USF | Office of the Dean of Students

Health Promotion Services

Communicable (Airborne or by Droplets) Diseases of Concern Protocol

INTRODUCTION:

The protocol as follows is to be used by the Office of the Associate Vice Provost/Dean of the Students for Student Life to respond to the threat of an outbreak from a communicable disease of concern on campus (see appendix). *This protocol is not intended for a potential flu pandemic.* Within the protocol there are guidelines for mitigating and managing an outbreak of a communicable disease (potential and confirmed cases) transmitted airborne or by droplets on the USF campus, safeguarding the welfare of individuals (students, staff, and faculty) across the campus community, and educating and advising the University community during the event.

Please refer to the appendices at the end of this protocol for current information regarding epidemiological principles that will help identify and manage faculty, staff and students who may be carrying and/or spreading a communicable disease of concern to the campus community.

CRISIS MANAGEMENT BEHAVIORAL INTERVENTION TEAM:

The Associate Vice Provost for Student Life coordinates the Crisis Management Behavioral Intervention Team (CMBIT). The mission of the CMBIT is to ensure appropriate communication and action among University departments when incidents of a critical nature involving students occur. When an incident occurs, the CMBIT may be convened to develop a response plan based on the available information. The CMBIT also facilitates post-crisis debriefings to review the incident, discuss follow-up actions, identify post-crisis support mechanisms, and evaluate the resolution.

The core membership of the CMBIT consists of the following staff members:

- Vice Provost for Student Life: Julie Orio
- Associate Vice Provost and Dean of Student Development: Shannon Gary
- Director of Student Conduct, Rights & Responsibilities: Ryan Garcia
- Senior Director of Student Housing and Residential Education: Torry Brouillard Bruce
- Senior Director of Counseling and Psychological Services (CAPS): Barbara Thomas
- Senior Director of Public Safety: Dan Lawson
- CMBIT Notes Recorders/Assistants to the Vice Provost and Associate Vice Provost/designee: Sue Fernandez, Lia Farb, and Mario Gonzalez

Additionally, the CMBIT core members may decide it is necessary to call upon the following additional staff to assist in certain situations:

- Student Housing and Residential Education Senior Staff members: Associate Directors,
- Residence Directors, and Assistant Residence Directors.
- Director of University Ministry: Julia Dowd
- Senior Director of Health Promotion Services: Kamal Harb
- Director of International Student and Scholar Services: Marcella Johanna Deproto
- Assistant Dean and Director of Student Disability Services: Tom Merrell
- Director of Athletics (or designee): Scott Sidwell
- Coach/Program Director (if student is a member of an athletic team or academic/co-curricular
- program)
- Public Relations: Gary McDonald & Anne-Marie Devine
- University Counsel: Donna Davis
- University Registrar: Robert Bromfield

REPORTING PROCEDURES:

Business Hours (8:30am-5:00pm)

When USF personnel (student, staff, and faculty) become aware of a potential or a confirmed case of communicable disease in a student, he/she will contact the Senior Director of Health Promotion Services (HPS) with the student's name and ID number. *The student's personal information will be held strictly confidential. As required by law, HPS may disclose student's information to public health, school and legal authorities charged with preventing or controlling of communicable diseases.*

The Senior Director of HPS will contact the student in question for more information, assess the situation, and make the appropriate course of action based on USF personnel's and student's description of the illness. Students will be assured that the information they share with HPS staff will remain strictly confidential.

If the reporting party is a medical-personnel and the student has a confirmed case of a communicable disease of concern (see appendix for the list), the Senior Director of HPS will notify the Associate Vice Provost and work closely with the San Francisco Department of Public Health (SFDPH) to monitor the student's status. The action plan for a confirmed case of a communicable disease of concern will be implemented per the SFDPH recommendations and guidelines.

If the reporting party is non-medical personnel (student, staff or faculty) and the student does not have tangible proof of his/her diagnosis, the student in question will be directed to the USF Student Health Clinic operated by Dignity Health Medical Foundation for evaluation by medical staff.

The Senior Director of HPS will inform the medical director of the situation and request that Dignity Health staff request that the student sign a disclosure of protected health information form to inform USF of the student's health status.

