COUNTY OF LOS ANGELES
Public Health
313 N. Figueroa St., Rm. 117
Los Angeles, CA 90012
888-397-3993 (tel.)
888-397-3778 (fax.)

CONFIDENTIAL MORBIDITY REPORT

NOTE: This form is not intended for reporting STDs, HIV, AIDS or TB. See comments below

DISEASE BEING REPORTED:

DISTRICT CODE (internal use only):

Patient's Last Name:

Social Security Number: ___ ___ ___ – ___ ___ – ___ ___ ___ ___

Ethnicity (check one):
☐ Hispanic ☐ Non-Hispanic / Non-Latino

First Name and Middle Name (or initial):

Birthdate (MM/DD/YYYY): ___/___/___

Age:

Race (check one):
☐ White
☐ African American / Black
☐ Native American / Alaskan Native
☐ Other _____
☐ Asian / Pacific Islander (check one below):
☐ Asian-Indian ☐ Japanese
☐ Cambodian ☐ Korean
☐ Chinese ☐ Laotian
☐ Filipino ☐ Samoan
☐ Hawaiian ☐ Other _____

Address (Street and number):

City/Town:

State:

Zip Code:

Home Telephone Number: ( )

Work Telephone Number: ( )

Gender:
☐ Male
☐ Female → Pregnant? ☐ Yes ☐ No ☐ Unknown
Estimated Delivery Date (MM/DD/YYYY): ___/___/___

Patient's Occupation or Setting:
☐ Day Care ☐ Correctional Facility ☐ Food Service: (Explain) _____
☐ Health Care ☐ School ☐ Other: (Explain) _____

Risk Factors / Suspected Exposure Type:
(check all that apply)
☐ Blood transfusion ☐ Needle or blood exposure
☐ Child care ☐ Recreational water exposure
☐ Food / drink ☐ Sexual activity
☐ Foreign travel ☐ Unknown
☐ Household exposure ☐ Other (specify) _____

Date of Onset (MM/DD/YYYY): ___/___/___

Date of Diagnosis (MM/DD/YYYY): ___/___/___

Date of Hospitalization (MM/DD/YYYY): ___/___/___

Date of Death (MM/DD/YYYY): ___/___/___

Health Care Provider:

Health Care Facility:

Address:

City:

Telephone:

FAX:

Submitted by:

Date CMR submitted (MM/DD/YYYY): ___/___/___

Type of diagnostic specimen:
(check all that apply)
☐ Blood ☐ CSF
☐ Stool ☐ Urine
☐ Clinical ☐ No test
☐ Other _____

Hepatitis Diagnosis:
☐ Hep A, acute
☐ Hep B, acute
☐ Hep B, chronic
☐ Hep C, acute
☐ Hep C, chronic
☐ Hep D
☐ Other Hepatitis _____

Elevated LFTs?
☐ No ☐ Yes→ ___ ALT
___ AST

Jaundiced? ☐ No ☐ Yes

Type of Hepatitis Testing
(check all that apply):

	Pos.	Neg.	Pend.	Not Done
anti-HAV IgM	☐	☐	☐	☐
HBsAg	☐	☐	☐	☐
anti-HBc (total)	☐	☐	☐	☐
anti-HBc IgM	☐	☐	☐	☐
anti-HBs	☐	☐	☐	☐
anti-HCV	☐	☐	☐	☐
– anti-HCV signal to cut-off ratio = _____				
PCR-HCV	☐	☐	☐	☐
anti-Delta	☐	☐	☐	☐
other test	☐	☐	☐	☐

specify _____

DO NOT use this form to report HIV/AIDS, chancroid, chlamydia infections, gonorrhea, non-gonococcal urethritis, pelvic inflammatory disease, syphilis, or tuberculosis.

For HIV and AIDS : report to the HIV Epidemiology Program. Reporting information and forms are available by phone (213-351-8516) or at: www.lapublichealth.org/hiv/index.htm

For Pediatric AIDS : report to the Pediatric HIV/AIDS Reporting Program. Reporting information is available by calling **(213) 351-7319**

For Tuberculosis : report cases and suspected cases to the TB Control Program within 24 hours of identification. Reporting information is available by phone (213-744-6160) or at: www.lapublichealth.org/tb/index.htm Fax reports to: 213-744-0926.

For STDs: The STDs that are reportable to the STD Program include: chlamydial infections, syphilis, gonorrhea, chancroid, non-gonococcal urethritis (NGU), and pelvic inflamatory disease. Reporting information is available by phone (213-744-3070) or at: www.lapublichealth.org/std/index.htm

REMARKS:

FAX THIS REPORT TO: 888-397-3778

For assistance, please call the Morbidity Unit at 888-397-3993, or mail to Morbidity Unit, 313 N. Figueroa St. #117, Los Angeles, CA 90012.

Los Angeles County Department of Public Health *Please post.*

REPORTABLE DISEASES AND CONDITIONS

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

It is the duty of every healthcare provider, knowing of or in attendance on a case or suspected case of any diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. "Healthcare 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.

Urgency Reporting Requirements

☎ = Report immediately by telephone. ✉ = Report within 1 working day of identification. ⑦ = Report within 7 calendar days from time of identification.

