

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 requires that healthcare providers report known or suspected cases of disease or condition, listed below, to the jurisdiction in which the patient resides *

REPORT IMMEDIATELY BY PHONE
During Business hours: (831) 454 - 4114 After hours: (831) 471 - 1170

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| <ul style="list-style-type: none"> • Anthrax, human or animal • Botulism (Infant, Foodborne, Wound, Other) • Brucellosis, human • Cholera • Ciguatera Fish Poisoning • Diphtheria • Domoic Acid Poisoning (Amnesic Shellfish Poisoning) • Flavivirus infection of undetermined species | <ul style="list-style-type: none"> • Foodborne Disease (when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness) • Hemolytic Uremic Syndrome • Influenza due to novel strains (human) • Measles (Rubeola) • Meningococcal Infections • Middle East Respiratory Syndrome (MERS) • Novel Virus with Pandemic Potential | <ul style="list-style-type: none"> • 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 (Crimean-Congo, Ebola, Lassa, and Marburg viruses) • Occurrence of any unusual disease • Outbreak of any disease (including diseases not listed in §2500) |
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REPORT WITHIN ONE WORKING DAY
PHONE: (831) 454 - 4114 FAX: (831) 454 - 5049

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| <ul style="list-style-type: none"> • Babesiosis • Campylobacteriosis • Carbapenem-resistant Enterobacteriaceae (CRE) • Chickenpox (Varicella) (outbreaks, hospitalizations, and deaths) • Chikungunya Virus Infection • Cryptosporidiosis • Dengue Virus Infection • Encephalitis, specify etiology (Viral, Bacterial, Fungal, Parasitic) • Escherichia coli: Shiga toxin-producing (STEC), including E. coli O157:H7 • Foodborne Disease | <ul style="list-style-type: none"> • Haemophilus influenzae, invasive disease (only in persons less than 5 years of age) • Hantavirus Infections • Hepatitis A, acute infection • Listeriosis • Malaria • Meningitis, specify etiology (Viral, Bacterial, Fungal, Parasitic) • Paratyphoid Fever • Pertussis (whooping cough) • Poliovirus Infection • Psittacosis | <ul style="list-style-type: none"> • Q Fever • Relapsing Fever • Salmonellosis (other than Typhoid Fever) • Shigellosis • Syphilis (all stages, including congenital) • Trichinosis • Tuberculosis (TB) • Typhoid Fever, Cases and Carriers • Vibrio Infections • West Nile Virus Infection • Yellow Fever • Yersiniosis • Zika Virus Infection |
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REPORT BY PHONE, FAX, OR MAIL WITHIN 7 CALENDAR DAYS
PHONE: (831) 454 - 4114 FAX: (831) 454 - 5049
MAIL: Attn: Communicable Disease 1060 Emeline Ave, Santa Cruz, CA 95060

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| <ul style="list-style-type: none"> • Anaplasmosis • Brucellosis, animal (except infections due to Brucella canis) • Chancroid • Coccidioidomycosis • Creutzfeldt-Jacob Disease (CJD) and other Transmissible spongiform • Cyclosporiasis • Cysticercosis or Taeniasis • Ehrlichiosis • Giardiasis • Gonococcal Infections | <ul style="list-style-type: none"> • Hepatitis B (specify acute, chronic, or perinatal) • Hepatitis C (specify acute, chronic, or perinatal) • Hepatitis D (Delta) (specify acute case or chronic) • Hepatitis E, acute infection • Influenza, deaths in laboratory confirmed cases for persons less than 18 years old • Legionellosis • Leprosy (Hansen's Disease) • Leptospirosis • Lyme Disease • Mumps | <ul style="list-style-type: none"> • Respiratory Syncytial Virus-associated deaths in laboratory-confirmed cases less than five 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 • Toxoplasmosis • Tularemia, animal |
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REPORT BY PHONE, FAX, OR TRACEABLE MAIL WITHIN 7 CALENDAR DAYS
PHONE: (831) 454 - 4730 FAX: (831) 454 - 5220

<ul style="list-style-type: none"> • Human Immunodeficiency Virus (HIV), any stage • HIV infection, progression to stage 3 (AIDS) 	<p>Case reports or laboratory reports must be placed in a sealed envelope and sent via traceable mail (USPS Certified, FedEx, or UPS) marked "Confidential", with attention to:</p> <p style="text-align: right;"><i>Santa Cruz County Health Services Agency ATTN: HIV Surveillance Coordinator 1060 Emeline Ave, Santa Cruz, CA 95060</i></p>
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REPORTABLE NON-COMMUNICABLE DISEASES AND CONDITIONS §2800-2812 and §2593 (b)
PHONE: (831) 454 - 4114 FAX: (831) 454 - 5049
MAIL: Attn: Communicable Disease 1060 Emeline Ave, Santa Cruz, CA 95060

- 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) ***

* 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

