SPECIAL REPORTING ISSUE — 2004

In Los Angeles County, more than 80 diseases are reportable by law to the local health department. Since there are several different forms and procedures to report diseases, this special issue of The Public’s Health was designed to facilitate disease reporting during 2004.

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 bioterrorist activity further increases the need for prompt and thorough disease reporting.

Reporting changes implemented in 2003

Very few changes for disease reporting in Los Angeles County were implemented over the last year—as such, the previous special reporting issue of The Public’s Health (January 2003) is still essentially accurate for reporting the vast majority of diseases. Only three changes implemented during 2003 should be noted. One, hospitalized varicella cases have been added to the list of reportable diseases and illnesses (the full list of

HIPAA: HEALTHCARE INFORMATION PRIVACY STANDARDS
EXEMPT REPORTING TO 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. Full implementation of these regulations was mandated in April 2003. While much has been written about HIPAA standards, healthcare providers continue to question the legality of communicable disease reporting without obtaining prior patient consent. New patient record privacy standards 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 regulation. Patient authorization is NOT required when you as a healthcare professional or clinical laboratory director suspect or diagnose a disease of public health importance that is reportable by law in California or Los Angeles County. The 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.

Continued on page 2
Reporting Diseases  (from page 1)

reportable conditions is included in this issue). This addition was implemented due to the continued high rates of morbidity resulting from this disease and the need to better monitor this vaccine-preventable illness. Hospitalized cases should be reported within 7 days of identification using the standard Confidential Morbidity Report (CMR) form enclosed in this issue. Fatal cases of varicella should be reported immediately by phone to Acute Communicable Disease Control: 213-240-7941.

Fatal cases of varicella should be reported immediately by phone to Acute Communicable Disease Control
213-240-7941

The second change in disease reporting implemented in 2003 is the revision of the Los Angeles County sexually transmitted disease (STD) reporting form—the form is included in this issue and a description of these changes is provided on page 15.

The third and final change implemented in 2003 is specific to laboratories—laboratories receiving specimens for the diagnosis of potential bioterrorism-associated diseases must immediately contact the California Department of Health Services. The phone number to report bacterial tests has changed to 510-412-3700. Laboratories receiving viral specimens for potential bioterrorism diseases should call (510) 307-8575.

Previous changes in disease reporting
While minimal changes in disease reporting occurred over the past year, several critical changes occurred in recent years prior to 2003. During 2002, two significant changes in disease reporting were implemented. First, the mandatory reporting of human immunodeficiency syndrome (HIV) was initiated in July 2002. This addition does not replace the reporting of Acquired Immunodeficiency Syndrome (AIDS), which has been reportable since 1983. Unique to HIV reporting is the exclusion of personal identifiers and the necessary interaction between healthcare providers and laboratories that diagnose HIV infection. This requires a special process (described previously in the July/August 2002 issue of The Public’s Health available at: www.lapublichealth.org/wwwfiles/ph/ph/ph/TPH_July-August_2002_rev.pdf). For questions, call 213-351-8561. For your convenience, the HIV/AIDS Case Report Form (DHS 8641A: 9/01) is provided in this issue.

Invasive pneumococcal disease (IPD) reporting was also initiated in 2002 (as described in the October 2002 issue of The Public’s Health available at: www.lapublichealth.org/wwwfiles/ph/ph/ph/TPH_October_2002.pdf)

Continued on page 3
Perhaps the most critical aspect of an effective response to a bioterrorist event is recognizing that something unusual is occurring. Primary healthcare providers will probably be the first to observe and report bioterrorist-associated illness. As such, healthcare professionals should be aware of unusual occurrences or patterns of disease which include:

- serious, unexpected, unexplained acute illness with atypical host characteristics (e.g., 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 (e.g., influenza–like illness in the summer)

Anything suspicious warrants an immediate call to ACDC: 213-240-7941
New User-Friendly STD Confidential Morbidity Report

To facilitate the reporting of new cases of sexually transmitted diseases (STD), the Los Angeles County STD Program has revised the STD Confidential Morbidity Report (CMR) for improved design and readability. The new two-page form, enclosed in this issue, contains three sections requesting information about: the provider, patient, and diagnosis and treatment.

