**2500. Reporting to the Local Health Authority.**

Barclays Official California Code of Regulations Currentness

**Title 17.** Public Health

**Division 1.** State Department of Health Services

**Chapter 4.** Preventive Medical Service

**Subchapter 1**. Reportable Diseases and Conditions

**Article 1.** Reporting (Refs & Annos)

**17 CCR § 2500**

**§ 2500. Reporting to the Local Health Authority.**

(a) The following definitions shall govern the interpretation of this Subchapter.

(1) ‘CDC’ means the Centers for Disease Control and Prevention, United States Department of Health and Human Services.

(2) ‘CSTE’ means the Council of State and Territorial Epidemiologists.

(3) ‘MMWR’ means the Morbidity and Mortality Weekly Report.

(4) ‘Acute HIV infection’ means detectable HIV-1 RNA or p24 antigen in serum or plasma in the setting of a negative or indeterminate HIV-1 antibody test result for patients tested using a currently approved HIV test algorithm, as defined in section 2641.57.

(5) ‘Case’ means (A) a person who has been diagnosed by a health care provider, who is lawfully authorized to diagnose, using clinical judgment or laboratory evidence, to have a particular disease or condition listed in subsection (j); or (B) a person who is considered to have a disease or condition that satisfies the most recent communicable disease surveillance case definitions established by the CDC and/or CSTE; or (C) an animal that has been determined, by a person authorized to do so, to have a disease or condition made reportable by these regulations; or (D) a person who has been diagnosed with HIV infection using a currently approved HIV test algorithm, as defined in section 2641.57.

(6) ‘Clinical signs' means the objective evidence of disease.

(7) ‘Clinical symptoms' means the subjective sensation of disease felt by the patient.

(8) ‘Communicable disease’ means an illness due to a specific microbiological or parasitic agent or its toxic products which arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment.

(9) ‘Director’ means State Director of Public Health.

(10) ‘Drug susceptibility testing’ means the process where at least one isolate from a culture of a patient's specimen is subjected to antimicrobial testing to determine if growth is inhibited by drugs commonly used to treat such infections, or another type of test using an isolate or specimen that identifies genetic or other features of a microorganism associated with antimicrobial resistance.

(11) ‘Epidemiological risk factors' means those attributes, behaviors, exposures, or other factors that alter the probability of disease.

(12) ‘Epidemiologically linked case’ means a case in which the patient is likely to have had contact with one or more persons who have/had the disease, and transmission of the agent by the usual modes of transmission is plausible.

(13) ‘Foodborne disease’ means illness suspected to have resulted from consuming a contaminated food, non-water beverage, or other ingestible item such as a dietary supplement or herbal remedy.

(14) ‘Foodborne disease outbreak’ means an incident in which two or more persons experience a similar illness after ingestion of a common contaminated food, non-water beverage, or other ingestible item such as a dietary supplement or herbal remedy.

(15) ‘Health care provider’ means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

(16) ‘Health officer’ and ‘local health officer’ as used in this subchapter includes county, city, and district health officers.

(17) ‘In attendance’ means the existence of the relationship whereby a health care provider renders those services which are authorized by the health care provider's licensure or certification.

(18) ‘Infection control practitioner’ means any person designated by a hospital, nursing home, clinic, or other health care facility as having responsibilities which include the detection, reporting, control and prevention of infections within the institution.

(19) ‘Laboratory findings' means (A) the results of a laboratory examination of any specimen derived from the human body which yields microscopic, culture, immunologic, serologic, molecular, pathologic, or other evidence suggestive of a disease or condition made reportable by these regulations; or (B) the results of a laboratory examination of any specimen derived from an animal which yields evidence of a disease or condition in animals made reportable by these regulations.

(20) ‘Multidrug-resistant *Mycobacterium tuberculosis*” means a laboratory culture or subculture of *Mycobacterium tuberculosis* which is determined by antimicrobial susceptibility testing to be resistant to at least isoniazid and rifampin.

(21) ‘Pandemic potential’ means the potential ability of a pathogen to spread easily and efficiently in the human population, crossing international boundaries, and usually affecting many people. Such pathogens may be associated with severe illness and death.

(22) ‘Outbreak’ means the occurrence of cases of a disease (illness) above the expected or baseline level, usually over a given period of time, in a geographic area or facility, or in a specific population group. The number of cases indicating the presence of an outbreak will vary according to the disease agent, size and type of population exposed, previous exposure to the agent, and the time and place of occurrence. Thus, the designation of an outbreak is relative to the usual frequency of the disease in the same facility or community, among the specified population, over a comparable period of time. A single case of a communicable disease long absent from a population or the first invasion by a disease not previously recognized may constitute an outbreak and require immediate reporting and epidemiologic investigation.

