB and medical record number on voicemail.

Rev: 7/06
# Animal Bite Reporting Form

## Person Bitten

<table>
<thead>
<tr>
<th>Victim name (last and first)</th>
<th>Date of Birth</th>
<th>Address (number, street, city and zip)</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

- Provoked  □  Vicious  □  Playful  □  Sick  □  break up fight  □  Unknown  □  Other  □

<table>
<thead>
<tr>
<th>Date Treated</th>
<th>Treated by</th>
<th>Phone number</th>
</tr>
</thead>
</table>

Type of treatment

## Animal

<table>
<thead>
<tr>
<th>Owner Name (last and first)</th>
<th>Address (number, street city and zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number</td>
<td>Type of animal</td>
</tr>
<tr>
<td></td>
<td>□ Dog  □ Cat  □ Other</td>
</tr>
<tr>
<td>Description of animal</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Animal Impounded</th>
<th>Animal Shelter</th>
<th>Impound #</th>
</tr>
</thead>
</table>

- YES  □  NO  □

Remarks

Report taken by:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Faxed: □ yes □ No</th>
<th>Initials</th>
</tr>
</thead>
</table>
DISEASE REPORTING FORMS INDEX

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

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

Confidential Morbidity Form
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 (revised 6/06)
For patients over 13 years of age at time of diagnosis.
Pediatic cases see below.
HIV Epidemiology Program: 213-351-8516
www.lapublichealth.org/HIV/hivreporting.htm

Sexually Transmitted Disease Confidential Morbidity Report
STD Program: 213-744-3070
http://lapublichealth.org/std/index.htm

Confidential Morbidity Report of Tuberculosis (TB) Suspects
and Cases (revised 7/06)
Tuberculosis Control: 213-744-6160
www.lapublichealth.org/tb/forms/cmr.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)
Pediatic AIDS Surveillance Program: 213-351-7319
** Must first call program before reporting.**
http://www.lapublichealth.org/hiv/hivreporting/Pediatric%20HIV-AIDS%20Case%20Report%20Form.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.

Report -A- Problem Link:
www.lapublichealth.org/repprob.htm