



REPORTABLE DISEASES AND CONDITIONS

Title 17, California Code of Regulations (CCR), § 2500

It is 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. "Health care provider" encompasses physicians (surgeons, osteopaths, oriental medicine practitioners), veterinarians, podiatrists, physician assistants, registered nurses (nurse practitioners, nurse midwives, school nurses), infection control professionals, medical examiners/coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case.

Note: This list is specific to Los Angeles County and differs from state and federal reporting requirements *

- ☎ Report **immediately** by telephone for both confirmed and suspected cases.
 - 📞 Report by telephone **within 1 working day** from identification.
 - 📞 Report by telephone **within 24 hours** for both confirmed and suspected cases.
 - ✉ Report by electronic transmission (including FAX or email), telephone or mail within **1 working day** from identification.
 - 📞 Report by electronic transmission (including FAX or email), telephone or mail within **7 calendar days** from identification.
 - ★ **Mandated by and reportable to the Los Angeles County Department of Public Health.**
 - ± If enrolled, report electronically via the **National Healthcare Safety Network** (www.cdc.gov/nhsn/index.html). If not enrolled, use the LAC DPH **CRE Case Report Form** (publichealth.lacounty.gov/acd/Diseases/EpiForms/CRERepSNF.pdf)
 - For TB reporting questions: contact the TB Control Program (213) 745-0800 or visit www.publichealth.lacounty.gov/tb/healthpro.htm
 - For HIV/STD reporting questions: contact the Division of HIV and STD Programs. HIV (213) 351-8516, STDs (213) 368-7441 www.publichealth.lacounty.gov/dhsp/ReportCase.htm
- For laboratory reporting:** www.publichealth.lacounty.gov/lab/index.htm **For veterinary reporting:** www.publichealth.lacounty.gov/vet/index.htm