(23) ‘Personal information’ means any information that identifies or describes a person, including, but not limited to, his or her name, social security number, date of birth, physical description, home address, home telephone number, and medical or employment history.

(24) ‘Sexually Transmitted Diseases' means Chancroid, Lymphogranuloma venereum, Syphilis, Gonorrhea, and Chlamydia.

(25) ‘Suspected case’ means (A) a person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have a particular disease or condition listed in subsection (j); or (B) a person who is considered a probable case, or an epidemiologically-linked case, or who has supportive laboratory findings under the most recent communicable disease surveillance case definition established by CDC or CSTE; or (C) an animal which has been determined by a veterinarian to exhibit clinical signs or which has laboratory findings suggestive of a disease or condition in animals made reportable by these regulations.

(26) ‘Unusual disease’ means a rare disease or a newly apparent or emerging disease or syndrome of uncertain etiology which a health care provider has reason to believe could possibly be caused by a transmissible infectious agent or microbial toxin.

(27) ‘Waterborne disease outbreak’ means an incident in which two or more epidemiologically-linked persons experienced a similar illness after exposure to the same water source and epidemiologic investigation by public health authorities implicates the water as the likely source of the illness. This includes any outbreak of an infectious disease, chemical poisoning, or toxin-mediated illness where water is indicated as the source by an epidemiological investigation.

(b) It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed in subsection (j) of this section, to report to the local health officer for the jurisdiction where the patient resides as required in subsection (h) of this section. Where no health care 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 in subsection (j) of this section may make such a report to the local health officer for the jurisdiction where the patient resides.

(c) The administrator of each health facility, clinic or other setting where more than one health care 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 to the local health officer.

(d) Each report made pursuant to subsection (b) shall include all of the following information if known:

(1) name of the disease or condition being reported; the date of onset; the date of diagnosis; the name, address, telephone number, occupation, race/ethnic group, Social Security number, gender, pregnancy status, age, and date of birth for the case or suspected case; the date of death if death has occurred; and the name, address and telephone number of the person making the report.

(2) If the disease reported pursuant to subsection (b) is hepatitis, syphilis, or tuberculosis, then the report shall include the following applicable information, if known: (A) for hepatitis, the type-specific laboratory findings and sources of exposure, (B) for syphilis, syphilis-specific laboratory findings, and (C) for tuberculosis, information on the diagnostic status of the case or suspected case, bacteriologic, radiologic and tuberculin skin test findings, information regarding the risk of transmission of the disease to other persons, and a list of the anti-tuberculosis medications administered to the patient.

(e) Confidential Morbidity Report forms, are available from the local health department for reporting as required by this section.

(f) Information reported pursuant to this section is acquired in confidence and shall not be disclosed by the local health officer except as authorized by these regulations, as required by state or federal law, or with the written consent of the individual to whom the information pertains or the legal representative of the individual.

(g) Upon the State Department of Public Health's request, a local health department shall provide to the Department the information reported pursuant to this section. Absent the individual's written consent, no information that would directly or indirectly identify the case or suspected case as an individual who has applied for or been given services for alcohol or other drug abuse by a federally assisted drug or alcohol abuse treatment program (as defined in federal law at 42 C.F.R. Section 2.11) shall be included.

(h) The urgency of reporting is identified by symbols in the list of diseases and conditions in subsection (j) of this section. Those diseases with a diamond (◆) are considered emergencies and shall be reported immediately by telephone. Those diseases and conditions with a cross (+) shall be reported by mailing, telephoning, or electronically transmitting a report within one (1) working day of identification of the case or suspected case, except for acute HIV infection reporting which shall be reported by telephone (see (k) for specific requirements). Those diseases and conditions not otherwise identified by a diamond or a cross shall be reported by mailing a written report, telephoning, or electronically transmitting a report within seven (7) calendar days of the time of identification.

(i) For foodborne disease, the bullet (•) symbol indicates that, when two (2) or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness, they shall be reported immediately by telephone.

(j) Health care providers shall submit reports for the following diseases or conditions.