Among the recent changes, the provider section now includes space for a clinic stamp for easier completion. In the diagnosis and treatment section, specimen collection date and treatment date are needed for chlamydia and gonorrhea cases. For cases of congenital syphilis, separate CMRs are needed for both the infant and the mother. Finally, instructions for form submission and how to obtain additional information about STD case definitions and HIV reporting have been added. These changes were developed through usability testing involving clinic staff at several county public health centers.

As mandated by state law (California Administrative Code, Title 17, Public Health, Section 2500), healthcare providers must report newly identified cases of STDs (including chlamydia, gonorrhea, chancroid, non-gonococcal/non-chlamydial urethritis, and pelvic inflammatory disease) within seven calendar days, with the exception of syphilis, which must be reported within one working day. Timely and accurate reporting of STDs is crucial to disease control efforts. This requirement does not contradict the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule which allows covered entities to disclose protected health information to public health authorities when required by federal, tribal, state, or local laws [45 CFR 164.512(a)].

For more information about STD reporting or questions about HIPAA rules for reporting STD cases contact the STD Program at (213) 744-3070.

Mandatory Animal Bite Reporting

The Veterinary Public Health and Rabies Control Program (VPH-RCP) is the designated program responsible for investigating all reported animal bites and suspected animal rabies cases throughout the county. Los Angeles is a rabies endemic county, with approximately one rabid bat being identified each month. Even though rabies has not been detected in local domestic animals since 1987, there is a chance that a dog or cat could contract rabies from an infected bat or an infected animal could be imported into the county.

Physicians and other health care providers are legally required to report all animal bites that come to their attention to VPH-RCP. Reports may be submitted by fax, phone or the internet. VPH-RCP personnel will then either quarantine the biting animal or submit it for testing to rule out rabies.

Animal Disease/Death Reporting

Animals infected with diseases that may be associated with bioterrorism, zoonoses or foreign animal diseases must be reported to VPH-RCP. Also, unusual animal deaths or illness clusters are reportable by phone, fax or the internet.

Animals may serve as sentinels for the introduction of new infectious diseases into the community, whether intentionally (e.g., bioterrorism) or naturally (e.g., West Nile Virus [WNV]). Animal illness may be identified prior to human cases, so animal disease surveillance may allow for earlier identification of disease threats. Wild bird deaths are currently reportable as part of WNV surveillance.

Veterinary Public Health and Rabies Control Program

Phone number: 877-747-2243
Fax number: 323-735-2085, 323-731-9208
Internet reporting:
  Bites: www.lapublichealth.org/vet/biteintro.htm
  Animal diseases: www.lapublichealth.org/vet/disintro.htm
Reporting Cases of Vaccine-Preventable Diseases to the Health Department

Why is it important?
The Immunization Program assists with 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.

What are the reporting requirements for selected vaccine-preventable diseases?
California Code of Regulations, Title 17, Section 2500, Public Health, requires health care providers to report the following diseases or conditions of public health importance to the local health department. (Note: *This is only a partial list of all reportable diseases.* The most recent list of all reportable diseases is available in this issue and at the Department of Health Services Acute Communicable Disease Control web site www.lapublichealth.org/acd/reports/acdcmr.pdf).

<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><em>Haemophilus influenzae</em>, invasive disease</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 cases (213) 351-7800. After hours, please call (213) 974-1234.</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>Hepatitis B (specify acute or chronic case)</td>
<td>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.</td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal, invasive disease *</td>
<td></td>
</tr>
<tr>
<td>Rubella (German measles)</td>
<td></td>
</tr>
<tr>
<td>Rubella syndrome, congenital</td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
</tr>
<tr>
<td>Outbreaks of any disease</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. Confidential Morbidity Report (CMR) forms 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) 351-7440
Fax: (213) 351-2782

### Reporting Cases of Vaccine-Preventable Diseases to the Health Department

**Why is it important?**
The Immunization Program assists with 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.

**What are the reporting requirements for selected vaccine-preventable diseases?**
California Code of Regulations, Title 17, Section 2500, Public Health, requires health care providers to report the following diseases or conditions of public health importance to the local health department. (Note: *This is only a partial list of all reportable diseases.* The most recent list of all reportable diseases is available in this issue and at the Department of Health Services Acute Communicable Disease Control web site www.lapublichealth.org/acd/reports/acdcmr.pdf).

