

Communicable Disease Reporting Requirements: California

Requirements
for good
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INTRODUCTION

Physicians and other health care providers are required by California law to report any of 85 communicable diseases. These can be found in Sec. 2500 (J) of the California Code of Regulations.

REPORTING REQUIREMENTS

To assist in averting potential public health crises, you are obliged by California law to notify your local health officer, within one working day, if any of your patients test positively for any of the following diseases:

- Chlamydial infections
- Cryptosporidiosis
- Diphtheria
- Encephalitis, arboviral
- *Escherichia coli* 0157:H7 infection
- Gonorrhea
- Hepatitis A, acute infection, by IgM antibody test or positive viral antigen test
- Hepatitis B, acute infection by IgM anti-HBc antibody test
- Hepatitis B surface antigen positivity (specify gender)
- Listeriosis
- Malaria
- Measles (Rubeola), acute infection, by IgM antibody test or positive viral antigen test
- Plague, animal or human
- Rabies, animal or human
- Syphilis
- Tuberculosis
- Typhoid
- *Vibrio* species infections

The State asks that you write or fax directly to your local health officer. Local health officers may have specific preferences for the way you report. Please consult with your local health department for guidance on what information is explicitly required. Generally, you should be able to use a legible copy of your laboratory report as long as it includes all of the following information:

- Date specimen was obtained
- Patient identification number
- Specimen accession number or other unique specimen identifier
- Laboratory findings for the test performed;
- Date any positive laboratory findings were identified
- Name, gender, address, phone number (if known), and date of birth of the patient
- Name, address, phone number of health care provider

The attached form should be considered a reference tool only. Be sure to consult with your local health officer.

Information contained in this LabFacts is derived from Title 17 (Article 2, sec. 2505) of the California Code of Regulations. For further information, consult the appropriate citation.

OTHER IMPORTANT NOTES

It is important to take special care in handling and reporting all communicable diseases. Always maintain precise and complete records that detail your steps in working with these specimens. Be sure to log dates and times that you send notification to officials and others. You may want to post the address, phone number and contact for your local health officer and local public health laboratory so they're accessible to all staff. By following the proper procedures, and training yourself and other staff to do so, you will ensure compliance with the state law and help control the spread of communicable public health dangers.

M. tuberculosis

If you isolate *Mycobacterium tuberculosis*, you need to submit a culture from the primary isolate to your local public health laboratory for confirmation. The public health laboratory will retain the culture received in a viable condition for at least six months.

If you have not performed drug susceptibility testing on a strain obtained from the same patient within the previous three months, you should perform (or refer out) the test on at least one isolate from each patient, and report the results to the local health officer within one working day from the time the health care provider or other authorized person who submitted the specimen is notified. If the testing shows the culture to be resistant to at least isoniazid and rifampin, you need to submit one additional culture or subculture from each patient to your official public health laboratory.

Acid Fast Bacillus

If a known or suspected TB patient tests positive for acid fast bacillus staining and the organism was not identified within the past 30 days through previous testing, you should culture and identify (or refer out) the acid fast bacteria, and report.

Malaria

If you find malaria parasites in the blood film of a patient, you should immediately submit one or more such blood film slides to your local public health laboratory for confirmation.

LABFACTS 10

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(as of 5/95)

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COMMUNICABLE DISEASE REPORTING FORM

Date: _____

Laboratory Name: _____

Laboratory Address: _____

Laboratory Phone: _____

Physician: _____

Laboratory Director: _____

Patient Identification Number: _____

Patient Name: _____

Patient Gender: _____

Patient Date of Birth: _____

Patient Address: _____

Patient Phone (if available): _____

Date Specimen Obtained: _____

Specimen Accession Number
or other identifier: _____

Date of Positive Laboratory Findings: _____

Laboratory Findings for the Test Performed:
(Detail):

Signature (preparer): _____

Signature (physician): _____

Reporting Form Sent To: _____

Date: _____

Physician Signature: _____