Tulare County Communicable Disease Report 2017

HHSA Public Health

Public Health
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Tulare County Public Health

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Overview

The Tulare County Public Health Department Communicable Disease (CD) Office works to protect the public's health by investigating certain infectious diseases. Medical providers and laboratories must report cases of specific diseases or conditions to the Public Health Department as required by California Law Title 17, California Code of Regulations (CCR). This reporting is considered a passive surveillance system because it is dependent on the diligence of the medical community to report accurate information. Many diseases may be under-reported. The type of testing that is available and the general awareness of the disease can affect how often a disease is reported. Prompt reporting of cases allows the CD staff to take necessary measures to prevent further spread of the infection, to provide education to those affected, and to identify outbreaks or rate increases in a timely manner. The full list of diseases and conditions that are mandated to be reported is provided in Appendix A. Diseases that are not specified in the California Code of Regulations, such as acute flaccid myelitis or enterovirus D68, should nevertheless be reported, as they would qualify as an "occurrence of any unusual disease."

General Diseases	Cases 2017	Rate* 2017	Average Rate* 2014-2016	CA State Rate* (2017)
Acute flaccid myelitis	0	0.00	0.07	-
Coccidioidomycosis	319	67.48	37.90	17.51
Encephalitis, viral	0	0.00	0.14	-
Enterovirus, D68	0	0.00	0.22	-
Hepatitis C, acute	1	0.21	0.07	-
Hepatitis C, chronic**	377	79.75	87.80	98.20
Legionellosis	1	0.21	0.00	1.36
Leprosy (Hansen's Disease)	0	0.00	0.00	0.01
Meningitis, bacterial	6	1.27	1.22	-
Meningitis, fungal	2	0.42	0.86	-
Meningitis, viral	31	6.56	8.97	-
Meningitis, unspecified	0	0.00	0.07	-
Tuberculosis, active	9	1.90	3.66	5.20

Note: "-" indicates data is not available as of 7/1/2019.
*Rates are cases per 100,000 population.
**CA State rate is from 2016.

Coccidioidomycosis

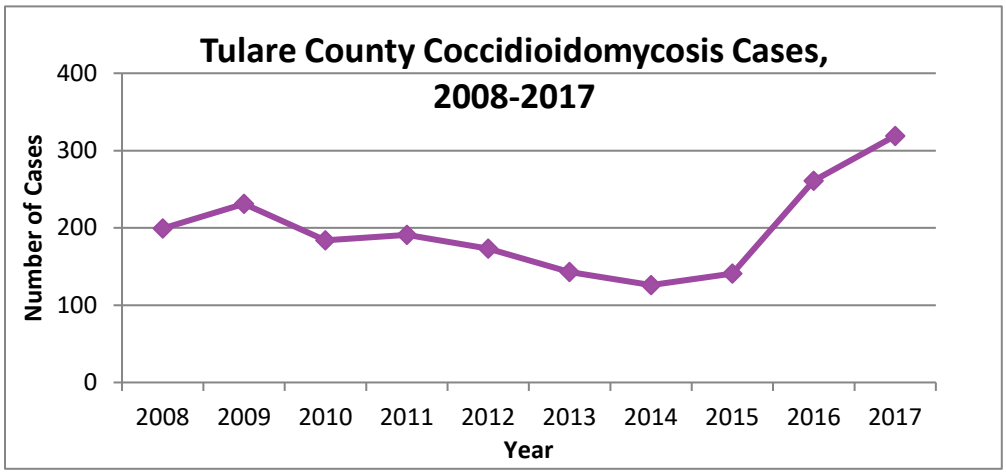
Coccidioidomycosis ("Valley fever" or "cocci") is a disease caused by the Coccidioides fungus, which lives in soil. During dry periods, the fungus forms spore-like particles which can remain in the soil for years. If the soil is disturbed, the spores can become airborne and, if they are inhaled by a person, they can cause an infection in the lungs. The lung infection can range from mild flu-like illness to a severe lung infection or disseminated disease (disease spread beyond the lungs, generally infecting the skin, bones, or central nervous system). Counties in the San Joaquin Valley, including Tulare County, have the