<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><em>Haemophilus influenzae</em>, invasive disease</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 cases (213) 351-7800. After hours, please call (213) 974-1234.</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>Hepatitis B (specify acute or chronic case)</td>
<td>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.</td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal, invasive disease *</td>
<td></td>
</tr>
<tr>
<td>Rubella (German measles)</td>
<td></td>
</tr>
<tr>
<td>Rubella syndrome, congenital</td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
</tr>
<tr>
<td>Outbreaks of any disease</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. Confidential Morbidity Report (CMR) forms 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) 351-7440
Fax: (213) 351-2782

January 2004 • The Public’s Health
# Los Angeles County Department of Health Services Information and Reporting Phone Numbers

<table>
<thead>
<tr>
<th><strong>Los Angeles County Department of Health Services Information and Reporting Phone Numbers</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AIDS/STD</strong></td>
</tr>
<tr>
<td>Sexually Transmitted Disease/HIV Hotline</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ANIMAL REPORTING</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Rabies and Disease Reporting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CHILDREN SERVICES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>California Children Services</td>
</tr>
<tr>
<td>LA County Child Health/Disability Prevention</td>
</tr>
<tr>
<td>LA County Child Protection Hotline</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>DISEASE AND ILLNESS RELATED INFORMATION LINES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicable Disease Reporting System (CDRS)</td>
</tr>
<tr>
<td>Environmental Health Hotline</td>
</tr>
<tr>
<td>Foodborne Illness Reporting</td>
</tr>
<tr>
<td>Health Facilities (Complaints)</td>
</tr>
<tr>
<td>Health Services Information</td>
</tr>
<tr>
<td>LA County Alcohol and Drug Programs</td>
</tr>
<tr>
<td>Lead Program: General Information Line</td>
</tr>
<tr>
<td>Lead Program: Medically elevated blood levels of lead reporting</td>
</tr>
<tr>
<td>Lead Program: Unsafe work practices for those working with lead-based products</td>
</tr>
<tr>
<td>TB Control Program: Surveillance Unit</td>
</tr>
</tbody>
</table>
REPORTABLE DISEASES

**REPORTABLE DISEASES AND CONDITIONS**

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

*Editor’s Note: Following the publication of this issue, the Los Angeles County Reportable Disease List was updated. The new list is available on this page.*

