# **CONFIDENTIAL MORBIDITY REPORT**

PLEASE NOTE: Use this form for reporting all conditions except HIV/AIDS, Tuberculosis, and conditions reportable to DMV.

DISEASE BEING REPORTED									
Patient Name - Last Name		First Nan	First Name			ИІ	Ethnicity (check one)		
Home Address: Number, Street					Apt./Unit No.	•	☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Unknown  Race (check all that apply)  ☐ African-American/Black		
City		Sta	ate	ZIP Code			American Inc	k all that ap	oly)
Home Telephone Number	Cell Telephone	Number	W	ork Teleph	one Number		Asian Indi	ın [	☐ Hmong ☐ Thai ☐ Japanese ☐ Vietnamese
			Primary ☐ English ☐ Spanish Language ☐ Other:			☐ Chinese ☐ Filipino ☐ Pacific Island	j		
Birth Date (mm/dd/yyyy)	Age [	Years Months Days	Gender  Male	e	I to F Transger to M Transger Other:		☐ Pacific Islander (check all that apply) ☐ Native Hawaiian ☐ Samoan ☐ Guamanian ☐ Other (specify): ☐ White		
Pregnant? Est. Delivery Date (mm/dd/yyy							☐ Other (specify): ☐ Unknown		
Occupation or Job Title			Occupational or Exposure Setting (check				## All that apply): ☐ Food Service ☐ Day Care ☐ Health Care ☐ Other (specify):		
Date of Onset (mm/dd/yyyy)	Date of Fire	st Specimen	Collection	n (mm/dd/y)	(yyy) Date	e of Diag	nosis (mm/dd/yyyy)	D	ate of Death (mm/dd/yyyy)
Reporting Health Care Provider	l	Reporting	Health Ca	re Facility				RE	EPORT TO:
Address: Number, Street			Suite/Unit No.						
City			ate	ZIP Code					
Telephone Number		Fax Numb	Fax Number						
Submitted by		D	Date Submitted (mm/dd/yyyy)			(Obtain additional forms from your local health department.)			
Laboratory Name			City			· ` ·	State	ZIP Code	
SEXUALLY TRANSMITTED	DISEASES (STDs	·)		1					
Gender of Sex Partners (check all that apply)  Male M to F Transgender Female F to M Transgender Unknown Other:  Referred to:  Referred to:									
If reporting Syphilis, Stage:       Syphilis Test Results         Primary (lesion present)       RPR       Pos         Secondary       VDRL       Pos         Early, non-primary, non-secondary       FTA-ABS       Pos         Unknown Duration or Late       TP-PA       Pos         Congenital       TP-PA       Pos			os Negos Negos Negos	Neg Cervical Pharyngeal Rectal Rectal		ource(s) at apply) al geal	Symptoms Symptoms Yes No Unknow	s? [	tner(s) Treated?  Yes, treated in this clinic  Yes, Meds/Prescription given to patient for their partner(s)  Yes, other:  No, instructed patient to refer partner(s) for treatment
Clinical Manifestations?  Second Post Neg  CSF-VDRL Post Neg  CSF-VDRL Observable  Ocular Late clinical Other:			1	Urine No, referred partner(s) to:  Vaginal  Other: Unknown			No, referred partner(s) to:		
VIRAL HEPATITIS									
Diagnosis (check all that apply)	Is patient s	ymptomatic	?	☐ No	Unknown		P	os Neg	Pos Neg
	Suspected Expos  Blood transfus medical proce IV drug use Other needle of Sexual contact Household co Perinatal Child care Other:	sion, dental or dure exposure t	AST Re	(SGPT) esult: (SGOT) esult:	Upper Limit: Upper Limit:	Hep A	· ·		Hep C anti-HCV
Remarks:									

# Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions\*

#### § 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- § 2500(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 condition listed below, to report to the local health officer for the jurisdiction where the patient resides. 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 below may make such a report to the local health officer for the jurisdiction where the patient resides.
- § 2500(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 officer.
- § 2500(a)(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.

## URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(i)]

- - † = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a in regulations).
- © = Report by telephone within one working day of identification (designated by a + in regulations).
- FAX ⊘ □ = Report by electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).
  - WEEK = All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

#### REPORTABLE COMMUNICABLE DISEASES §2500(j)

Disease Name	Urgency	Disease Name	Urgency
Anaplasmosis	WEEK	Listeriosis	FAX ⊘ 🖾
Anthrax, human or animal	Ø!	Lyme Disease	WEEK
Babesiosis	FAX ⊘ ⊠	Malaria	FAX ⊘ ⊠
Botulism (Infant, Foodborne, wound, Other)	⊘!	Measles (Rubeola)	⊘!
Brucellosis, animal (except infections due to <i>Brucella canis</i> )	WEEK	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ⊘ ⊠
Brucellosis, human	⊘!	Meningococcal Infections	⊘!
Campylobacteriosis	FAX ⊘ ⊠	Middle East Respiratory Syndrome (MERS)	∅!
Chancroid	WEEK	Mumps	WEEK
Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)	FAX ⊘ ⊠	Novel Virus Infection with Pandemic Potential	∅!
Chikungunya Virus Infection	FAX ⊘ ⊠	Paralytic Shellfish Poisoning	⊘!
Cholera	⊘!	Paratyphoid Fever	FAX ⊘ ⊠
Ciguatera Fish Poisoning	⊘!	Pertussis (Whooping Cough)	FAX ⊘ 🖾
Coccidioidomycosis	WEEK	Plague, human or animal	∅!