REPORTABLE COMMUNICABLE DISEASES

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| 📞 Anaplasmosis | ☎ Foodborne Outbreak; 2 or more suspected cases from separate households with same assumed source | ☎ Paralytic Shellfish Poisoning |
| ☎ Anthrax, human or animal | ✉ Giardiasis | ✉ Paratyphoid Fever |
| ✉ Babesiosis | 📞 Gonococcal Infection ■ | ✉ Pertussis (Whooping Cough) |
| ☎ Botulism, foodborne or wound | ✉ <i>Haemophilus influenzae</i> , invasive disease only, all serotypes, less than 5 years of age | ☎ Plague, human or animal |
| ☎ Botulism, infant—Reportable to CDPH IBTTP (see below*) | ✉ Hantavirus Infection | 📞 Poliovirus Infection |
| 📞 Brucellosis, animal; except infections due to <i>Brucella canis</i> | ☎ Hemolytic Uremic Syndrome | ✉ Psittacosis |
| ☎ Brucellosis, human | ✉ Hepatitis A, acute infection | ✉ Q Fever |
| ✉ Campylobacteriosis | 📞 Hepatitis B, specify acute, chronic, or perinatal | ☎ Rabies, human or animal |
| ✉ <i>Candida auris</i> , colonization or infection | 📞 Hepatitis C, specify acute, chronic, or perinatal | ✉ Relapsing Fever |
| 📞 Carbapenem-Resistant <i>Enterobacteriaceae</i> (CRE), including <i>Klebsiella sp.</i> , <i>E. coli</i> , and <i>Enterobacter sp.</i> , in acute care hospitals or skilled nursing facilities ★ ± | 📞 Hepatitis D (Delta), specify acute or chronic | 📞 Respiratory Syncytial Virus, only deaths in a patient less than 5 years of age |
| 📞 Chagas Disease ★ | 📞 Hepatitis E, acute infection | 📞 Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses |
| 📞 Chancroid ■ | 📞 Human Immunodeficiency Virus (HIV), acute infection ■ (§2641.30-2643.20) | 📞 Rocky Mountain Spotted Fever |
| ✉ Chickenpox (Varicella), only hospitalizations, deaths, and outbreaks (≥3 cases, or one case in a high-risk setting) | 📞 Human Immunodeficiency Virus (HIV) infection, any stage ■* | 📞 Rubella (German Measles) |
| ✉ Chikungunya Virus Infection | 📞 Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS) ■* | 📞 Rubella Syndrome, Congenital |
| ☎ Cholera | 📞 Influenza-associated deaths in laboratory confirmed cases, <18 years of age | ✉ Salmonellosis, other than Typhoid Fever |
| ☎ Ciguatera Fish Poisoning | ☎ Influenza, due to novel strains, human | ☎ Scombroid Fish Poisoning |
| 📞 Coccidioidomycosis | 📞 Legionellosis | ☎ Shiga Toxin, detected in feces |
| ✉ COVID-19 hospitalizations (Inpatient reporting instructions) | 📞 Leprosy (Hansen's Disease) | ✉ Shigellosis |
| ✉ COVID-19, deaths (Online reporting) | 📞 Leptospirosis | ☎ Smallpox (Variola) |
| 📞 Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE) | ✉ Listeriosis | ✉ <i>Streptococcus pneumoniae</i> : Invasive cases only (sterile body site infections) ★ |
| 📞 Cronobacter, Invasive Infection among Infants | 📞 Lyme Disease | ✉ <i>Streptococcus pyogenes</i> (Group A <i>Streptococcus</i>): Invasive cases only, including necrotizing fasciitis and STSS ★ |
| ✉ Cryptosporidiosis | ✉ Malaria | ✉ Syphilis, all stages including congenital ■ |
| 📞 Cyclosporiasis | ☎ Measles (Rubeola) | 📞 Tetanus |
| 📞 Cysticercosis or Taeniasis | 📞 Melioidosis | ✉ Trichinosis |
| ✉ Dengue Virus Infection | ✉ Meningitis, specify etiology: viral, bacterial, fungal, or parasitic | ✉ Tuberculosis ■ |
| ☎ Diphtheria | ☎ Meningococcal Infection | 📞 Tularemia, animal |
| ☎ Domoic Acid (Amnesic Shellfish) Poisoning | ☎ Middle East Respiratory Syndrome (MERS) | ☎ Tularemia, human |
| 📞 Ehrlichiosis | ✉ Mpox or Orthopox virus infections, hospitalizations, and deaths (Online reporting) | ✉ Typhoid Fever, cases and carriers |
| ✉ Encephalitis, specify etiology: viral, bacterial, fungal or parasitic | 📞 Mumps | ✉ <i>Vibrio</i> Infection |
| ✉ <i>Escherichia coli</i> , shiga toxin producing (STEC) including <i>E. coli</i> O157 | 📞 Myelitis, acute flaccid ★ | ☎ Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses) |
| ☎ Flavivirus infection of undetermined species | 📞 Nontuberculosis mycobacteria (extrapulmonary) ★ | ✉ West Nile Virus (WNV) Infection |
| ✉ Foodborne Disease | ☎ Novel virus infection with pandemic potential | ✉ Yellow Fever |
| | | ✉ Yersiniosis |
| | | ✉ Zika Virus Infection |

* Suspected infant botulism should be reported immediately by phone to CDPH [IBTTP](#) (510-231-7600)

* Use of FAX for HIV reporting is highly discouraged in order to protect patient confidentiality.

OCURRENCE OF ANY UNUSUAL DISEASE

☎ **OUTBREAKS OF ANY DISEASE**, including diseases not listed above. Specify if in an institution and/or the open community.

REPORTABLE NON-COMMUNICABLE DISEASES OR CONDITIONS

- ☎ Animal (mammal) bites to humans (CCR § 2606) [immediate electronic report](#) 📞 Cancer, including benign and borderline brain tumors (CCR §2593)
- 📞 Disorders Characterized by Lapses of Consciousness (CCR § 2806, § 2810) ✉ Pesticide-Related Illnesses (Health and Safety Code §105200)

To report a case or outbreak of any disease, contact the Communicable Disease Reporting System
 Tel: (888) 397-3993 or (213) 240-7821 (M-F 8am-5pm) • (213) 974-1234 (afterhours, weekends, holidays)

Fax: (888) 397-3778 or (213) 482-5508 • Email: RPU@ph.lacounty.gov

Health Professionals Reporting Webpage: www.publichealth.lacounty.gov/clinicians/report



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Note: This list is specific to Los Angeles County and differs from state and federal reporting requirements ★

☎ Report **immediately** by telephone (for both confirmed and suspected cases)

OCCURRENCE OF ANY UNUSUAL DISEASE

OUTBREAKS OF ANY DISEASE, including diseases not otherwise listed.. Specify if in an institution and/or the open community.