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquired Immune Deficiency Syndrome (AIDS) *</td>
<td></td>
</tr>
<tr>
<td>Amebiasis</td>
<td></td>
</tr>
<tr>
<td>Anisakiasis</td>
<td></td>
</tr>
<tr>
<td>Anthrax</td>
<td></td>
</tr>
<tr>
<td>Babesiosis</td>
<td></td>
</tr>
<tr>
<td>Botulism: Infant, Foodborne, or Wound</td>
<td></td>
</tr>
<tr>
<td>Brucellosis</td>
<td></td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td></td>
</tr>
<tr>
<td>Chancroid *</td>
<td></td>
</tr>
<tr>
<td>Chlamydial Infections *</td>
<td></td>
</tr>
<tr>
<td>Cholera</td>
<td></td>
</tr>
<tr>
<td>Ciguatera Fish Poisoning</td>
<td></td>
</tr>
<tr>
<td>Coccidiodomycosis</td>
<td></td>
</tr>
<tr>
<td>Colorado Tick Fever</td>
<td></td>
</tr>
<tr>
<td>Conjunctivitis, Acute Infections of the Newborn, specify etiology</td>
<td></td>
</tr>
<tr>
<td>Cryptosporidosis</td>
<td></td>
</tr>
<tr>
<td>Cysticercosis</td>
<td></td>
</tr>
<tr>
<td>Dengue</td>
<td></td>
</tr>
<tr>
<td>Diarrhea of the Newborn, outbreaks only</td>
<td></td>
</tr>
<tr>
<td>Diphtheria</td>
<td></td>
</tr>
<tr>
<td>Domoic Acid Poisoning (Amnesic Shellfish Poisoning)</td>
<td></td>
</tr>
<tr>
<td>Echinococcosis (Hydatid Disease)</td>
<td></td>
</tr>
<tr>
<td>Encephalitis</td>
<td></td>
</tr>
<tr>
<td>Escherichia coli O157:H7 Infections</td>
<td></td>
</tr>
<tr>
<td>Foodborne Disease</td>
<td></td>
</tr>
<tr>
<td>2 or more cases from separate households with same suspected source</td>
<td></td>
</tr>
<tr>
<td>Giardiasis</td>
<td></td>
</tr>
<tr>
<td>Gonococcal Infections *</td>
<td></td>
</tr>
<tr>
<td>Haemophilus Influenzae, Invasive Disease</td>
<td></td>
</tr>
<tr>
<td>Hantavirus Infections</td>
<td></td>
</tr>
<tr>
<td>Hemolytic Uremic Syndrome</td>
<td></td>
</tr>
<tr>
<td>Hemorrhagic Fevers, Viral (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
</tr>
<tr>
<td>Human Immunodeficiency Virus (HIV) *</td>
<td></td>
</tr>
<tr>
<td>Kawasaki Syndrome (Mucocutaneous Lymphomatous Disease)</td>
<td></td>
</tr>
<tr>
<td>Legionellosis</td>
<td></td>
</tr>
<tr>
<td>Leprosy (Hansen’s Disease)</td>
<td></td>
</tr>
<tr>
<td>Leptospirosis</td>
<td></td>
</tr>
<tr>
<td>Listeriosis</td>
<td></td>
</tr>
<tr>
<td>Lyme Disease</td>
<td></td>
</tr>
<tr>
<td>Lymphocytic Choriomeningitis</td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td></td>
</tr>
<tr>
<td>Measles (Rubeola)</td>
<td></td>
</tr>
<tr>
<td>Meningitis, specify etiology: Viral, Bacterial, Fungal, Parasitic</td>
<td></td>
</tr>
<tr>
<td>Meningococcal Infections</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
</tr>
<tr>
<td>Non-Gonococcal Urethritis (report laboratory confirmed Chlamydia) *</td>
<td></td>
</tr>
<tr>
<td>Paralytic Shellfish Poisoning</td>
<td></td>
</tr>
<tr>
<td>Pelvic Inflammatory Disease (PID) *</td>
<td></td>
</tr>
<tr>
<td>Pertussis (Whooping Cough)</td>
<td></td>
</tr>
<tr>
<td>Plague, Human or Animal</td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis, Paralytic</td>
<td></td>
</tr>
<tr>
<td>Pneumocystosis</td>
<td></td>
</tr>
<tr>
<td>Q Fever</td>
<td></td>
</tr>
<tr>
<td>Rabies, Human or Animal</td>
<td></td>
</tr>
<tr>
<td>Relapsing Fever</td>
<td></td>
</tr>
<tr>
<td>Reye Syndrome</td>
<td></td>
</tr>
<tr>
<td>Rheumatic Fever, Acute</td>
<td></td>
</tr>
<tr>
<td>Rocky Mountain Spotted Fever</td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
</tr>
<tr>
<td>Rocky Mountain Spotted Fever</td>
<td></td>
</tr>
<tr>
<td>Salmonella (other than Typhoid Fever)</td>
<td></td>
</tr>
<tr>
<td>Scarlet Fever.</td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
</tr>
<tr>
<td>Toxie Shock Syndrome</td>
<td></td>
</tr>
<tr>
<td>Toxoplasmosis</td>
<td></td>
</tr>
<tr>
<td>Trichinosis</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
</tr>
<tr>
<td>Tularemia</td>
<td></td>
</tr>
<tr>
<td>Typhoid Fever, cases and carriers</td>
<td></td>
</tr>
<tr>
<td>Typhus Fever</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
</tr>
<tr>
<td>Varicella, Fatal Cases</td>
<td></td>
</tr>
<tr>
<td>Varicella, Hospitalized Cases</td>
<td></td>
</tr>
<tr>
<td>(Do not report cases of herpes zoster/shingles.)</td>
<td></td>
</tr>
<tr>
<td>Vibriosis</td>
<td></td>
</tr>
<tr>
<td>Water-associated Disease</td>
<td></td>
</tr>
<tr>
<td>Yellow Fever</td>
<td></td>
</tr>
<tr>
<td>Yersiniosis</td>
<td></td>
</tr>
</tbody>
</table>

### OCCURRENCE OF ANY UNUSUAL DISEASE

### OUTBREAKS OF ANY DISEASE

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

- ☑ = 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.