REPORTABLE DISEASES

⑦ Acquired Immune Deficiency Syndrome (AIDS) ■
✉ Amebiasis
☎ Anthrax
☎ Avian Influenza, Human
✉ Babesiosis
☎ Botulism: Infant, Foodborne, or Wound
☎ Brucellosis
✉ Campylobacteriosis
⑦ Chancroid ■
⑦ Chlamydial Infections, including lymphogranuloma venereum (LGV) ■
☎ Cholera
☎ Ciguatera Fish Poisoning
⑦ Coccidioidomycosis
✉ Colorado Tick Fever
✉ Conjunctivitis, Acute Infections of the Newborn, specify etiology
⑦ Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
✉ Cryptosporidiosis
⑦ Cysticercosis or Taeniasis
☎ Dengue
☎ Diarrhea of the Newborn, outbreaks only
☎ Diphtheria
☎ Domoic Acid (Amnesic Shellfish) Poisoning
⑦ Ehrlichiosis
✉ Encephalitis, specify etiology: Viral, Bacterial, Fungal, Parasitic
☎ *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157
✉ Foodborne Disease:
  ☎ 2 or more cases from separate households with same suspected source
⑦ Giardiasis
⑦ Gonococcal Infections ■
✉ *Haemophilus influenzae*, invasive disease (only report cases less than 15 years of age)
☎ Hantavirus Infections
☎ Hemolytic Uremic Syndrome
☎ Hemorrhagic Fevers, Viral (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
✉ Hepatitis A
⑦ Hepatitis B, specify Acute or Chronic
⑦ Hepatitis C, specify Acute or Chronic
⑦ Hepatitis D (Delta)
⑦ Hepatitis, Other/Acute
⑦ Human Immunodeficiency Virus (HIV) ■ (§2641-2643)
⑦ Influenza deaths (Only report cases less than 18 years of age)
⑦ Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)
⑦ Legionellosis
⑦ Leprosy (Hansen's Disease)
⑦ Leptospirosis
✉ Listeriosis
⑦ Lyme Disease
✉ Malaria
✉ Measles (Rubeola)
✉ Meningitis, specify etiology: Viral, Bacterial, Fungal, or Parasitic
☎ Meningococcal Infections
⑦ Mumps
☎ Paralytic Shellfish Poisoning
⑦ Pelvic Inflammatory Disease (PID) ■
✉ Pertussis (Whooping Cough)
☎ Plague, Human or Animal
✉ Poliomyelitis, Paralytic
✉ Psittacosis
✉ Q Fever
☎ Rabies, Human or Animal
✉ Relapsing Fever
⑦ Rheumatic Fever, Acute
⑦ Rocky Mountain Spotted Fever
⑦ Rubella (German Measles)
⑦ Rubella Syndrome, Congenital
✉ Salmonellosis (other than Typhoid Fever)
☎ SARS (Severe Acute Respiratory Syndrome)
☎ Scabies (Atypical or Crusted) ★
☎ Scombroid Fish Poisoning
☎ Shiga Toxin (detected in feces)
✉ Shigellosis
☎ Smallpox (Variola)
Streptococcal Infections:
  ☎ Outbreaks of any type
  ✉ Individual case in a food handler
  ✉ Individual case in a dairy worker
  ✉ Invasive Group A Streptococcal Infections including Streptococcal Toxic Shock Syndrome and Necrotizing Fasciitis ★
  (Do not report individual cases of pharyngitis or scarlet fever.)
⑦ *Streptococcus pneumoniae*, Invasive★
✉ Syphilis ■
⑦ Tetanus
⑦ Toxic Shock Syndrome
⑦ Toxoplasmosis
✉ Trichinosis
✉ Tuberculosis ■
☎ Tularemia
✉ Typhoid Fever, cases and carriers
⑦ Typhus Fever
☎ Varicella, Fatal Cases
⑦ Varicella, Hospitalized Cases (do not report cases of herpes zoster or shingles)
✉ *Vibrio* Infections
✉ Water-Associated Disease (e.g., Swimmer's Itch or Hot Tub Rash)
✉ West Nile Virus (WNV) Infection
☎ Yellow Fever
✉ Yersiniosis

☎ **OCCURRENCE OF ANY UNUSUAL DISEASE**

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

★ Reportable to the Los Angeles County Department of Public Health.

✚ Bacterial isolates and malarial slides must be forwarded to L.A. County Public Health Laboratory for confirmation. Healthcare providers must still report all such cases separately.

■ For questions regarding the reporting of HIV/AIDS, STDs or TB, contact the respective program:

HIV Epidemiology Program	STD Program	TB Control Program
213-351-8516	213-744-3070	213-744-6271 (for reporting) 213-744-6160 (general)
www.lapublichealth.org/hiv/index.htm	www.lapublichealth.org/std/index.htm	www.lapublichealth.org/tb/index.htm

Non-communicable Diseases or Conditions

⑦ Alzheimer's Disease and Related Conditions (CCR § 2802, § 2806, § 2810)
⑦ 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

(Rev. 7/07)

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