Disease Name	Urgency	Disease Name	Urgency
Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)	WEEK	Poliovirus Infection	⊘!
Cryptosporidiosis	FAX ⊘ ⊠	Psittacosis	FAX ⊘ ⊠
Cyclosporiasis	WEEK	Q Fever	FAX ⊘ ⊠
Cysticercosis or taeniasis	WEEK	Rabies, human or animal	⊘!
Dengue Virus Infection	FAX ⊘ ⊠	Relapsing Fever	FAX ⊘ ⊠
Diphtheria	⊘!	Respiratory Syncytial Virus-associated deaths in laboratory-confirmed cases less than five years of age	WEEK
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	⊘!	Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses	WEEK
Ehrlichiosis	WEEK	Rocky Mountain Spotted Fever	WEEK
Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ⊘ ⊠	Rubella (German Measles)	WEEK
Escherichia coli: shiga toxin producing (STEC) including E. coli O157	⊘!	Rubella Syndrome, Congenital	WEEK
Flavivirus infection of undetermined species	⊘!	Salmonellosis (Other than Typhoid Fever)	FAX ⊘ ⊠
Foodborne Disease	† FAX ⊘ 🖾	Scombroid Fish Poisoning	⊘!
Giardiasis	WEEK	Shiga toxin (detected in feces)	Ø!
Gonococcal Infections	WEEK	Shigellosis	FAX ⊘ ⊠
Haemophilus influenzae, invasive disease, all serotypes (report an incident less than 5 years of age)	FAX ⊘ ⊠	Smallpox(Variola)	⊘!
Hantavirus Infections	FAX ⊘ 🖾	Syphilis (all stages, including congenital)	FAX ⊘ ⊠
Hemolytic Uremic Syndrome	⊘!	Tetanus	WEEK
Hepatitis A, acute infection	FAX ⊘ ⊠	Trichinosis	FAX ⊘ ⊠
Hepatitis B (specify acute, chronic, or perinatal)	WEEK	Tuberculosis	FAX ⊘ ⊠
Hepatitis C (specify acute, chronic, or perinatal)	WEEK	Tularemia, animal	WEEK
Hepatitis D (Delta) (specify acute case or chronic)	WEEK	Tularemia, human	∅!
Hepatitis E, acute infection	WEEK	Typhoid Fever, Cases and Carriers	FAX ⊘ 🗹
Human Immunodeficiency Virus (HIV), acute infection	0	Vibrio Infections	FAX ⊘ ⊠
Human Immunodeficiency Virus W (HIV) infection, any stage		Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)	⊘!
Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS)	WEEK	West Nile Virus (WNV) Infection	FAX ⊘ ⊠

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Disease Name	Urgency	Disease Name	Urgency
Influenza-associate deaths in laboratory-confirmed cases less than 18 years of age	WEEK	Yellow Fever	FAX ⊘ ⊠
Influenza due to novel strains (human)	⊘!	Yersiniosis	FAX ⊘ ⊠
Legionellosis	WEEK	Zika Virus Infection	FAX ⊘ 🖾
Leprosy (Hansen Disease)	WEEK	OCCURRENCE of ANY UNUSUAL DISEASE	∅!
Leptospirosis	WEEK	OUTBREAKS of ANY DISEASE (Including diseases not listed in <b>§2500</b> ). Specify if institutional and/or open community.	∅!

### **HIV REPORTING BY HEALTH CARE PROVIDERS §2641.30-2643.20**

Human Immunodeficiency Virus (HIV) infection at all stages is reportable by traceable mail, person-to-person transfer, or electronically within seven calendar days. For complete HIV-specific reporting requirements, see <a href="Title 17">Title 17</a>, CCR, <a href="S2641.30-2643.20">S2641.30-2643.20</a> and the <a href="California Department of Public Health's HIV Surveillance and Case Reporting Resource page">Case Reporting Resource Public Health's HIV Surveillance and Case Reporting Resource Public Health's HIV Su

### REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800–2812 and §2593(b)

Disorders Characterized by Lapses of Consciousness (§2800-2812)

Pesticide-related illness or injury (known or suspected cases)\*\*

LOCALLY REPORTABLE DISEASES (If Applicable):

Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the Cervix) (§2593)\*\*\*

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<sup>\*</sup> This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health & Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).

<sup>\*\*</sup> Failure to report is a citable offense and subject to civil penalty (\$250) (Health and Safety Code §105200).

<sup>\*\*\*</sup> The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at: www.ccrcal.org