



To: CAHAN San Diego Participants
Date: September 25, 2019
From: Epidemiology & Immunizations Services Branch, Public Health Services

CAHAN Health Information: Disease Reporting Requirement (Title 17) Updates

This health notice informs CAHAN participants that the California Department of Public Health (CDPH) updated Title 17 Sections 2500, 2502 and 2505 of the California Code of Regulations (CCR) **effective October 1, 2019**. Important changes to currently effective reporting requirements are summarized for healthcare providers and laboratories. Updated locally reportable conditions are also listed.

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. 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

The updated list of reportable communicable diseases under Title 17 Section 2500 can be found [here](#). 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. Information about reporting can be found on the Epidemiology Program website: [Disease Reporting Requirements for Health Care Providers](#).

Several of the definitions of Section 2500 have been updated. These include the definitions for case, drug susceptibility testing, epidemiologically linked case, foodborne disease, foodborne disease outbreak, laboratory findings, outbreak, sexually transmitted diseases, suspected case, and waterborne disease outbreak.

The following changes have been made to what **information** must be reported:

- Sex changed to gender,
- Pregnancy status now required to be reported (if known), and
- Complications of gonorrhea and chlamydia infections no longer included.

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

- Human immunodeficiency virus (HIV) infection, any stage – *report within seven calendar days*;
- Middle East Respiratory Syndrome Coronavirus (MERS-CoV) – *report immediately by telephone*; and
- Paratyphoid fever – *report within one working day*.

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

- Amebiasis;
- *Chlamydia trachomatis* infections, including lymphogranuloma venereum (LGV) – these are now being reported only by laboratories; and
- Streptococcal infections (outbreaks of any type and individual cases in food handlers and dairy workers only).

The following conditions have had a **change** in timing and are required to be reported within one working day of identification (previously immediately reportable):

- Dengue virus infection;
- *Escherichia coli*: Shiga toxin-producing (STEC), including *E. coli* O157;
- Yellow fever; and
- Zika virus infection.

Influenza-associated deaths in laboratory confirmed cases are only required to be reported in persons less than 18 years of age (previously ages 0-64). The County Epidemiology Program requests that providers continue to **report all influenza deaths** in order to facilitate timely updates to the community on the influenza season.

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

- Hepatitis B (specify acute case or chronic) reworded to Hepatitis B (specify acute, chronic, or perinatal);
- Hepatitis C (specify acute case or chronic) reworded to Hepatitis C (specify acute, chronic, or perinatal);
- Human immunodeficiency virus (HIV) infection, stage 3 (AIDS) reworded to Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS);
- Influenza, novel strains (human) reworded to Influenza due to novel strains (human);
- Respiratory syncytial virus (only report a death in a patient less than five years of age) reworded to Respiratory syncytial virus-associated deaths in laboratory-confirmed cases less than five year of age; and
- Syphilis reworded to Syphilis (all stages, including congenital).

Locally Reportable Conditions

The following conditions are designated by the San Diego County Public Health Officer as locally reportable conditions and should be reported within one working day:

- *Bartonella quintana* infections (**new**),
- *Candida auris* infections or colonization (**new**),
- *Clostridium sordellii* infections (**new**),
- Necrotizing fasciitis, and
- Vaping-associated pulmonary injury (**new**).

All the above conditions should be reported by healthcare providers. Laboratories should report all but necrotizing fasciitis and vaping-associated pulmonary injury. Specimens may be requested for submission on a case-by-case basis.

Changes for Laboratory Reporting

The updated list of reportable communicable diseases under Title 17 Section 2505 can be found [here](#). Instructions for submitting specimens to the San Diego Public Health Laboratory can be found on the following website: [Clinical Laboratory Reporting and Specimen Submission Guidelines](#).

The following changes have been made to **content** of reports:

- All test requisitions must include pregnancy status and patient address.
- All laboratory reports must include specimen site, diagnosis code, and pregnancy status.
- All laboratory reports must contain date of birth. Age is no longer required.

The following changes have been made to **reporting requirements**:

- Laboratories must report initial findings, as well as any subsequent findings.
- Molecular and pathological testing is included in types of testing.
- Negative results must be reported when requested by CDPH or the local health officer.
- Reporting and isolate/specimen submission is now based on where the patient resides (previously where the healthcare provider was located). If patient residence is unknown, the report must be submitted to the local health officer where provider is located.
- Laboratories must report to the state electronic reporting system (CalREDIE) or a local electronic reporting system that is linked to the state electronic reporting system. Fax is no longer a routine reporting option. Laboratories must report by other means if requested by CDPH or the local health officer.
- Reports must be submitted in a format specified by CDPH.
- Animal specimens are no longer limited to only rabies and plague.

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

- [Carbapenem-resistant Enterobacteriaceae](#) (carbapenemase-producing),
- Influenza,
- Latent tuberculosis infection identified by a positive laboratory test (including positive interferon gamma release assays), and
- Middle East Respiratory Syndrome Coronavirus (MERS-CoV).

The following disease has been **removed** from subsection (e)(2):

- *Entamoeba histolytica* (not *E. dispar*)

The following changes to have been made regarding **specimen and isolate submission**:

- *Neisseria meningitidis* eye specimens have been **added**.
- Measles immunoglobulin M (IgM)-positive sera have been **removed**.
- Submission of HIV-1/2 antigen or antibody reactive sera or plasma is now upon request from CDPH (previously required for all specimens).

The following changes apply to *Mycobacterium tuberculosis* complex:

- If *Mycobacterium tuberculosis* complex is identified by molecular testing but no culture isolate is available, a specimen available to the laboratory must be submitted to the public health laboratory upon request from the local health officer, public health laboratory, or CDPH.
- Results of molecular assays for drug resistance must be reported.
- Resistant cultures must be submitted as soon as available (previously no timeframe).

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 County 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 participation.

CAHAN San Diego

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