highest rates of Valley fever infection in California because the fungus that causes Valley fever is endemic here, which means it is native to this region. As a result, anyone traveling to or residing in this endemic area for work or leisure is at risk for acquiring Valley fever. Many people may experience a lung infection which goes away on its own and may not even realize that they had Valley fever. It is not completely understood why some infections progress to the severe form of disease, but high risk groups for severe Valley fever include African Americans, Filipinos, Hispanics, adults 60 and older, pregnant women in the late stages of pregnancy, persons with diabetes, and persons with any other conditions that weaken the immune system.[1]

Activities known to be associated with an increased risk of Valley fever include work activity that disturbs soil (especially soil that has been undisturbed for a long time), such as wildland firefighting, road building and excavating, mining, and agricultural work.[2] Risk for Valley fever can possibly be reduced by avoiding areas with visible excess outdoor dust, avoiding activities that involve contact with dry soil/dust, using air filtration in the home, and staying inside during dust and wind storms. Valley residents can utilize a tool called Real-Time Air Advisory Network (RAAN) from the San Joaquin Valley Air Pollution Control District to receive actual air quality data from monitors throughout the Valley, including wind advisories.[3] Valley residents can visit http://valleyair.org/Programs/RAAN/raan_landing.htm for more information about registering to receive real-time air quality updates.

For those whose occupations require close contact with outdoor dust and dirt, Valley fever preventative measures include finding out if your worksite is in an endemic area, using respiratory protection, educating workers and supervisors about Valley fever risks, symptoms, and prevention, encouraging employers to adopt site plans and work practices to reduce exposure (such as wetting the area to reduce dust generation), and encouraging employees to report Valley fever symptoms immediately.[2, 4] For additional details, please refer to the referenced publications.

An increase in coccidioidomycosis cases was observed in 2017 that was a continuation of the increase seen in 2016. The increase of Valley fever cases may depend on a variety of environmental factors and human activity in areas where the fungus is present, but the exact reason is unknown. This trend was noticed across the endemic region in California.[5]



Vector-Borne and Zoonotic Diseases

Vector-borne diseases are those transmitted by insects, such as mosquitoes and ticks, and zoonotic diseases are those that occur primarily in animals but that can also infect humans. Some, like Lyme disease, occur naturally in California.[6] Others, like malaria, may occur in people who became infected while traveling outside the United States. However, *Aedes aegypti* mosquitoes have recently been detected in Tulare County and other parts of California, and this mosquito is capable of transmitting dengue, chikungunya, Zika, and yellow fever if a mosquito were to bite a recently returned traveler who is still infectious.[7] Prompt reporting of human cases to Public Health is important so that the cases may be investigated and mosquito control activities conducted in order to reduce the risk for additional cases and prevent outbreaks.

Vector-borne and Zoonotic Diseases	Cases 2017	Rate 2017	Average Rate 2014-2016	CA State Rate (2017)
Brucellosis	1	0.21	0.07	0.07
Chikungunya virus infection	0	0.00	0.22	0.08
Cysticercosis	2	0.42	0.14	0.06
Dengue virus infection	0	0.00	0.14	0.33
Lyme Disease	2	0.42	0.14	0.38
Malaria	0	0.00	0.00	0.34
Q Fever	0	0.00	0.07	0.10
Rabies, animal	1	-	-	-
Relapsing Fever (tick-borne)	0	0.00	0.57	0.01
West Nile Virus, asymptomatic	1	0.21	0.43	0.12
West Nile Virus Disease	12	2.54	3.16	1.40
Zika virus infection	2	0.42	0.36	0.32

Note: "-" indicates data is not available as of 7/1/2019.

