

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), Home Address: Number, Street, Apt./Unit No., Race (check all that apply), City, State, ZIP Code, Home Telephone Number, Cell Telephone Number, Work Telephone Number, Email Address, Primary Language, Birth Date, Age, Gender, Pregnant?, Est. Delivery Date, Country of Birth, Occupation or Job Title, Occupational or Exposure Setting (check all that apply), Date of Onset, Date of First Specimen Collection, Date of Diagnosis, Date of Death.

Reporting Health Care Provider, Reporting Health Care Facility, Address: Number, Street, Suite/Unit No., City, State, ZIP Code, Telephone Number, Fax Number, Submitted by, Date Submitted (mm/dd/yyyy)

REPORT TO: Ventura County Public Health Communicable Disease Program, Phone (805) 981-5201, FAX (805) 981-5200, Email vcph-id@ventura.org, VENTURA COUNTY PUBLIC HEALTH logo, (Obtain additional forms from your local health department.)

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), Unreated (Will treat, Unable to contact patient, Patient refused treatment, Referred to:)

If reporting Syphilis, Stage: (Primary, Secondary, Early latent, Latent, Late latent, Late tertiary, Congenital), Syphilis Test Results (RPR, VDRL, FTA-Abs, TP-PA, EIA/CLIA, CSF-VDRL, Other), Titer, If reporting Chlamydia and/or Gonorrhea: (Cervical, Pharyngeal, Rectal, Urethral, Urine, Vaginal, Other), If reporting Pelvic Inflammatory Disease: (Gonococcal PID, Chlamydial PID, Other/Unknown Etiology PID), Partner(s) Treated? (Yes, treated in this clinic, Yes, Meds/Prescription given to patient for their partner(s), Yes, other:)

VIRAL HEPATITIS

Diagnosis (check all that apply), Is patient symptomatic? (Yes, No, Unknown), Suspected Exposure Type(s) (Blood transfusion, dental or medical procedure, IV drug use, Other needle exposure, Sexual contact, Household contact, Perinatal, Child care, Other), ALT (SGPT) Result, AST (SGOT) Result, Bilirubin result, Hep A anti-HAV IgM, Hep B HBsAg, anti-HBc total, anti-HBc IgM, anti-HBs, HBeAg, anti-HBe, HBV DNA, Hep C anti-HCV, RIBA, HCV RNA (e.g., PCR), Hep D anti-HDV, Hep E anti-HEV

Remarks:

§ 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).

= 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)(1)

FAX ☎ ☒ Amebiasis	FAX ☎ ☒ Listeriosis
Anaplasmosis	Lyme Disease
☎ ! Anthrax, human or animal	FAX ☎ ☒ Malaria
FAX ☎ ☒ Babesiosis	☎ ! Measles (Rubeola)
☎ ! Botulism (Infant, Foodborne, Wound, Other)	FAX ☎ ☒ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
Brucellosis, animal (except infections due to <i>Brucella canis</i>)	☎ ! Meningococcal Infections
☎ ! Brucellosis, human	Mumps
FAX ☎ ☒ Campylobacteriosis	☎ ! Novel Virus Infection with Pandemic Potential
Chancroid	☎ ! Paralytic Shellfish Poisoning
FAX ☎ ☒ Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)	FAX ☎ ☒ Pertussis (Whooping Cough)
FAX ☎ ☒ Chikungunya Virus Infection	☎ ! Plague, human or animal
<i>Chlamydia trachomatis</i> infections, including lymphogranuloma venereum (LGV)	FAX ☎ ☒ Poliovirus Infection
☎ ! Cholera	FAX ☎ ☒ Psittacosis
☎ ! Ciguatera Fish Poisoning	FAX ☎ ☒ Q Fever
Coccidioidomycosis	☎ ! Rabies, human or animal
FAX ☒ CRE: Enterobacter spp, Klebsiella spp, E.coli. spp	FAX ☎ ☒ Relapsing Fever
Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)	Respiratory Syncytial Virus (only report a death in a patient less than less than five years of age)
FAX ☎ ☒ Cryptosporidiosis	Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses
Cyclosporiasis	Rocky Mountain Spotted Fever
Cysticercosis or taeniasis	Rubella (German Measles) Rubella Syndrome, Congenital
☎ ! Dengue Virus Infection	FAX ☎ ☒ Salmonellosis (Other than Typhoid Fever)
☎ ! Diphtheria	☎ ! Scombroid Fish Poisoning
☎ ! Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	☎ ! Shiga toxin (detected in feces)
☎ ! Ehrlichiosis	FAX ☎ ☒ Shigellosis
FAX ☎ ☒ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	☎ ! Smallpox (Variola)
☎ ! <i>Escherichia coli</i> : shiga toxin producing (STEC) including <i>E. coli</i> O157	FAX ☎ ☒ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
☎ ! Flavivirus infection of undetermined species	FAX ☎ ☒ Syphilis
† FAX ☎ ☒ Foodborne Disease	Tetanus
Giardiasis	FAX ☎ ☒ Trichinosis
Gonococcal Infections	FAX ☎ ☒ Tuberculosis
FAX ☎ ☒ <i>Haemophilus influenzae</i> , invasive disease, all serotypes (report an incident of less than five years of age)	Tularemia, animal
FAX ☎ ☒ Hantavirus Infections	Tularemia, human
☎ ! Hemolytic Uremic Syndrome	FAX ☎ ☒ Typhoid Fever, Cases and Carriers
FAX ☎ ☒ Hepatitis A, acute infection	FAX ☎ ☒ <i>Vibrio</i> Infections
Hepatitis B (specify acute case or chronic)	☎ ! Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
Hepatitis C (specify acute case or chronic)	
Hepatitis D (Delta) (specify acute case or chronic)	FAX ☎ ☒ West Nile Virus (WNV) Infection
Hepatitis E, acute infection	☎ ! Yellow Fever
Human Immunodeficiency Virus (HIV) infection, stage 3 (AIDS)	FAX ☎ ☒ Yersiniosis
☎ Human Immunodeficiency Virus (HIV), acute infection	
☎ ! Influenza, deaths in laboratory-confirmed cases for age 0-64 years	☎ ! Zika Virus Infection
Influenza, novel strains (human)	☎ ! OCCURRENCE of ANY UNUSUAL DISEASE
Legionellosis	☎ ! OUTBREAKS of ANY DISEASE (Including diseases not listed in § 2500).
Leprosy (Hansen Disease)	Specify if institutional and/or open community.
Leptospirosis	

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/TOAHIVRptgSP.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):

FAX ☒ CRE: Enterobacter spp, Klebsiella spp, E.coli. spp

* 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. CDPH 110a (07/2016)