The medical professional responsible for diagnosis will contact the Senior Director of HPS by telephone and follow up with an email detailing the nature of the case. The email should provide as much information to the Senior Director of HPS regarding the case, including but not limited to the following:

- Name(s) of student(s) involved
- Location of case (off campus, or on campus housing)
- Diagnosis or provisional diagnosis pending confirmation
- Prognosis if known
- Recommendations

If the student was confirmed with a diagnosis of a Communicable Disease of Concern, the Senior Director of HPS will notify the Associate Vice Provost with the SFDPH recommendations. The SFDPH officer will have full authority for any communicable disease outbreak on campus, and will direct the development of an action plan to mitigate the situation. The Senior Director of HPS will maintain communication with the SFDPH and the USF Student Health Clinic.

The Associate Vice Provost will convene the CMBIT. The CMBIT will devise a plan based on the SFDPH recommendations for the following:

- The options for returning the student home or moving the student to a single room on campus.
- Identifying who needs to be notified (classmates, residence halls, housemates, parents, clubs, teams) and ascertaining the appropriate timing and method of the notification.
- The parameters of required follow-up care.
- Setting up an immunization and vaccination clinic when indicated.

<u>Action Plan for a Confirmed Case of a Communicable Disease of Concern:</u>

1) The Senior Director of HPS/designee will take the following steps:

- Work with the Senior Director of SHaRE to move the student to a single room if needed.
- Request the list of the student's close contacts (classmates, roommates, floor mates, etc.) from the Registrar's Office.
- Contact One-Card services to track the student's card activity and inform appropriate offices/services as necessary.
- Inform CASA and Student Disability Services to provide academic support to affected students if they are going to miss multiple classes.
- Provide ongoing health education in the residence halls and on campus.
- Place registration HOLDS on affected students' records to ensure compliance with the required follow up care.
- Subsequent removal of registration holds when contacts provide proof to HPS.

2) The Senior Director of SHaRE/designee will also work with residence staff on the following:

- Advise residence hall staff of procedures to be used in communication with the ill student based on recommendations from the Dignity Health Infectious Disease Specialist.
- Facilitate preparation of "to go" meals with Bon Appetit and identification of friends who can pick up and deliver meals as needed.
- Arrange for special custodial services as needed.
- Facilitate temporary stays in courtesy rooms for either ill students or roommates who are feeling anxious about remaining in their assigned room during the illness. It is expected that these stays would last no longer than a few nights, until the Senior Director of HPS provides clarity on appropriate precautions based on the SFDPH recommendations and guidelines.

Note: staff will take care not to describe such moves as "quarantine" or "isolation." Large-scale isolation and quarantines were last enforced during the influenza ("Spanish Flu") pandemic in 1918–1919. In recent history, only a few public health events have prompted federal isolation or quarantine orders per the Centers for Disease Control and prevention (CDC).

- **Isolation** separates sick people with a contagious disease from people who are not sick (CDC)
- **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick (CDC).

3) The Associate Vice Provost/designee will oversee the development of the University communication plans regarding the communicable disease case with assistance from the USF Media Relations Office to direct activities including but not limited to the following:

- Preparation of publicity information that is consistent with Dignity Health physician information about the disease/treatment and/or SFDPH recommendation and guidelines.
- Development of campus wide message(s), in collaboration with Human Resources, for the University, including directions on how to contact the Senior Director of HPS with any questions or concerns.
- Development of outgoing message(s) to the surrounding and Non-USF community, including directions on how to contact Media Relations directly with any questions or concerns.
- Coordination of FAQ answer lines/answering machine messages with timed updates.
- Coordination of USF main website page announcements including frequent timed updates and FAQs.

4) The Senior Director of HPS will be responsible for patient education as follows:

- Draft campus wide communication in collaboration with Human Resources.
- Respond to USF community questions and concerns.
- Plan and implement vaccination clinics on campus if needed.
- Create educational flyers and posters.

