USF Division of University Life
Communicable (Airborne or by Droplets) Diseases of Concern Protocol

INTRODUCTION:

The protocol as follows is to be used by the Office of the Vice Provost for Student Life to respond to the threat of a communicable disease of concern outbreak on campus (see appendix). For a potential Flu pandemic, the Flu pandemic protocol will be followed. Within this protocol there are guidelines for mitigating and managing an outbreak of a communicable disease (potential and confirmed cases) transmitted airborne or by droplets on USF campus, safeguarding the welfare of individuals 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 TEAM:

The Assistant Vice Provost for Student Life coordinates the Crisis Management Team (CMT). The mission of the CMT is to ensure appropriate communication and action among University departments when incidents of a critical nature involving students occur. When an incident occurs, the CMT may be convened to develop a response plan based on the available information. The CMT 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 CMT consists of the following staff members:

• Vice Provost for Student Life: Peter Novak
• Assistant Vice Provost and Associate Dean of Student Development: Julie Orio
• Director of Student Conduct, Rights & Responsibilities: Ryan Garcia
• Assistant Vice Provost of Student Housing and Residential Education: Golden
• Associate Director for Student Housing and Residential Education: Howard (Lee) Swain
• Senior Director of Counseling and Psychological Services (CAPS): Barbara Thomas
• Senior Director of Public Safety: Dan Lawson
• CMT Notes Recorders/Assistants to the Vice Provost and Assistant Vice Provost/designee: Sue Fernandez and Katie Taylor

Additionally, the CMT 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
• Director of Health Promotion Services: Kamal Harb
• Director of International Student and Scholar Services: Laura Gerth
• 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 a USF personnel (Staff, Faculty) becomes aware of a potential or a confirmed case of communicable disease in a student, he/she will contact Health Promotion Services (HPS) Director and ask the student to sign the USF disclosure of protected health information (posted on HPS website). Students’ health information will be held strictly confidential. As required by law, HPS may disclose students’ medical information to public health, school and legal authorities charged with preventing or controlling of communicable diseases.

HPS Director will contact the student in question for more information, assess situation, and make the appropriate course of action based on USF personnel’s and student’s description of the illness. Students must be assured that their health 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), Director of the HPS will notify the Assistant Vice Provost and San Francisco Department of Public Health. The Action Plan for a Confirmed Case of a Communicable Disease of Concern will be implemented.

If the reporting party is non-medical personnel (a student, USF staff or faculty) and the student does not have a tangible of proof of his/her diagnosis: The student in question will be directed to St. Mary’s Medical Clinic for evaluation by medical staff.

The Director of HPS will inform the director of St. Mary’s Student Health Clinic of the situation and request that St. Mary’s Medical Staff request the student to sign a disclosure of protected health information.

The medical professional responsible for diagnosis should contact the 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 Director of HPS regarding the active 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 Director of the HPS will notify the Assistant Vice Provost and San Francisco Department of Public Health. The SFDPH officer has full authority in any communicable disease outbreak on campus. The Director of Health Promotion Services will maintain communication with SFDPH and the USF Student Health Clinic.

The Assistant Vice Provost will convene the Crisis Management Team. In collaboration with SFDPH and based upon nature of the disease, the CMT will devise a plan for the following:

- The options for returning the student home or keeping the student in isolation on campus
- Identifying who needs to be notified (classmates, residence halls, house mates, parents, clubs, teams) and ascertaining the appropriate timing and method of notification
- Parameters of required follow-up care
- Setting up an immunization and vaccination clinic when indicated

**Action Plan for a Confirmed Case of a Communicable Disease of Concern:**

1) The Assistant Vice Provost/designee will take the following steps:

- Retrieve the list of the infected student’s classes and contact the Registrar to obtain names of contacts in those classes
- Contact One-Card Services to track the infected student’s card activity and inform appropriate offices/services as necessary
- Provide academic support to isolated students by referring them to Academic Support Services/Student Disability Services
- Contact those individuals who have had recent contact with the infected student
- Placement of registration HOLDS on contacts’ records to insure compliance with required follow up care
- Subsequent removal of registration holds when contacts provide proof to Registrar’s Office

2) The Assistant Vice Provost of Student Housing/designee will work with the Residence Director/designee to do the following:

- Advise residence hall staff of procedures to be used in communication with the infected student with the assistance of the Student Health Clinic staff and Director of Health promotion services
- 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 one night, until the Director of Health Promotion Services provides clarity about appropriate precautions.

