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 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.

**URGENCY REPORTING REQUIREMENTS**
- Report immediately by telephone
- Report within 1 working day
- Report within 7 calendar days from time of identification

## REPORTABLE DISEASES

### Anaplasmosis
- Anthrax
- Babesiosis
- Botulism (Infant, Foodborne, Wound)
- Brucellosis, animal (except infections due to Brucella canis)
- Brucellosis, human
- Campylobacteriosis
- Chancroid
- Chickenpox (Varicella), (outbreaks, hospitalizations and deaths)
- Chikungunya Virus Infection
- Cholera
- Ciguatera Fish Poisoning
- Coccidiodomycosis
- Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
- COVID-19 SARS-CoV-2
- Cryptosporidiosis
- Cyclosporiasis
- Cysticercosis or Taeniasis
- Dengue Virus Infection
- Diphtheria
- Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
- Ehrlichiosis
- 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 5 years of age)
- Hantavirus Infections
- Hemolytic Uremic Syndrome
- Hepatitis A
- 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) infection, (any stage)
- Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS)
- Influenza-associated deaths in laboratory confirmed cases (ages 0-18)
- Influenza due to novel strains (human)
- Legionellosis
- 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 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, animal
- Tularemia, human
- Typhoid Fever, Cases and Carriers
- Vibrio Infections
- Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
- West Nile Virus (WNV) Infection
- Yellow Fever
- Yersiniosis
- Zika Virus Infection

### OCCURRENCE OF ANY UNUSUAL DISEASE

OUTBREAKS of ANY DISEASE (Including diseases not listed in §2500). Specify if institutional and/or open community.

### HIV REPORTING BY HEALTH CARE PROVIDERS

HIV is reportable by traceable mail or person-to-person transfer within seven calendar days by completion of the HIV/AIDS Case Report form (CDPH 8641A) available from the local health department. For completing HIV-specific reporting requirements, see Title 17, CCR, §2500.1-2543.20 and http://www.cdph.ca.gov/programs/aids/Pages/OHIVReporting.aspx

### 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)**
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)**

### LOCALLY REPORTABLE DISEASES (If Applicable):

- Positive Skin Tests in Children Less Than 3 years of Age Without History of BCG Vaccination;
- Carbapenem-Resistant Enterobacteriaceae (CRE) (Acute care hospitals and skilled nursing facilities only) Report monthly via NHSN. If not enrolled in NHSN, must report by CMR.
- Norovirus in Food Employees

### To report a case or outbreak of any disease contact the Communicable Disease Control Program:

Phone: (562) 570-4302 • Fax: (562) 570-4374 • After Hours: (562) 500-5537 • HIV/STD Hotline: (562) 570-4321

* Failure to report is a misdemeanor (Health and 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). Failure to report is a citable offense and subject to civil penalty ($250) (Health and Safety Code §105200).
** The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at: www.ccrcal.org.

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