5) The Senior Director of HPS, in conjunction with staff at the USF Student Health Clinic, will be responsible for presentations and fielding questions in the following settings:

- Residence halls

- Classrooms
- "Town Hall Meeting"
- Staff and faculty meetings

6) Mental Health Support
- Counseling and Psychological Services will provide mental health counselors for personal counseling and/or consultation services to students by telephone and offer telephone consultations for parents.
- Staff and Faculty will be directed to contact the Employee Assistance Program, Concern, for personal counseling and/or consultation services.
- In-person consultations may be possible if the counselor has immunity to the disease that is present.

7) The CMBIT Recorders/Assistants to the Vice Provost and Associate Vice Provost/designee will be responsible for documentation of the event by coordinating and updating the Dean's Log. The CMBIT Program Assistant/designee should be copied on all communications, internal and public, related to the event. The Dean's Log consists of the following materials as applicable:
- Incident Report(s)
- Public Safety Report(s)
- Email Chain- Internal and Public Communication related to incident
- Timeline of Actions taken
- Student/Family Information
- Follow up materials
- Any other official and/or unofficial documentation as necessary

Non-Business Hours (5:00pm-8:30am)

If an event occurs on campus – the Public Safety Officer/Residence Life Senior Staff on duty will be responsible for notifying the Central Staff on duty and the Assistant to the Associate Vice Provost. Then the Senior Director of HPS will initiate the Communicable Diseases of Concern Protocol.

If an event occurs off campus or if the student presents to the St. Mary's Medical Center Emergency Department – ED staff will notify the USF Public Safety Dispatch who will alert Central Staff on duty and the Assistant to the Associate Vice Provost. Then the Senior Director of HPS will initiate the Communicable Diseases of Concern Protocol.

APPENDICES

I. Definitions for Frequently Used Terminology
II. Communicable Diseases of Concern
III. Off-Campus Contacts for Communicable Disease Management
IV. Reportable Infectious Diseases to San Francisco Public Health Department

I. DEFINITIONS

Communicable Disease – an infectious disease that is spread from person-to-person through casual contact or respiratory droplet, to include, but not restricted to those listed above.

Communicable Period – The time, usually in days, between exposure to an illness and the onset of symptoms.

Infection – is defined as invasion and multiplication of microorganisms in body tissues.

Airborne Transmission – Occurs by dissemination of either **airborne** droplet nuclei (small-particle residue [5 μm or smaller] of evaporated droplets containing microorganisms that remain suspended in the air for long periods) or dust particles containing the infectious agent.

Quarantine – Restriction of movement and/or action of individuals who are known to have been exposed to or may reasonably be suspected to have been exposed to a communicable disease and who do not yet show signs or symptoms of infection.

Federal Isolation and Quarantine are authorized for these communicable diseases:

- Cholera
- Diphtheria
- Infectious tuberculosis
- Plague
- Smallpox
- Yellow fever
- Viral hemorrhagic fevers
- SARS
- Flu that can cause a pandemic

Large scale Quarantine and isolation was last enforced during the Spanish Flu in 1918-1919.

Isolation – Restriction of movement and/or action of individuals infected with a communicable disease to reduce the chance of spreading disease. A decision to allow or restrict any campus or classroom activity for students/staff/faculty will include, but is not limited to, the following considerations:

1. The nature of the risk (how the disease is transmitted)
2. The duration of the risk (how long is the carrier infectious)
3. CDC recommendation for prevention
4. The severity of the risk (what is the potential harm to third parties)
5. The probabilities that the disease will be transmitted and will cause varying degrees of harm to surrounding student's living community

II. COMMUNICABLE DISEASES OF CONCERN

Please Note: This list is not exhaustive but contains the most common communicable diseases.