### Non-Communicable Diseases or Conditions

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

*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  
Tel: 888-397-3993  •  Fax: 888-397-3778  
(Rev. 4/04)
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: 
- First Name and Middle Name (or initial): 
- Address (Street and number): 

City/Town: State: Zip Code: 

Home Telephone Number: 

Work Telephone Number: 

Gender: Male Female 

Pregnant? Yes No Unknown 

Date of Onset (MM/DD/YYYY): 

Date of Diagnosis (MM/DD/YYYY): 

Date of Hospitalization (MM/DD/YYYY): 

Date of Death (MM/DD/YYYY): 

Estimated Delivery Date (MM/DD/YYYY): 

Hepatitis Diagnosis: 

- Hep A, acute 
- Hep B, acute 
- Hep B, chronic 
- Hep C, acute 
- Hep C, chronic 
- Hep D 
- Other Hepatitis 

Type of Hepatitis Testing (check all that apply): 

- 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 

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) 

Type of diagnostic specimen: 

- Blood 
- CSF 
- Stool 
- Urine 
- Clinical 
- No test 
- Other 

DO NOT use this form to report HIV/AIDS, chancroid, chlamydial 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 inflammatory disease. Reporting information is available by phone (213-744-3070) or at: www.lapublichealth.org/std/index.htm

REMARKS:

- Jaundiced? Yes No 
- Elevate LFTs? 

DISTRICT CODE (internal use only):

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

PUBLIC HEALTH DEPT. OF HEALTH SERVICES COUNTY OF LOS ANGELES 

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.

H-794 (Rev. 12/02)
### VIII. Clinical Status

**Clinical record reviewed**
- Yes: 1
- No: 0

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

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

Def = definitive diagnosis  
Pres = presumptive diagnosis

*RVCT case number

If HIV tests were not positive or were not done, does this patient have an immunodeficiency that would disqualify him/her from the AIDS case definition?
- Yes: 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
- 4 Unknown

This patient received or is receiving:
- Antiretroviral therapy
- PCP prophylaxis

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

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

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

<table>
<thead>
<tr>
<th>Child's date of birth</th>
<th>Hospital of birth</th>
<th>Child's Soundex</th>
<th>Child's state patient number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month Day Year</td>
<td>City</td>
<td>State</td>
<td></td>
</tr>
</tbody>
</table>

### X. Comments

Health Department Use Only:  
- Census Tract: ____________________  
- Non-LA: ____________________  
- Assigned To: ____________________

Health District: ____________________  
NIR Code: ____________________  
Approved By: ____________________

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

<table>
<thead>
<tr>
<th>Physician's name (last, first, MI)</th>
<th>Telephone number</th>
<th>Patient's medical record number</th>
<th>Person completing form</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address (number, street)

City

State

ZIP code

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

#### DIAGNOSING MEDICAL PRACTITIONER
- **LAST NAME & FIRST NAME**
- **TITLE ABBREVIATION**
- **FACILITY/CLINIC NAME**
- **SUITE/UNIT NO.**
- **FACILITY/CLINIC STREET ADDRESS**
- **CLINIC STAMP**

#### PROVIDER INFORMATION
- **DATE OF REPORT**
- **DIAGNOSIS MEDICAL PRACTITIONER**
- **DIAGNOSIS MEDICAL PRACTITIONER TITLE**
- **AREA CODE**
- **OFFICE TEL**
- **OFFICE FAX**

#### PATIENT INFORMATION
- **PATIENT'S LAST NAME**
- **FIRST NAME**
- **MI**
- **MEDICAL RECORD NUMBER**
- **SOCIAL SECURITY NUMBER**
- **OCCUPATION**
- **PATIENT'S STREET ADDRESS**
- **CITY/TOWN**
- **STATE**
- **ZIP CODE**
- **PATIENT'S LAST NAME**
- **MEDICAL RECORD NUMBER**
- **PATIENT'S STREET ADDRESS**
- **CITY/TOWN**
- **STATE**
- **ZIP CODE**
- **AREA CODE**
- **DAY TEL**
- **EVENING TEL**
- **AGE**
- **BIRTH DATE**
- **GENDER**
- **MARITAL STATUS**
- **RACE**
- **ETHNICITY**

#### SYMPTOMS AND TREATMENT

### CHLAMYDIA
- **DIAGNOSIS**:
  - Asymptomatic
  - Symptomatic - uncomplicated
  - Pelvic Inflammatory Disease
  - Ophthalmia/Conjunctivitis
  - Other:
- **SITE / SPECIMEN**:
  - Urine
  - Cervix
  - Urethra
  - Rectum
  - Nasopharynx
  - Other:
- **Specimen Collection Date**
- **Treatment Date**
- **Medication & Dose**
- **Partner Information**
  - Number partners (last 60 days)
  - Number treated
  - Number Partner Delivered Therapy