Food and Water-Borne Diseases

Many food and water-borne infections are under-reported because ill people do not always seek medical attention and medical providers do not always perform specific tests to identify the pathogen. Prompt identification and reporting can help to identify clusters or outbreaks of disease and allow for public health actions to prevent further transmission. Young children are often at increased risk for infection due to their less sanitary behaviors, and adults may seek care for their children more often than for themselves. Methods to reduce the risk for food and water-borne diseases include: thorough cooking of poultry, meat, fish, and eggs; taking precautions to prevent cross-contamination (e.g. separate cutting boards for raw meat and produce); proper hand washing techniques after handling raw meat or eggs, using the restroom/changing diapers, or cleaning up after pets; and not consuming unpasteurized milk or untreated surface water.[8, 9]

Food and Water-borne Diseases	Cases 2017	Rate 2017	Average Rate 2014-2016	CA State Rate (2017)
Amebiasis	0	0.00	0.00	0.64
Botulism, foodborne or unknown	0	0.00	0.07	0.04
Botulism, infant	0	0.00	0.22	0.01
Botulism, wound	0	0.00	0.07	0.04
Campylobacteriosis	162	34.27	43.14	23.85
Cryptosporidiosis	12	2.54	1.87	1.62
E. coli O157	12	2.54	2.08	1.58
E. coli, STEC (non-O157)	6	1.27	0.72	1.68
Giardiasis	15	3.17	3.73	6.45
Hemolytic Uremic Syndrome (HUS)	0	0.00	0.14	0.15
Listeriosis	0	0.00	0.36	0.32
Salmonellosis	72	15.23	15.58	13.56
Shiga toxin positive stool	1	0.21	0.29	0.48
Shigellosis	9	1.90	2.51	6.61
Typhoid Fever	1	0.21	0.07	0.18
Vibrio Infection (non-Cholera)	2	0.42	0.07	0.66
Yersiniosis	2	0.42	0.14	0.66

Vaccine Preventable Diseases

Today, most vaccine preventable diseases occur at a low rate because the population is protected through immunization. However, some vaccines may only protect against certain strains of a pathogen, some may provide protection for only a limited number of years, and not everyone in the population may be protected by vaccination. Unvaccinated individuals leave the community open to disease outbreaks, such as the 2015-2016 measles outbreak associated with exposures at Disneyland. The Vaccine For Children (VFC) program helps in preventing diseases and protects the children of Tulare County by providing vaccinations to children at no cost. For more information, contact the Tulare County Immunization program.

Vaccine Preventable Diseases	Cases 2017	Rate 2017	Average Rate 2014-2016	CA State Rate (2017)
Haemophilus influenzae (invasive)	1	0.21	0.36	0.14
Hepatitis A	1	0.21	0.50	2.39
Hepatitis B, acute	0	0.00	0.29	0.32
Hepatitis B, chronic**	39	8.25	7.68	24.80
Hepatitis B, perinatal case	0	0.00	0.00	0.02
Influenza, ICU case (0-64 years)†	4	0.85	1.94	1.05
Influenza death (0-64 years)†	5	1.06	0.43	0.28
Measles	0	0.00	0.07	0.04
Meningococcal Disease (invasive)	0	0.00	0.14	0.15
Mumps	0	0.00	0.00	0.48
Pertussis (whooping cough)	11	2.33	8.69	8.00
Varicella hospitalization or death	0	0.00	0.14	0.11

**CA State rate is from 2016.

†State data is from 2016-2017 influenza season: October 2, 2016 – September 30, 2017.

Sexually Transmitted Diseases

Sexually transmitted infections are the most commonly reported diseases in Tulare County as well as the rest of the state. Since 2010, both chlamydia and gonorrhea case reports have been increasing steadily. In 2017, Tulare County ranked 13th in chlamydia case rates and 23rd in gonorrhea case rates out of 58 counties in California.[10] These two diseases can infect both men and women. Chlamydia and gonorrhea infections may not always be symptomatic, but treatment is important to prevent long-term complications, such as pelvic inflammatory disease and infertility. Furthermore, pregnant women should be screened for syphilis infection during prenatal care visits as a mother with syphilis can pass the infection to the baby during pregnancy or during delivery, causing congenital syphilis and serious medical problems for the baby.