**Note: staff will take care not to describe such moves as “quarantine” or “isolation.”**
3) The Assistant Vice Provost/designee will consult with the USF Media Relations Office to develop University communication regarding the event. Activities include but are not limited to the following:
   • Ensure that the information they prepare to publicize is consistent with St. Mary’s Medical Center and/or SFDPH information about the disease/treatment
   • Develop USF Connect message(s) for the University, including direction to contact the DOS/AVP with any questions or concerns
   • Develop outgoing message(s) to the surrounding and Non-USF community, including direction to contact Media Relations directly with any questions or concerns
   • Coordinate FAQ answer lines/answering machine messages with timed updates.
   • Coordinate USF main website page announcements including frequent timed updates and FAQs.

4) Director of HPS will be responsible for patient education handouts as follows:
   • Flyers and posters
   • Student newspaper announcement

5) Director of HPS, in conjunction with the USF Student Health Clinic Staff, will be responsible for presentations and fielding questions in the following settings:
   • Residence halls
   • Classrooms
   • “Town Hall Meeting”

6) Mental Health Support
   • Counseling and Psychological Services will provide mental health counselors for personal counseling and/or consultation services to students by telephone, in addition to offering telephone consultation for parents
   • Staff and Faculty will be directed to contact Concern, as part of the Employee Assistance Program, for personal counseling and/or consultation services
   • Face to face consultations may be possible if the counselor has immunity to the disease that is present.

7) The CMT Recorders/Assistants to the Vice Provost and Assistant Vice Provost/designee will be responsible for documentation of the event by coordinating and updating the Dean’s Log. The CMT 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 Assistant Vice Provost and Associate Dean of Student Development/designee on Duty, who will then contact the Director of HPS.

If an event occurs off campus – If the student presents to St. Mary’s Medical Center Emergency Department – ED staff will notify the USF Public Safety Dispatch who would alert Central Staff on Duty and Assistant Vice Provost and Associate Dean of Student Development/designee on Duty, who will then contact the Director of HPS.
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

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

### B. INFLUENZA

| Pathogen: | Influenza A (widespread) - Pandemic Flu  
Influenza B (regional or widespread)  
Influenza C (sporadic, localized) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmission:</td>
<td>Droplets, Direct contact, airborne</td>
</tr>
<tr>
<td>Incubation:</td>
<td>1-3 days</td>
</tr>
<tr>
<td>Communicability:</td>
<td>5 days from clinical onset (10 days for children – longer for immunocompromized)</td>
</tr>
<tr>
<td>Diagnostics:</td>
<td>Nasopharyngeal swab (FA, ELISA)</td>
</tr>
<tr>
<td>Therapy/Prophylaxis:</td>
<td>Anti-viral medications within 48 hours; vaccine, LAIV (FluMist)</td>
</tr>
<tr>
<td>Public Health Concern:</td>
<td>Pandemics, high risk individuals; surveillance by CDC and WHO</td>
</tr>
<tr>
<td>Isolation:</td>
<td>Impractical – Seasonal Flu, may be important onset of virulent Pandemic Flu Symptoms Headache, sore throat, cough, fatigue, weakness, aching muscles, fever and runny nose</td>
</tr>
</tbody>
</table>
# C. MEASLES

<table>
<thead>
<tr>
<th>Pathogen:</th>
<th>Measles Virus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmission:</td>
<td>Airborne by droplets, nasal and throat secretions</td>
</tr>
<tr>
<td>Incubation:</td>
<td>7 to 18 days</td>
</tr>
<tr>
<td>Communicability:</td>
<td>At onset of disease until lesions scabbed – usually 4 days after appearance of rash</td>
</tr>
<tr>
<td>Diagnostics:</td>
<td>Clinical findings: Koplik spots on buccal mucosa, red blotchy rash</td>
</tr>
<tr>
<td>Therapy/Prophylaxis:</td>
<td>Supportive care, immunization x 2; immune globulin for high risk household contacts</td>
</tr>
</tbody>
</table>
| 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

<table>
<thead>
<tr>
<th>Pathogen:</th>
<th>Mumps Virus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmission:</td>
<td>Airborne by droplets, nasal and throat secretions</td>
</tr>
<tr>
<td>Incubation:</td>
<td>16 to 18 days.</td>
</tr>
<tr>
<td>Communicability:</td>
<td>3 days before to 5 days after symptom onset</td>
</tr>
<tr>
<td>Diagnostics:</td>
<td>Clinical findings: Koplik spots on buccal mucosa, red blotchy rash</td>
</tr>
<tr>
<td>Therapy/Prophylaxis:</td>
<td>Supportive care, immunization x 2; immune globulin for high risk household contacts</td>
</tr>
</tbody>
</table>
| 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)