Microorganisms transmitted by **airborne and/or droplet transmissions include**:

- Chickenpox
- Influenza A
- Avian Flu
- Mumps, Measles, Rubella (German Measles)
- Bacterial Meningitis
- Pertussis (Whooping cough)
- Tuberculosis
- Mononucleosis
- SARS (Severe Acute Respiratory Syndrome)

A. CHICKEN POX	
Pathogen:	Varicella-zoster virus
Transmission:	Direct contact, airborne
Incubation:	Two to three weeks
Communicability:	One to two days prior to rash until lesions scabbed –usually five days after onset of vesicles
Diagnostics:	Centripetal, Monolocular vesicles in successive crops; culture, smear, serology
Therapy/Prophylaxis:	Immune globulin VZIG; Varicella vaccine x 2
Public Health Concern:	Isolation; susceptible adults; immune-compromised; report to Public Health
Isolation:	Yes – Airborne precautions

B. INFLUENZA	
Pathogen:	Influenza A (widespread) - Pandemic Flu Influenza B (regional or widespread) Influenza C (sporadic, localized)
Transmission:	Droplets, Direct contact, airborne
Incubation:	1-3 days
Communicability:	5 days from clinical onset (10 days for children – longer for immunocompromized)
Diagnostics:	Nasopharyngeal swab (FA, ELISA)
Therapy/Prophylaxis:	Anti-viral medications within 48 hours; vaccine, LAIV (FluMist)
Public Health Concern:	Pandemics, high risk individuals; surveillance by CDC and WHO

Isolation:	Impractical – Seasonal Flu, may be important onset of virulent Pandemic Flu Symptoms Headache, sore throat, cough, fatigue, weakness, aching muscles, fever and runny nose

C. MEASLES	
Pathogen:	Measles Virus
Transmission:	Airborne by droplets, nasal and throat secretions
Incubation:	7 to 18 days
Communicability:	At onset of disease until lesions scabbed – usually 4 days after appearance of rash
Diagnostics:	Clinical findings: Koplik spots on buccal mucosa, red blotchy rash
Therapy/Prophylaxis:	Supportive care, immunization x 2; immune globulin for high risk household contacts
Public Health Concern:	College outbreaks: immunize all without documentation of two doses of MMR An outbreak is considered to be 3 or more linked cases Report to Public Health within 24 hours
Isolation:	No school attendance for 4 days after onset of rash

D. MUMPS	
Pathogen:	Mumps Virus
Transmission:	Airborne by droplets, nasal and throat secretions
Incubation:	16 to 18 days.
Communicability:	3 days before to 5 days after symptom onset
Diagnostics:	Clinical findings: Koplik spots on buccal mucosa, red blotchy rash
Therapy/Prophylaxis:	Supportive care, immunization x 2; immune globulin for high risk household contacts
Public Health Concern:	College outbreaks: immunize all without documentation of two doses of MMR An outbreak is considered to be 3 or more linked cases Report to Public Health within 24 hours
Isolation:	No school attendance for 5 days after onset of rash

E. MENINGITIS (Bacterial)	
Pathogen:	Nesseria meningitides, groups A, B, C, W-135, X, Y, Z (Groups B and C most common in USA and Latin America, Group A in Asia and Africa) Streptococcus pneumoniae
Transmission:	Direct contact: respiratory droplets from nose and throat
Incubation:	2-10 days (commonly 3-4 days)
Communicability:	Until no meningococci in secretions (24 hours after starting antibiotics)
Diagnostics:	Clinical: fever, headache, stiff neck, rash, gram stain of spinal fluid, culture, coagglutination,
Therapy/Prophylaxis:	Broad spectrum antibiotic; meningitis vaccine for Groups A, C, W-135, Y Prophylactic Antibiotics, Vaccine to control outbreaks
Public Health Concern:	Asymptomatic carrier rate high (<5-10%) Case fatality 5-15% in invasive disease High occurrence in winter and spring Increased risk among newly aggregated adults (freshmen in residence halls) and individuals who have had their spleens removed. Report to Public Health within 24 hours.
Isolation:	For 24 hours after start of antibiotic therapy.