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|  | Anaplasmosis |
| ◆ | Anthrax, human or animal |
| + | Babesiosis |
| ◆ | Botulism (Infant, Foodborne, Wound, Other) |
| ◆ | Brucellosis, human |
|  | Brucellosis, animal (except infections due to *Brucella canis*) |
| + | Campylobacteriosis |
|  | Chancroid |
| + | Chickenpox (Varicella) (outbreaks, hospitalizations and deaths) |
| ◆ | Cholera |
| ◆ | Ciguatera Fish Poisoning |
| + | Chikungunya virus infection |
|  | Coccidioidomycosis |
|  | Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE) |
| + | Cryptosporidiosis Cyclosporiasis Cysticercosis or taeniasis |
| + | Dengue virus infection |
| ◆ | Diphtheria |
| ◆ | Domoic Acid Poisoning (Amnesic Shellfish Poisoning) |
|  | Erlichiosis |
| + | Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic |
| + | *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157 |
| ◆ | Flavivirus infection of undetermined species |
| + • | Foodborne Disease Giardiasis Gonococcal Infections |
| + | *Haemophilus influenzae*, invasive disease, all serotypes (report an incident of less than five years of age) |
| + | Hantavirus Infections |
| ◆ | Hemolytic Uremic Syndrome |
| + | Hepatitis A, acute infection |
|  | Hepatitis B (specify acute, chronic, or perinatal) |
|  | Hepatitis C (specify acute, chronic, or perinatal) |
|  | Hepatitis D (Delta) (specify acute case or chronic) |
|  | Hepatitis E, acute infection |
| + | Human Immunodeficiency Virus (HIV), acute infection, (see (k) for additional reporting requirements) |
|  | Human Immunodeficiency Virus (HIV) infection, any stage |
|  | Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS) |
|  | Influenza-associated deaths in laboratory-confirmed cases less than 18 years of age |
| ◆ | Influenza due to novel strains (human) |
|  | Legionellosis |
|  | Leprosy (Hansen Disease) |
|  | Leptospirosis |
| + | Listeriosis |
|  | Lyme Disease |
| + | Malaria |
| ◆ | Measles (Rubeola) |
| + | Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic |
| ◆ | Meningococcal Infections |
| ◆ | Middle East Respiratory Syndrome (MERS) |
|  | Mumps |
| ◆ | Novel virus infection with pandemic potential |
| ◆ | Paralytic Shellfish Poisoning |
| + | Paratyphoid Fever |
| + | Pertussis (Whooping Cough) |
| ◆ | Plague, human or animal |
| + | Poliovirus Infection |
| + | Psittacosis |
| + | Q Fever |
| ◆ | Rabies, human or animal |
| + | Relapsing Fever |
|  | Respiratory syncytial virus-associated deaths in laboratory-confirmed cases less than than five years of age) |
|  | Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses |
|  | Rocky Mountain Spotted Fever |
|  | Rubella (German Measles) |
|  | Rubella Syndrome, Congenital |
| + | Salmonellosis (Other than Typhoid Fever) |
| ◆ | Scombroid Fish Poisoning |
| ◆ | Shiga toxin (detected in feces) |
| + | Shigellosis |
| ◆ | Smallpox (Variola) |
| + | Syphilis (all stages, including congenital) |
|  | Tetanus |
| + | Trichinosis |
| + | Tuberculosis |
| ◆ | Tularemia, human |
|  | Tularemia, animal |
| + | Typhoid Fever, Cases and Carriers |
| + | *Vibrio* Infections |
| ◆ | Viral Hemorrhagic Fevers, human or animal (e.g., Crimean- Congo, Ebola, Lassa and Marburg viruses) |
| + | West Nile virus infection |
| + | Yellow Fever |
| + | Yersiniosis |
| + | Zika virus infection |
| ◆ | **OCCURRENCE of ANY UNUSUAL DISEASE** |
| ◆ | **OUTBREAKS of ANY DISEASE** (Including diseases not listed in Section 2500). Specify if institutional and/or open community. |

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(◆) = to be reported immediately by telephone.

(+) = to be reported by mailing a report, telephoning, or electronically transmitting a report within one (1) working day of identification of the case or suspected case.

(No diamond or cross symbol) = to be reported within seven (7) calendar days by mail, telephone, or electronic report from the time of identification.

(•) = when two (2) or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness, they should be reported immediately by telephone.

(k) In addition to routine reporting requirements set forth in section 2643.5, for acute HIV infection reporting, health care providers shall report all cases within one (1) working day to the local health officer of the jurisdiction in which the patient resides by telephone. If evidence of acute HIV infection is based on presence of HIV p24 antigen, providers shall not wait until HIV-1 RNA is detected before reporting to the local health officer.