<table>
<thead>
<tr>
<th>Pathogen:</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmission:</td>
<td>Direct contact: respiratory droplets from nose and throat</td>
</tr>
<tr>
<td>Incubation:</td>
<td>2-10 days (commonly 3-4 days)</td>
</tr>
<tr>
<td>Communicability:</td>
<td>Until no meningococci in secretions (24 hours after starting antibiotics)</td>
</tr>
<tr>
<td>Diagnostics:</td>
<td>Clinical: fever, headache, stiff neck, rash, gram stain of spinal fluid, culture, coagglutination,</td>
</tr>
<tr>
<td>Therapy/Prophylaxis:</td>
<td>Broad spectrum antibiotic; meningitis vaccine for Groups A, C, W-135, Y Prophylactic Antibiotics, Vaccine to control outbreaks</td>
</tr>
<tr>
<td>Public Health Concern:</td>
<td>Asymptomatic carrier rate high (&lt;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.</td>
</tr>
<tr>
<td>Isolation:</td>
<td>For 24 hours after start of antibiotic therapy.</td>
</tr>
</tbody>
</table>

### F. MONONUCLEOSIS, INFECTIOUS (MONO)

<table>
<thead>
<tr>
<th>Pathogen:</th>
<th>Epstein Barr Virus (EBV), a member of the herpes virus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmission:</td>
<td>Via saliva (on hands or toys, or by kissing).</td>
</tr>
<tr>
<td>Incubation:</td>
<td>Four to six weeks after exposure</td>
</tr>
<tr>
<td>Communicability:</td>
<td></td>
</tr>
<tr>
<td>Diagnostics:</td>
<td>blood tests to check for signs of mono (monospot test) and the Epstein-Barr virus.</td>
</tr>
<tr>
<td>Therapy/Prophylaxis:</td>
<td>No treatment other than rest is needed in the vast majority of cases</td>
</tr>
<tr>
<td>Public Health Concern:</td>
<td>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.</td>
</tr>
<tr>
<td>Isolation:</td>
<td>No</td>
</tr>
</tbody>
</table>
### G. PERTUSSIS (WHOOPING COUGH)

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

### H. SARS

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

<table>
<thead>
<tr>
<th><strong>Pathogen:</strong></th>
<th>Mycobacterium tuberculosis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transmission:</strong></td>
<td>Airborne droplet</td>
</tr>
<tr>
<td><strong>Incubation:</strong></td>
<td>4-12 weeks</td>
</tr>
<tr>
<td><strong>Communicability:</strong></td>
<td>With infectious disease or active TB</td>
</tr>
<tr>
<td><strong>Diagnostics:</strong></td>
<td>Sputum culture (3)</td>
</tr>
<tr>
<td><strong>Therapy/Prophylaxis:</strong></td>
<td>4 drug combination (INH) For latent Tuberculosis infection, Isoniazid for 6-9 months</td>
</tr>
<tr>
<td><strong>Public Health Concern:</strong></td>
<td>Investigate contacts; initial tuberculosis testing of contacts, repeated in 2-3 months Chest x-ray of those with positive tests</td>
</tr>
<tr>
<td><strong>Isolation:</strong></td>
<td>Yes, with negative pressure ventilation</td>
</tr>
</tbody>
</table>
### III. OFF-CAMPUS CONTACTS FOR COMMUNICABLE DISEASE MANAGEMENT