F. MONONUCLEOSIS, INFECTIOUS (MONO)	
Pathogen:	Epstein Barr Virus (EBV), a member of the herpes virus
Transmission:	Via saliva (on hands or toys, or by kissing).
Incubation:	Four to six weeks after exposure
Communicability:	
Diagnostics:	blood tests to check for signs of mono (monospot test) and the Epstein-Barr virus.
Therapy/Prophylaxis:	No treatment other than rest is needed in the vast majority of cases
Public Health Concern:	Avoid activities involving the transfer of body fluids (commonly saliva) with someone who is currently or recently infected with the disease. At present, there is no vaccine available to prevent infectious mononucleosis.
Isolation:	No

G. PERTUSSIS (WHOOPING COUGH)	
Pathogen:	A bacterium that is found in the mouth, nose and throat of an infected person
Transmission:	spread by direct contact with discharges from the nose and throat of infected individuals.
Incubation:	Five to 10 days but may be as long as 21 days
Communicability:	A person can transmit Pertussis from onset of symptoms to three weeks after the onset of coughing episodes.
Diagnostics:	The diagnosis can be made from the clinical history
Therapy/Prophylaxis:	Pertussis is effectively treated with antibiotics.
Public Health Concern:	Report to DPH within 24 hours. Treatment of people who are close contacts of pertussis cases is also an important part of prevention.
Isolation:	Per supervising physician

H. SARS	
Pathogen:	SARS - associated coronavirus
Transmission:	Respiratory droplets (hand to nose), questionable fecal transmission
Incubation:	2-10 days
Communicability:	Usually becomes infectious during 2nd week of symptoms.
Diagnostics:	Suspect cases: Temperature >100.4 and cough, shortness of breath and history of exposure
Probable cases:	Temperature >100.4 and cough, shortness of breath, history of exposure and pneumonia on x-ray, respiratory distress or autopsy findings.
Therapy/Prophylaxis:	Supportive care; no vaccine available
Public Health Concern:	Hospital-associated spread; international spread by travelers (campus international Travel by students, staff, faculty and visitors) Report to Public Health
Isolation:	Quarantine in suspected cases - Isolation with negative pressure ventilation until 10 days after resolution of symptoms in probable cases

I. TUBERCULOSIS	
Pathogen:	Mycobacterium tuberculosis
Transmission:	Airborne droplet
Incubation:	4-12 weeks
Communicability:	With infectious disease or active TB
Diagnostics:	Sputum culture (3)
Therapy/Prophylaxis:	4 drug combination (INH) For latent Tuberculosis infection, Isoniazid for 6-9 months
Public Health Concern:	Investigate contacts; initial tuberculosis testing of contacts, repeated in 2-3 months Chest x-ray of those with positive tests
Isolation:	Yes, with negative pressure ventilation

REPORTABLE COMMUNICABLE DISEASES §2500(j)(1)

III. OFF-CAMPUS CONTACTS FOR COMMUNICABLE DISEASE MANAGEMENT

St. Mary's Medical Center - Emergencies	415 750 5700
St. Mary's Medical Center Infection Control Nurse Jeanne Barry-Dimesh	415 750 4075
St. Mary's Medical Center Infection Control Specialist Dr. Jose Equia	415 668 1000
St. Mary's Student Health Clinic	415 750 4980
SF Public Health Department – Emergencies	415 554 2684
SF Public Health Department – Reporting	415 554 2830
SF Public Health Department – Director – Susan Fernyak	415.554.2845
Berkeley – Center Infectious Disease Preparedness - Tomas Aragon	510 847 9139
SFGH Emergency room	415 206 8111
SFGH Infection Control	415 206 5466
SFGH Infectious Diseases Specialist	415 206 8703 / 5437
SFGH Admissions	415 206 5420
UCSF Emergency room	415 476 1037
UCSF Infection Control	415 353 4343
UCSF Infectious Diseases Specialist	415 353 2626
UCSF Admissions	415 353 1488
USF Health Promotion Services	415 422 6702
USF Public Safety Dispatch	415 422 2911
Seton Emergency Room	650 991 6892
Seton Infection Control	650 991 6667
Seton Infectious Diseases Specialist	650 991 6667
Seton Admissions	650 991 6420

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 juridiction 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.)