Sexually Transmitted Diseases	Cases 2017	Rate 2017	Average Rate 2014-2016	CA State Rate (2017)
Chlamydia	2,572	544.10	510.10	552.20
Gonorrhea	648	137.10	126.00	190.30
HIV/AIDS	18	3.81	6.75	12.10
Syphilis, congenital*	5	67.80	40.67	58.20
Syphilis, early‡	71	15.00	13.83	34.60
Syphilis, late latent	90	19.00	12.20	19.70

*Congenital syphilis rates are cases per 100,000 births.

‡Early syphilis includes primary, secondary, and early latent stages. These are the stages where the infection is contagious to others.

Methods

Probable and confirmed cases with an episode date from January 1, 2017 to December 31, 2017 were included in this report for the majority of the diseases. Suspect cases were also included for chlamydia, gonorrhea, and syphilis diseases (except for congenital syphilis). The following diseases only included confirmed cases: coccidioidomycosis, HIV/AIDS, legionellosis, leprosy (Hansen's disease), botulism (all types), listeriosis, hepatitis A, malaria, and rabies (animal). Episode date places a case as near as possible to when the onset of infection began (if onset date is unknown, then date of diagnosis or laboratory report is used, otherwise date reported to public health is used).

For rate denominators, the 2017 Tulare County population data and the 2017 California population data from the California Department of Finance Population Projections 2010-2060 were utilized. All rates are cases per 100,000 population, except for congenital syphilis which is the number of cases per 100,000 births. The coccidioidomycosis graph was prepared with data from the Tulare County Communicable Disease Office. The Data Sources section at the end of the report contains the full list of the primary and secondary data sources used during the development of this report.

Selected Reportable Diseases 2017

Diseases	Cases 2017	Rate* 2017	Average Rate* 2014-2016	CA State Rate* (2017)
Acute flaccid myelitis	0	0.00	0.07	-
Amebiasis	0	0.00	0.00	0.64
Botulism, foodborne or unknown	0	0.00	0.07	0.04
Botulism, infant	0	0.00	0.22	0.01
Botulism, wound	0	0.00	0.07	0.04
Brucellosis	1	0.21	0.07	0.07
Campylobacteriosis	162	34.27	43.14	23.85
Chikungunya virus infection	0	0.00	0.22	0.08
Chlamydia	2,572	544.10	510.10	552.20
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Cryptosporidiosis	12	2.54	1.87	1.62
Cysticercosis	2	0.42	0.14	0.06
Dengue virus infection	0	0.00	0.14	0.33
E. coli O157	12	2.54	2.08	1.58
E. coli, STEC (non-O157)	6	1.27	0.72	1.68
Encephalitis, viral	0	0.00	0.14	-
Enterovirus, D68	0	0.00	0.22	-
Giardiasis	15	3.17	3.73	6.45
Gonorrhea	648	137.10	126.00	190.30
Haemophilus influenzae (invasive)	1	0.21	0.36	0.14
Hemolytic Uremic Syndrome (HUS)	0	0.00	0.14	0.15
Hepatitis A	1	0.21	0.50	2.39
Hepatitis B, acute	0	0.00	0.29	0.32
Hepatitis B, chronic**	39	8.25	7.68	24.80
Hepatitis B, perinatal case	0	0.00	0.00	0.02
Hepatitis C, acute	1	0.21	0.07	-
Hepatitis C, chronic**	377	79.75	87.80	98.20
HIV/AIDS	18	3.81	6.75	12.10
Influenza death (0-64 years)†	5	1.06	0.43	0.28
Influenza, ICU case (0-64 years)†	4	0.85	1.94	1.05