<table>
<thead>
<tr>
<th>Contact</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Mary’s Medical Center - Emergencies</td>
<td>415 750 5700</td>
</tr>
<tr>
<td>St. Mary’s Medical Center Infection Control Nurse Jeanne Barry-Dimesh</td>
<td>415 750 4075</td>
</tr>
<tr>
<td>St. Mary’s Medical Center Infection Control Specialist Dr. Jose Equia</td>
<td>415 668 1000</td>
</tr>
<tr>
<td>St. Mary’s Student Health Clinic</td>
<td>415 750 4980</td>
</tr>
<tr>
<td>SF Public Health Department – Emergencies</td>
<td>415 554 2684</td>
</tr>
<tr>
<td>SF Public Health Department – Reporting</td>
<td>415 554 2830</td>
</tr>
<tr>
<td>SF Public Health Department – Director – Susan Fernyak</td>
<td>415.554.2845</td>
</tr>
<tr>
<td>Berkeley – Center Infectious Disease Preparedness - Tomas Aragon</td>
<td>510 847 9139</td>
</tr>
<tr>
<td>SFGH Emergency room</td>
<td>415 206 8111</td>
</tr>
<tr>
<td>SFGH Infection Control</td>
<td>415 206 5466</td>
</tr>
<tr>
<td>SFGH Infectious Diseases Specialist</td>
<td>415 206 8703 / 5437</td>
</tr>
<tr>
<td>SFGH Admissions</td>
<td>415 206 5420</td>
</tr>
<tr>
<td>UCSF Emergency room</td>
<td>415 476 1037</td>
</tr>
<tr>
<td>UCSF Infection Control</td>
<td>415 353 4343</td>
</tr>
<tr>
<td>UCSF Infectious Diseases Specialist</td>
<td>415 353 2626</td>
</tr>
<tr>
<td>UCSF Admissions</td>
<td>415 353 1488</td>
</tr>
<tr>
<td>USF Health Promotion Services</td>
<td>415 422 6702</td>
</tr>
<tr>
<td>USF Public Safety Dispatch</td>
<td>415 422 2911</td>
</tr>
<tr>
<td>Seton Emergency Room</td>
<td>650 991 6892</td>
</tr>
<tr>
<td>Seton Infection Control</td>
<td>650 991 6667</td>
</tr>
<tr>
<td>Seton Infectious Diseases Specialist</td>
<td>650 991 6667</td>
</tr>
<tr>
<td>Seton Admissions</td>
<td>650 991 6420</td>
</tr>
</tbody>
</table>
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(a)(1) 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 conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance on the case or suspected case, 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)(2) "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse aide, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

§ 2500(e)(2) “Report immediately by telephone (designated by a * in regulations).”

§ 2500(e)(3) “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 ** in regulations).”

§ 2500(e)(4) “Report by electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).”

§ 2500(e)(5) “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(1)

Acquired Immune Deficiency Syndrome (AIDS) (§2643.20)

HIV infection only: see “Human Immunodeficiency Virus”

Amebiasis

Anaplasmosis/Ehrlichiosis

Anthrax

Avian Influenza (human)

Botulism (Infectious, Foodborne, Wound)

Brucellosis

Campylobacteriosis

Chancroid

Cholera

Clostridioides difficile

Colorado Tick Fever

Cryptosporidiosis

Cysticerosis or Taeniosis

Dengue

Diphtheria

Domic Acid Poisoning (Armeless Shellfish Poisoning)

Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic

Each virus: is a single term producing (STEIC) including E. coli 0157

Foodborne Disease

Gastrointestinal infections

Haemophilus influenzae invasive disease (report an incident less than 15 years of age)

Hantavirus infections

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 15 years of age)

Kawasaki Syndrome (Maculopapular Lymph Node Syndrome)

Legionellosis

Leprosy (Hansen Disease)

Leprosy (tuberculosis)

Listeriosis

Lyme Disease

Malaria

Measles (Rubella)

Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic

Meningococcal Infections

Mumps

Paralytic Shellfish Poisoning

Pesticide Inflammatory Disease (PID)

Peritonitis (Whopping Cough)

Plague, Human or Animal

Poliomyelitis

Plague

Q Fever

Rabies, Human or Animal

Relapsing Fever

Rheumatic Fever, Acute

Rocky Mountain Spotted Fever

Rubella (German Measles)

Rubella Syndrome, Congenital

Salmonellosis (Other Than Typhoid Fever)

Scombroid Fish Poisoning

Severe Acute Respiratory Syndrome (SARS)

Shiga toxin (detected in feces)

Shigellosis

Smallpox (Variola)

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 residing 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)

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

Syphilis

Tetanus

Toxic Shock Syndrome

Trichinosis

Tuberculosis

Typhoid Fever, Cases and Carriers

Tularemia

Ulcerative Diarrhea

Viral Infections

Water-Associated Disease (e.g., Swimmer’s itch or Hot Tub Rash)

Water-Associated Disease

West Nile Virus (WNV) infection

Yellow Fever

Yersiniosis

OUTBREAKS OF ANY UNUSUAL DISEASE

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

HIV REPORTING BY HEALTH CARE PROVIDERS §2501.5-2643.20

Human Immunodeficiency Virus (HIV) infection is reportable by transmissible 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/aida/Forms/case_report_form_hiv.cfm

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 those basal and squamous skin cancers unless occurring on genitilia, and (2) carcinoma in situ and CIN III of the cervix) (§2500)**

LOCALLY REPORTABLE DISEASES (If Applicable)

*** The 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 and Safety Code §102295) and a civil offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1394.10 and 1394.11).

** Failure to report is a civil offense and subject to civil penalty ($250) (Health and Safety Code §102290).

*** The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at www.ccr.ca.gov/POM/...