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)

Acquired Immune Deficiency Syndrome (AIDS)
(HIV infection only: see "Human Immunodeficiency Virus")

FAX ✆ ✉ Amebiasis

Anaplasmosis/Ehrlichiosis

✆ ✆ Anthrax

✆ ✆ Avian Influenza (human)

FAX ✆ ✉ Babesiosis

✆ ✆ Botulism (Infant, Foodborne, Wound)

✆ ✆ Brucellosis

FAX ✆ ✉ Campylobacteriosis

Chancroid

FAX ✆ ✉ Chickenpox (only hospitalizations and deaths)

Chlamydia trachomatis infections, including Lymphogranuloma Venereum (LGV)

✆ ✆ Cholera

✆ ✆ Ciguatera Fish Poisoning

Coccidioidomycosis

FAX ✆ ✉ Colorado Tick Fever

Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)

FAX ✆ ✉ Cryptosporidiosis

Cysticercosis or Taeniasis

✆ ✆ Dengue

✆ ✆ Diphtheria

✆ ✆ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)

FAX ✆ ✉ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic

✆ ✆ *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157

† FAX ✆ ✉ Foodborne Disease

Giardiasis

Gonococcal Infections

FAX ✆ ✉ *Haemophilus influenzae* invasive disease (report an incident less than 15 years of age)

✆ ✆ Hantavirus Infections

✆ ✆ Hemolytic Uremic Syndrome

Hepatitis, Viral

FAX ✆ ✉ Hepatitis A

Hepatitis B (specify acute case or chronic)

Hepatitis C (specify acute case or chronic)

Hepatitis D (Delta)

Hepatitis, other, acute

Influenza deaths (report an incident of less than 18 years of age)

Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)

Legionellosis

Leprosy (Hansen Disease)

Leptospirosis

FAX ✆ ✉ Listeriosis

Lyme Disease

FAX ✆ ✉ Malaria

FAX ✆ ✉ Measles (Rubeola)

FAX ✆ ✉ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic

✆ ✆ Meningococcal Infections

Mumps

✆ ✆ Paralytic Shellfish Poisoning

Pelvic Inflammatory Disease (PID)

FAX ✆ ✉ Pertussis (Whooping Cough)

✆ ✆ Plague, Human or Animal

FAX ✆ ✉ Poliovirus Infection

FAX ✆ ✉ Psittacosis

FAX ✆ ✉ Q Fever

✆ ✆ Rabies, Human or Animal

FAX ✆ ✉ Relapsing Fever

Rheumatic Fever, Acute

Rocky Mountain Spotted Fever

Rubella (German Measles)

Rubella Syndrome, Congenital

FAX ✆ ✉ Salmonellosis (Other than Typhoid Fever)

✆ ✆ Scombroid Fish Poisoning

✆ ✆ Severe Acute Respiratory Syndrome (SARS)

✆ ✆ Shiga toxin (detected in feces)

FAX ✆ ✉ Shigellosis

✆ ✆ Smallpox (Variola)

FAX ✆ ✉ *Staphylococcus aureus* infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture)

FAX ✆ ✉ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)

FAX ✆ ✉ Syphilis

Tetanus

Toxic Shock Syndrome

FAX ✆ ✉ Trichinosis

FAX ✆ ✉ Tuberculosis

✆ ✆ Tularemia

FAX ✆ ✉ Typhoid Fever, Cases and Carriers

Typhus Fever

FAX ✆ ✉ *Vibrio* Infections

✆ ✆ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)

FAX ✆ ✉ Water-Associated Disease (e.g., Swimmer's Itch or Hot Tub Rash)

FAX ✆ ✉ West Nile Virus (WNV) Infection

✆ ✆ Yellow Fever

FAX ✆ ✉ Yersiniosis

✆ ✆ **OCCURRENCE of ANY UNUSUAL DISEASE**

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

HIV REPORTING BY HEALTH CARE PROVIDERS §2641.5-2643.20

Human Immunodeficiency Virus (HIV) infection is reportable by traceable mail or person-to-person transfer within seven calendar days by completion of the HIV/AIDS Case Report form (CDPH 8641A) available from the local health department. For completing HIV-specific reporting requirements, see Title 17, CCR, §2641.5-2643.20 and http://www.cdph.ca.gov/programs/aids/Pages/OAHIVReporting.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):

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* 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 (Healtlh and 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

PM110 (revised 12/08/09)