

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 Name		MI	Ethnicity (check one) Hispanic/Latino Non-Hispanic/Non-Latino Unknown		
Home Address: Number, Street				Apt./Unit No.			
City		State	ZIP Code				
Home Telephone Number		Cell Telephone Number		Work Telephone Number			
Email Address			Primary Language	English	Spanish		
			Other: _____				
Birth Date (mm/dd/yyyy)	Age	Years	Months	Days			
Current Gender Identity (check one)				Sex Assigned at Birth (check one)			
Male		Genderqueer or non-binary		Male			
Female		Identity not listed (specify) _____		Female			
Trans male/transman		Declined to answer		Declined to answer			
Trans female/transwoman							
Sexual Orientation (check one)							
Heterosexual or straight		Bisexual	Gay, lesbian, or same gender loving		Orientation not listed (specify) _____		Questioning/Unsure/ Client doesn't know
						Declined to answer	
Pregnant?		Est. Delivery Date (mm/dd/yyyy)		Country of Birth			
Yes No Unknown							
Occupation or Job Title				Occupational or Exposure Setting (check all that apply):			
				Food Service		Day Care	Health Care
				Correctional Facility		School	
				Other (specify): _____			
Date of Onset (mm/dd/yyyy)		Date of First Specimen Collection (mm/dd/yyyy)		Date of Diagnosis (mm/dd/yyyy)		Date of Death (mm/dd/yyyy)	
Reporting Health Care Provider			Reporting Health Care Facility			REPORT TO: City of Long Beach Department of Health & Human Services Epidemiology Program 2525 Grand Ave, Room 229 Long Beach, CA 90815 Phone: (562) 570-4302 STD/HIV Phone: (562) 570-4321 Fax: (562) 570-4374 (Obtain additional forms from your local health department.)	
Address: Number, Street			Suite/Unit No.				
City		State	ZIP Code				
Telephone Number		Fax Number					
Submitted by		Date Submitted (mm/dd/yyyy)					
Laboratory Name			City		State	ZIP Code	
SEXUALLY TRANSMITTED DISEASES (STDs)							
Gender of Sex Partners (check all that apply)		STD TREATMENT		Treated in office	Given prescription	Treatment Began (mm/dd/yyyy)	Untreated
Male M to F Transgender		Drug(s), Dosage, Route					Will treat
Female F to M Transgender		_____					Unable to contact patient
Unknown Other: _____		_____					Patient refused treatment
		_____					Referred to: _____
If reporting Syphilis. Stage:		Syphilis Test Results		Titer	If reporting Gonorrhea: Specimen Source(s) (check all that apply)		Partner(s) Treated?
Primary (lesion present)		RPR	Pos	Neg	Cervical		Yes, treated in this clinic
Secondary		VDRL	Pos	Neg	Pharyngeal		Yes, Meds/Prescription given to patient for their partner(s)
Early, non-primary, non-secondary		FTA-ABS	Pos	Neg	Rectal		Yes, other: _____
Unknown Duration or Late		TP-PA	Pos	Neg	Urethral		No, instructed patient to refer partner(s) for treatment
Congenital		EIA/CLIA	Pos	Neg	Urine		No, referred partner(s) to: _____
Clinical Manifestations?		CSF-VDRL	Pos	Neg	Vaginal		
Neurologic Otic		Other: _____			Other: _____		Unknown
Ocular Late clinical							
Remarks:							

CONFIDENTIAL MORBIDITY REPORT

(continued)

Patient Name - Last Name	First Name	MI	Birth Date (mm/dd/yyyy)
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VIRAL HEPATITIS						
Diagnosis (check all that apply)	Is patient symptomatic?	Yes	No	Unknown		
Hepatitis A						
Hepatitis B (acute)	Suspected Exposure Type(s)				Hep A	anti-HAV IgM
Hepatitis B (chronic)	Blood transfusion, dental or medical procedure	ALT (SGPT) Upper			Hep B	HBsAg
Hepatitis B (perinatal)	IV drug use	Result: _____ Limit: _____				anti-HBc total
Hepatitis C (acute)	Other needle exposure	AST (SGOT) Upper				anti-HBc IgM
Hepatitis C (chronic)	Sexual contact	Result: _____ Limit: _____				anti-HBs
Hepatitis C (perinatal)	Household contact	Bilirubin result: _____				HBeAg
Hepatitis D (acute)	Perinatal					anti-HBe
Hepatitis D (chronic)	Child care					HBV DNA: _____
Hepatitis E	Other: _____					
						Hep C
						anti-HCV
						RIBA
						HCV RNA (e.g., PCR)
						Hep D
						anti-HDV
						Hep E
						anti-HEV

**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)]

⓪ ! = Report immediately by telephone (designated by a ♦ in regulations).

† = 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).

⓪ = Report by telephone within one working day of identification (designated by a + in regulations).

FAX ⓪ ☒ = 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(i)

Disease Name	Urgency	Disease Name	Urgency
Anaplasmosis	WEEK	Listeriosis	FAX ⓪ ☒
Anthrax, human or animal	⓪ !	Lyme Disease	WEEK
Babesiosis	FAX ⓪ ☒	Malaria	FAX ⓪ ☒
Botulism (Infant, Foodborne, wound, Other)	⓪ !	Measles (Rubeola)	⓪ !
Brucellosis, animal (except infections due to <i>Brucella canis</i>)	WEEK	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ⓪ ☒
Brucellosis, human	⓪ !	Meningococcal Infections	⓪ !
Campylobacteriosis	FAX ⓪ ☒	Middle East Respiratory Syndrome (MERS)	⓪ !
Chancroid	WEEK	Mumps	WEEK
Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)	FAX ⓪ ☒	Novel Coronavirus Infection	⓪ !
Chikungunya Virus Infection	FAX ⓪ ☒	Novel Virus Infection with Pandemic Potential	⓪ !
Cholera	⓪ !	Paralytic Shellfish Poisoning	⓪ !
Ciguatera Fish Poisoning	⓪ !	Paratyphoid Fever	FAX ⓪ ☒
Coccidioidomycosis	WEEK	Pertussis (Whooping Cough)	FAX ⓪ ☒
Coronavirus Disease 2019 (COVID-19)	⓪ !	Plague, human or animal	⓪ !

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
<i>Escherichia coli</i> : shiga toxin producing (STEC) including <i>E. coli</i> 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)	☉ !
Gonococcal Infections	WEEK	Shigellosis	FAX ☉ ☒
<i>Haemophilus influenzae</i> , 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	☉	<i>Vibrio</i> Infections	FAX ☉ ☒
Human Immunodeficiency Virus (HIV) infection, any stage	WEEK	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 ☉ ☒

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 §2500). 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 [Title 17, CCR, §2641.30-2643.20](#) and the [California Department of Public Health’s HIV Surveillance and Case Reporting Resource page](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_resources.aspx) (https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_resources.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):

* 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).

** 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.ccrca.org