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Leprosy (Hansen's Disease)	0	0.00	0.00	0.01
Listeriosis	0	0.00	0.36	0.32
Lyme Disease	2	0.42	0.14	0.38
Malaria	0	0.00	0.00	0.34
Measles	0	0.00	0.07	0.04
Meningitis, bacterial	6	1.27	1.22	-
Meningitis, fungal	2	0.42	0.86	-
Meningitis, unspecified	0	0.00	0.07	-
Meningitis, viral	31	6.56	8.97	-
Meningococcal Disease (invasive)	0	0.00	0.14	0.15
Mumps	0	0.00	0.00	0.48
Pertussis (whooping cough)	11	2.33	8.69	8.00
Q Fever	0	0.00	0.07	0.10
Rabies, animal	1	-	-	-
Relapsing Fever (tick-borne)	0	0.00	0.57	0.01
Salmonellosis	72	15.23	15.58	13.56
Shiga toxin positive stool	1	0.21	0.29	0.48
Shigellosis	9	1.90	2.51	6.61
Syphilis, congenital*	5	67.80	40.67	58.20
Syphilis, early‡	71	15.00	13.83	34.60
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Tuberculosis, active	9	1.90	3.66	5.20
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Varicella hospitalization or death	0	0.00	0.14	0.11
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Note: "-" indicates data is not available as of 7/1/2019.

*Rates are cases per 100,000 population, except for congenital syphilis which is cases per 100,000 births.

**CA State rate is from 2016.

†State data is from 2016-2017 influenza season: October 2, 2016 – September 30, 2017.

‡Early syphilis includes primary, secondary, and early latent stages. These are the stages where the infection is contagious to others.

References

1. California Department of Public Health. Valley Fever and African Americans, Filipinos, and Hispanics (page 3). https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/VFRaceEthnicity.pdf. Updated January 2016. Accessed July 22, 2019.

2. California Department of Industrial Relations. Cal/OSHA Protection from Valley Fever. https://www.dir.ca.gov/dosh/valley-fever-home.html. Updated November 2017. Accessed July 22, 2019.

3. San Joaquin Valley Air Pollution Control District. Real-Time Air Advisory Network (RAAN). http://valleyair.org/Programs/RAAN/raan_landing.htm. Accessed July 22, 2019.

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8. California Department of Public Health. Safe Food Handling Practices. https://www.cdph.ca.gov/Programs/CEH/DFDCS/CDPH%20Document%20Library/FDB/FoodSafetyProgram/SafeFoodHandlingPractices.pdf. Updated June 12, 2017. Accessed July 22, 2019.

9. California Department of Public Health. Raw Milk and Raw Dairy Products. https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBPrograms/FoodSafetyProgram/RawMilkandDairyProducts.aspx. Updated October 10, 2017. Accessed July 22, 2019.

10. California Department of Public Health. Sexually Transmitted Diseases Data. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx. Updated April 26, 2019. Accessed July 22, 2019.

Data Sources

Primary Data Source:

- Tulare County Communicable Disease Office

Secondary Data Sources (in alphabetical order):

- California Department of Finance – Total Population by County (2010-2060): http://www.dof.ca.gov/Forecasting/Demographics/Projections/
- CDPH HIV Surveillance Report, 2017: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx
- CDPH Influenza, Annual Reports: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Flu-Reports.aspx
- CDPH Rabies Surveillance in California Annual Report, 2017: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/RabiesSurveillanceinCAAnnualReports.aspx
- CDPH STD Surveillance Report, 2017: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx
- CDPH Tuberculosis Annual Report, 2017: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx
- CDPH Vaccine-Preventable Disease Summaries, 2017 Annual Report: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/disease.aspx
- CDPH Vector-Borne Disease Section (VBDS) Annual Report, 2017: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/VBDSAnnualReports.aspx
- CDPH Yearly Summaries of Selected Communicable Diseases in California, 2011-2017: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/YearlySummSelectedGeneralCommDisinCA.aspx
- WNV Case Summary, 2003-2018: http://www.westnile.ca.gov/reports.php

Appendix A

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)(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 (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).
✆ = 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)(1)

Disease Name	Urgency	Disease Name	Urgency
Amebiasis	FAX ✆✉	Listeriosis	FAX ✆✉
Anaplasmosis	WEEK	Lyme Disease	WEEK
Anthrax, human or animal	✆!	Malaria	FAX ✆✉
Babesiosis	FAX ✆✉	Measles (Rubeola)	✆!
Botulism (Infant, Foodborne, wound, Other)	✆!	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ✆✉
Brucellosis, animal (except infections due to *Brucella canis*)	WEEK	Meningococcal Infections	✆!
Brucellosis, human	✆!	Mumps	WEEK
Campylobacteriosis	FAX ✆✉	Novel Virus Infection with Pandemic Potential	✆!
Chancroid	WEEK	Paralytic Shellfish Poisoning	✆!

