§ 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 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.

- § 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)(14) “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.

**REPORTABLE COMMUNICABLE DISEASES §2500(j)(1)

- Amebiasis
- Anaplasmosis
- Anthrax, human or animal
- Babesiosis
- Botulism (Infant, Foodborne, Wound, Other)
- Brucellosis, animal (except infections due to Brucella canis)
- Brucellosis, human
- Campylobacteriosis
- Chickenpox (Varicella)
- Chikungunya Virus Infection
- Cholera
- Ciguatera Fish Poisoning
- Cocciidioidomycosis
- Cryptosporidiosis
- Cyclosporiasis
- Cysticercosis or taeniasis
- Dengue Virus Infection
- Diphtheria
- Domic Acid Poisoning (Amnesic Shellfish Poisoning)
- Encephalitis, Specified Entity: 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 case or chronic)
- Hepatitis C (specify acute case or chronic)
- Hepatitis D (Delta) (specify acute case or chronic)
- Hepatitis E, acute infection
- Human Immunodeficiency Virus (HIV) infection, stage 3 (AIDS)
- Human Immunodeficiency Virus (HIV), acute infection
- Influenza, deaths in laboratory-confirmed cases for age 0-64 years
- Legionellosis
- Leprosy (Hansen Disease)
- Leptospirosis
- Listeriosis
- Lyme Disease
- Malaria
- Measles (Rubella)
- Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- Mumps
- Novel Virus Infection with Pandemic Potential
- Paralytic Shellfish Poisoning
- Pertussis (Whooping Cough)
- Plague, human or animal
- Poliovirus Infection
- Psittacosis
- Q Fever
- Rabies, human or animal
- Relapsing Fever
- Respiratory Syncytial Virus (only report a death in a patient less than five years of age)
- 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)
- Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
- Syphilis
- Tetanus
- Trichinosis
- Tuberculosis
- Tularemia, animal
- Tularemia, human
- 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 (WNV) infection
- Yellow Fever
- Yersiniosis
- ZIKA Virus Infection
- OCCURRENCE OF ANY UNUSUAL DISEASE
- OUTBREAKS OF ANY DISEASE (Including diseases not listed in § 2500).

**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 http://www.cdph.ca.gov/programs/aids/Pages/OAHIvRptgSP.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)
- Disorders Characterized by Lapses of Consciousness (§2800-2812)
- 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 http://www.cdph.ca.gov/programs/aids/Pages/OAHIvRptgSP.aspx

**LOCALLY REPORTABLE DISEASES (If Applicable):**