Note: Authority cited: Sections 120130, 131050, 131051, 131052, 131080 and 131200, Health and Safety Code. Reference: Sections 1603.1, 100325, 103925, 113150, 113155, 120125, 120130, 120140, 120175, 120245, 120250, 131050, 131051 and 131080, Health and Safety Code; Sections 551, 554 and 555, Business and Professions Code; Section 1798.3, Civil Code; 42 C.F.R. Sections 2.11 and 2.12; Cal. Const., art. 1, Section 1; and Section 1040, Evidence Code.

**HISTORY**

1. Originally published 8-15-1945 (Title 17).

2. Amendment filed 12-22-69; effective thirtieth day thereafter (Register 69, No. 52). For prior history, see Register 66, No. 39.

3. Amendment filed 12-14-79; effective thirtieth day thereafter (Register 79, No. 50).

4. Amendment of subsection (a) and new subsections (b)-(h) filed 3-30-89; operative 3-30-89 (Register 89, No. 14).

5. Editorial correction of HISTORY No. 4 printing error (Register 89, No. 23).

6. Editorial correction of subsection (g)(1) printing error (Register 90, No. 4).

7. Editorial correction of printing errors in subsection (g) (Register 91, No. 46).

8. Amendment of section and Note filed 5-1-95 as an emergency; operative 5-1-95 (Register 95, No. 18). A Certificate of Compliance must be transmitted to OAL by 8-29-95 or emergency language will be repealed by operation of law on the following day.

9. Amendment of section and Note, including amendment of subsection (j)(1) “Diphtheria”, refiled 8-21-95 as an emergency; operative 8-21-95 (Register 95, No. 34). A Certificate of Compliance must be transmitted to OAL by 12-19-95 or emergency language will be repealed by operation of law on the following day.

10. Certificate of Compliance as to 5-1-95 order, including amendment of section, transmitted to OAL 12-19-95 and filed 2-2-96 (Register 96, No. 5).

11. Editorial correction of subsections (j)(1) and (j)(2) (Register 97, No. 12).

12. Amendment of subsection (j), repealer of subsection (j)(1) designator and initial text, repealer of subsection (j)(2) and amendment of Note filed 5-17-2000; operative 10-2-2000 (Register 2000, No. 20).

13. Editorial correction restoring inadvertently deleted footnote (Register 2000, No. 33).

14. Amendment of subsection (j) and amendment of Note filed 11-5-2001 as an emergency; operative 11-5-2001 (Register 2001, No. 45). A Certificate of Compliance must be transmitted to OAL by 3-5-2002 or emergency language will be repealed by operation of law on the following day.

15. Amendment of subsection (j) and amendment of Note refiled 3-1-2002 as an emergency; operative 3-1-2002 (Register 2002, No. 9). A Certificate of Compliance must be transmitted to OAL by 7-1-2002 or emergency language will be repealed by operation of law on the following day.

16. Certificate of Compliance as to 3-1-2002 order, including amendment of Note, transmitted to OAL 6-26-2002 and filed 7-16-2002 (Register 2002, No. 29).

17. Amendment of subsection (j) filed 6-30-2005; operative 6-30-2005. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130 (Register 2005, No. 32).

18. Amendment of subsection (j) filed 10-26-2006; operative 10-26-2006. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130(a) and (d) (Register 2006, No. 43).

19. Amendment of subsection (j) filed 6-12-2007; operative 6-12-2007. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130 (Register 2007, No. 31).

20. Amendment of subsection (j) filed 7-30-2007; operative 7-30-2007. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130 (Register 2007, No. 31).

21. Amendment of subsections (a)(8), (g) and (j) and amendment of Note filed 2-13-2008; operative 2-13-2008. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130(a) and (d) (Register 2008, No. 7).

22. Amendment of subsection (j) and Note filed 9-22-2009; operative 9-22-2009. Submitted to OAL for printing only pursuant to Health and Safety Code section 120130(a) and (d) (Register 2009, No. 39).

23. Repealer of subsection (a)(25) and amendment of subsections (e) and (j) filed 6-30-2011; operative 6-30-2011. Submitted to OAL for printing only pursuant to Health and Safety Code sections 120130(a) and 120130(d) (Register 2011, No. 26).

24. Amendment filed 5-24-2016; operative 5-24-2016. Submitted to OAL for filing and printing only pursuant to Health and Safety Code section 120130(a)-(b) (Register 2016, No. 22).

25. Amendment filed 9-12-2019; operative 10-1-2019. Submitted to OAL for filing and printing only pursuant to Health and Safety Code section 120130(a)-(b) (Register 2019, No. 37).

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