### GONORRHEA
- **DIAGNOSIS**:
  - Asymptomatic
  - Symptomatic - uncomplicated
  - Pelvic Inflammatory Disease
  - Ophthalmia/Conjunctivitis
  - Disseminated
  - Other:
- **SITE / SPECIMEN**:
  - Urine
  - Cervix
  - Urethra
  - Rectum
  - Nasopharynx
  - Other:
- **Specimen Collection Date**
- **Treatment Date**
- **Medication & Dose**
- **Partner Information**
  - Number partners (last 60 days)
  - Number treated

---

**REPORT DONE BY**: [Signature]
**REPORT STATUS**: [New/Update]
**DONE BY**: [Signature]

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

[H1911A (Rev. 11/03)]
## ANIMAL BITE REPORT 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 (if other, explain)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Provoked ☐ Vicious ☐ Playful ☐ Sick ☐ break up fight ☐ Unknown ☐ Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Treated</td>
<td>Treated by</td>
<td>Phone number</td>
</tr>
<tr>
<td>Type of treatment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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>☐ Dog ☐ Cat ☐ Other</td>
<td></td>
</tr>
<tr>
<td>Remarks</td>
<td></td>
</tr>
</tbody>
</table>

### Report taken by:

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

Form (H-1561)  
Rev. 08/19/03/cs.wd
**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>
<tbody>
<tr>
<td>Patient's Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>County</td>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td>Country of Birth</td>
<td>Date Arrived in U.S. /</td>
<td>Medical Record Number</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Race/Ethnicity:  
- ☐ White  
- ☐ Black  
- ☐ Asian  
- ☐ Pacific Islander  
- ☐ Hispanic  
- ☐ Non-Hispanic

Date: / / _____ mm of induration  

Previous TB Skin Test:  
Date: / / _____ mm of induration  
Impression: ____________________________

Current TB Skin Test:  

Chest X-ray date: / / ______
- ☐ Normal  
- ☐ Cavitary  
- ☐ Non-Cavitary

☐ Check here to Report a Skin Test Reactor age 3 yrs and under only

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

**Site of Disease**  
- ☐ Pulmonary TB  
- ☐ Extrapulmonary TB  
Specify Site: ____________________________

☐ 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>

Lab Name: ____________________________  
Phone: ____________________________

**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>
</tbody>
</table>

**Remarks:**

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

Reporting Health Care Facility Address: ____________________________  
Submitted By: ____________________________  
Date Submitted / /  

For the TB Control Use  
- ☐ New  
- ☐ Open

For PMD:  
- ☐ Close date  
- ☐ Conf. date  
- ☐ TB or PMD  
- ☐ Faxed date  
- ☐ OC: ___  
- ☐ CT: ____

Rev. 1/99
WHY DO YOU REPORT?
Because it is the law! Reporting of all patients with confirmed or suspect Tuberculosis is mandated by State Health and Safety Codes Division 4, Chapter 5: Secs 121361 & 121362 and Administrative Codes, Title 17, Chapter 4, Section 2500 and must be done within one day of diagnosis. It also mandates that prior to discharge, all tuberculosis suspects and cases in hospitals and prisons have an individualized, written discharge plan approved by the Health Department.

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 calendar day from the time of identification.
2. The director of any clinical lab must report laboratory evidence suggestive of tuberculosis to the Health Department on the same day that the physician who submitted the specimen is notified.

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 CXR 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 or M.bovis.
4. When a pathology report is consistent with tuberculosis.
5. When a patient age 3 yrs 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 misdemeanor punishable by a fine of not less than $50 nor more than $1,000, or by imprisonment for a term of not more than 90 days, or both. Each day the violation is continued is a separate offense.

The Medical Board of California has made 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 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 voicemail.
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 their 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 213-240-7821
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%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.

Mass Vaccination Clinics: A Reality Check

This program provides the important components and challenges of a bioterrorism/pandemic mass vaccination clinic. Health department staff responsible for the implementation of these clinics and who would respond to BT threats and/or influenza epidemics will benefit from the information presented.

Date: Thurs, March 18, 2004
Time: 9:00 AM - 10:30 AM
Place: Immunization Program HQ
3530 Wilshire Blvd, Suite 700
Los Angeles, CA 90010

Calendar

This Issue...