Disease Name	Urgency	Disease Name	Urgency
Chickenpox (Varicella) (outbreaks,hospitalizations and deaths)	FAX ✆✉	Pertussis (Whooping Cough)	FAX ✆✉
Chikungunya Virus Infection	FAX ✆✉	Plague, human or animal	✆!
Chlamydia trachomatis infections, including lymphogranuloma venereum (LGV)	WEEK	Poliovirus Infection	FAX ✆✉
Cholera	✆!	Psittacosis	FAX ✆✉
Ciguatera Fish Poisoning	✆!	Q Fever	FAX ✆✉
Coccidioidomycosis	WEEK	Rabies, human or animal	✆!
Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)	WEEK	Relapsing Fever	FAX ✆✉
Cryptosporidiosis	FAX ✆✉	Respiratory Syncytial Virus (only report a death in a patient less than less than five years of age)	WEEK
Cyclosporiasis	WEEK	Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses	WEEK
Cysticercosis or taeniasis	WEEK	Rocky Mountain Spotted Fever	WEEK
Dengue Virus Infection	✆!	Rubella (German Measles)	WEEK
Diphtheria	✆!	Rubella Syndrome, Congenital	WEEK
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	✆!	Salmonellosis (Other than Typhoid Fever)	FAX ✆✉
Ehrlichiosis	WEEK	Scombroid Fish Poisoning	✆!
Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ✆✉	Shiga toxin (detected in feces)	✆!
Escherichia coli: shiga toxin producing (STEC) including *E. coli* O157	✆!	Shigellosis	FAX ✆✉
Flavivirus infection of undetermined species	✆!	Smallpox(Variola)	✆!
Foodborne Disease	†FAX ✆✉	Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)	FAX ✆✉
Giardiasis	WEEK	Syphilis	FAX ✆✉
Gonococcal Infections	WEEK	Tetanus	WEEK
Haemophilus influenzae, invasive disease, all serotypes (report an incident less than 5 years of age)	FAX ✆✉	Trichinosis	FAX ✆✉
Hantavirus Infections	FAX ✆✉	Tuberculosis	FAX ✆✉
Hemolytic Uremic Syndrome	✆!	Tularemia, animal	WEEK
Hepatitis A, acute infection	FAX ✆✉	Tularemia, human	✆!
Hepatitis B (specify acute case or chronic)	WEEK	Typhoid Fever, Cases and Carriers	FAX ✆✉
Hepatitis C (specify acute case or chronic)	WEEK	*Vibrio* Infections	FAX ✆✉

Disease Name	Urgency	Disease Name	Urgency
Hepatitis D (Delta) (specify acute case or chronic)	WEEK	Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)	✆!
Hepatitis E, acute infection	WEEK	West Nile Virus (WNV) Infection	FAX ✆✉
Human Immunodeficiency Virus (HIV) infection, stage 3 (AIDS)	WEEK	Yellow Fever	✆!
Human Immunodeficiency Virus (HIV), acute infection	✆	Yersiniosis	FAX ✆✉
Influenza, deaths in laboratory-confirmed cases for age 0-64 years	WEEK	Zika Virus Infection	✆!
Influenza, novel strains (human)	✆!	OCCURRENCE of ANY UNUSUAL DISEASE	✆!
Legionellosis	WEEK	OUTBREAKS of ANY DISEASE (Including diseases not listed in **§2500**). Specify if institutional and/or open community.	✆!
Leprosy (Hansen Disease)	WEEK		
Leptospirosis	WEEK		

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)

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.ccrcal.org. CDPH 110a (07/2016)