



Date: July 5, 2016
To: CAHAN San Diego Participants
From: Public Health Services, Epidemiology Program

Disease Reporting Requirement (Title 17) Updates

This health advisory notifies CAHAN participants that the California Department of Public Health (CDPH) recently updated Title 17 Sections 2500, 2502 and 2505 of the California Code of Regulations (CCR) and summarizes the important changes in currently effective reporting requirements for healthcare providers and laboratories.

Background

CCR Title 17 Sections 2500, 2502 and 2505 specify reporting requirements in California for diseases of public health importance. Section 2500 states the duty of every healthcare provider knowing of or in attendance on a case or suspected case of [specified diseases or conditions](#) to report it within a specific timeframe to the local health officer. In addition, the administrator of each health facility, clinic, or other setting where more than one healthcare provider may know of a case, a suspected case, or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made.

Section 2505 states that laboratories must report all laboratory testing results suggestive of [diseases of public health importance](#) to the local health department within specified timeframes. A subsection of 2505 specifies isolates or specimens that must be submitted to the state or local public health laboratory (PHL).

The reporting requirements for healthcare providers and laboratories are separate: that is, a healthcare provider report of a disease or condition does not relieve the laboratory of the responsibility of reporting a testing result, and a laboratory report of a test result does not relieve the provider from the responsibility of reporting a disease or condition.

Changes for Healthcare Provider Reporting

A current list of reportable communicable diseases under Title 17 Section 2500 can be found on the Epidemiology Program website: [Disease Reporting Requirements for Health Care Providers](#). Any disease or condition that is listed as reportable immediately or within one working day should be **reported when suspected by a provider without waiting for laboratory confirmation**. Effective public health actions such as post exposure prophylaxis, quarantine of exposed persons, and vector control depend on timely notification by providers.

The following conditions have been **added** and are now required to be reported:

- Chikungunya Virus Infection – *report within one working day*. Note that other illnesses in the differential diagnosis for suspected chikungunya are immediately reportable by telephone.
- Flavivirus infection of undetermined species – *report immediately by telephone*.
- Novel Virus Infection with Pandemic Potential – *report immediately by telephone*. An illness consistent with a novel coronavirus such as MERS-CoV and SARS-CoV should be reported immediately.
- Respiratory Syncytial Virus (only report a death in a patient less than five years of age) – *report within seven calendar days*.
- Zika Virus Infection – *report immediately by telephone*.

The following conditions have been **removed** and are no longer required to be reported:

- Pelvic Inflammatory Disease (PID). Please note that gonorrhea and chlamydia are still reportable, and in addition to providing other required information about these infections, providers should check “Gonococcal PID” and/or “Chlamydial PID” when appropriate.
- Severe Acute Respiratory Syndrome (SARS). Note the addition of novel virus infection with pandemic potential above.
- *Staphylococcus aureus* infection.
- Toxic Shock Syndrome.

The following conditions have been **reworded** for clarity:

- Acquired Immune Deficiency Syndrome (AIDS) is reworded to Human Immunodeficiency virus (HIV) Infection, stage 3 (AIDS).
- Human Immunodeficiency Virus (HIV), Acute Infection now appears as a separate condition in the list.
- Anaplasmosis/Ehrlichiosis now appear as two separate conditions in the list.
- Chickenpox (Varicella) (only hospitalizations and deaths) is reworded to Chickenpox (Varicella) (outbreaks, hospitalizations and deaths).
- Dengue is reworded to Dengue Virus Infection.
- *Haemophilus influenzae*, invasive disease is reworded to *Haemophilus influenzae*, invasive disease, all serotypes.

The following conditions have a **change** in a reporting requirement:

- *Haemophilus influenzae*, invasive disease, is now required to be reported only in persons less than five years of age (previously was in persons less than 15 years of age).
- Hantavirus Infection is now required to be reported within one working day of identification (previously was immediately reportable).

Necrotizing fasciitis is designated by the San Diego County Public Health Officer as a **locally reportable condition**, and should be reported within one working day.

Changes for Laboratory Reporting

A current list of reportable communicable diseases under Title 17 Section 2505 and instructions for submitting specimens to the San Diego Public Health Laboratory can be found on the following website: [Disease Reporting Requirements for Laboratorians](#).

The following diseases have been **added** to subsection (e)(2); laboratory results suggestive of these diseases must now be reported *within one working day*:

- Babesiosis.
- Chikungunya Virus Infection.
- Flavivirus infection of undetermined species.
- *Entamoeba histolytica* (not *E. dispar*).
- Zika Virus Infection.

The subsections related to [isolate and specimen submission](#) have been re-organized as follows:

- Subsection (m)(1) lists the specimens to be submitted as soon as available to the local or state public health laboratory (PHL). The following specimen has been **added**:
 - Zika virus immunoglobulin M (IgM)-positive sera.
- Subsection (m)(2) lists the isolates to be submitted as soon as available to the local or state PHL. The following isolates have been **added**:
 - Drug resistant *Neisseria gonorrhoeae* isolates (cephalosporin or azithromycin only).
 - *Shigella* isolates.

- Subsection (m)(3) is a **new** subsection. It states that **laboratories must attempt to obtain a bacterial culture isolate** whenever there is a laboratory test result indicative of infection with any of the pathogens listed in subsection (m)(2). This is particularly important given the increasing utilization of multi-target enteric pathogen diagnostic assays (such as BioFire FilmArray® Gastrointestinal Panel, Luminex xTAG® Gastrointestinal Pathogen Panel [GPP], Nanosphere's Verigene® Enteric Pathogens Test, or Prodesse® ProGastro SSCS). The pathogens that laboratories must attempt to culture and isolate are:
 - Drug resistant *Neisseria gonorrhoeae* (cephalosporin or azithromycin only);
 - *Listeria monocytogenes*;
 - *Mycobacterium tuberculosis* from sterile sites;
 - *Neisseria meningitidis* from sterile sites;
 - *Salmonella* (see section 2612 for additional reporting requirements);
 - Shiga toxin-producing *Escherichia coli* (STEC) , including O157 and non-O157 strains; and
 - *Shigella*.

The [Epidemiology Program](#) can be contacted by calling 619-692-8499 during normal business hours (Monday-Friday 8 AM-5 PM), or 858-565-5255 after hours, on weekends, and County-observed holidays.

The [San Diego Public Health Laboratory](#) can be contacted by calling 619-692-8500 during normal business hours (Monday-Friday 8 AM-5 PM), or 858-565-5255 after hours, on weekends, and County-observed holidays.

Thank you for your continued participation.

CAHAN San Diego

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