- Anthrax, human or animal
- Botulism, foodborne or wound
- Botulism, infant (*report immediately by phone to CDPH IBTPP 510-231-7600*)
- Brucellosis, human
- Cholera
- Ciguatera Fish Poisoning
- Diphtheria
- Domoic Acid (Amnesic Shellfish) Poisoning
- Flavivirus infection of undetermined species
- Foodborne Outbreak; 2 or more suspected cases from separate households with same assumed source
- Hemolytic Uremic Syndrome
- Influenza, due to novel strains, human
- Measles (Rubeola)
- Meningococcal Infection
- Middle East Respiratory Syndrome (MERS)
- Novel virus infection with pandemic potential
- Paralytic Shellfish Poisoning
- Plague, human or animal
- Rabies, human or animal
- Scombroid Fish Poisoning
- Shiga Toxin, detected in feces
- Smallpox (Variola)
- Tularemia, human
- Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)

Animal (mammal) bites to humans (CCR§ 2606)
[immediate electronic report](#)

① Human Immunodeficiency Virus (HIV), acute infection
 (Telephone within 1 working day)

📞 Report **within 24 hours** by telephone for both confirmed and suspected cases

① Cronobacter, Invasive Infection among Infants

① Poliovirus Infection

① Melioidosis

① Myelitis, acute flaccid ★

✉ Report by electronic transmission (including FAX or email), telephone or mail within **1 working day** from identification

- Babesiosis
- Campylobacteriosis
- *Candida auris*, colonization or infection
- Chickenpox (Varicella), only hospitalizations, deaths, and outbreaks (≥3 cases, or one case in a high-risk setting)
- Chikungunya Virus Infection
- COVID-19, hospitalizations ([Inpatient reporting instructions](#))
- COVID-19, deaths ([Online reporting](#))
- Cryptosporidiosis
- Dengue Virus Infection
- Encephalitis, specify etiology: viral, bacterial, fungal or parasitic
- *Escherichia coli*, shiga toxin producing (STEC) including *E. coli* O157
- Foodborne Disease
- *Haemophilus influenzae*, invasive disease only, all serotypes, less than 5 years of age
- Hantavirus Infection
- Hepatitis A, acute infection
- Listeriosis
- Malaria
- Meningitis, specify etiology: viral, bacterial, fungal, or parasitic
- Mpox or Orthopox virus infections, hospitalizations, and deaths ([Online reporting](#))
- Paratyphoid Fever
- Pertussis (Whooping Cough)
- Pesticide-Related Illnesses (Health and Safety Code §105200)
- Psittacosis
- Q Fever
- Relapsing Fever
- Salmonellosis, other than Typhoid Fever
- Shigellosis
- *Streptococcus pneumoniae*: Invasive cases only (sterile body site infections) ★
- *Streptococcus pyogenes* (Group A *Streptococcus*): Invasive cases only, including necrotizing fasciitis and STSS ★
- Syphilis, all stages including congenital
- Trichinosis
- Tuberculosis
- Typhoid Fever, cases and carriers
- *Vibrio* Infection
- West Nile Virus (WNV) Infection
- Yellow Fever
- Yersiniosis
- Zika Virus Infection

📧 Report by electronic transmission (including FAX or email), telephone or mail within **7 calendar days** from identification

- Anaplasmosis
- Brucellosis, animal; except infections due to *Brucella canis*
- Cancer, including benign and borderline brain tumors (CCR §2593)*
- Carbapenem-Resistant *Enterobacteriaceae* (CRE), including *Klebsiella sp.*, *E. coli*, and *Enterobacter sp.*, in acute care hospitals or skilled nursing facilities ★ ±
- Chagas Disease ★
- Chancroid
- Coccidioidomycosis
- Creutzfeldt-Jakob Disease and other Transmissible Spongiform Encephalopathies
- Cyclosporiasis
- Cysticercosis or Taeniasis
- Disorders Characterized by Lapses of Consciousness (CCR § 2806, § 2810)
- Ehrlichiosis
- Giardiasis
- Gonococcal Infection
- Hepatitis B, specify acute, chronic, or perinatal
- Hepatitis C, specify acute, chronic, or perinatal
- Hepatitis D (Delta), specify acute 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, <18 years of age
- Legionellosis
- Leprosy (Hansen's Disease)
- Leptospirosis
- Lyme Disease
- Mumps
- Nontuberculosis mycobacteria (extrapulmonary) ★
- Respiratory Syncytial Virus, only deaths in a patient less than 5 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
- Tetanus
- Tularemia, animal

*Except basal and squamous skin cancer unless on genital, and carcinoma in-situ and CIN III of the Cervix.

**Use of FAX for HIV reporting is highly discouraged in order to protect patient confidentiality.

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