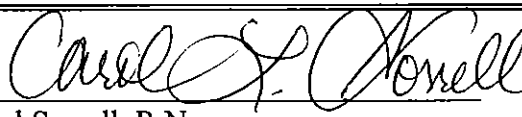
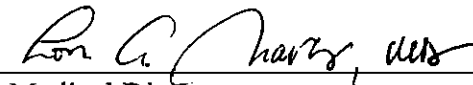
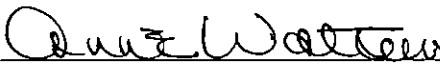


**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Condition/ Disease Reporting		INDEX NUMBER 3.29-P		Page 1 of 5			
SECTION: Utilization Management		ISSUE DATE: June 20, 1996					
Review Date	8/29/97	06/2000	11/2001	01/2005			
Effective Date			07/01/02	07/05/05			
Revision No.	1997-08	2000-06	2002-01	2005-02			

Approved		Date	<u>2/3/05</u>
	Carol Sorrell, R.N. Chief Executive Officer		
Approved		Date	<u>2-2-05</u>
	Medical Director		
Approved		Date	<u>2-1-05</u>
	Director of Health Services		

POLICY¹:

It shall be the duty of every Kern Health Systems (KHS) practitioner/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 practitioner/provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the reportable diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides. KHS professional licensed staff will report identified communicable diseases or inform the PCP of the requirement following County guidelines.

PURPOSE:

To provide KHS practitioners/providers and staff with guidelines regarding communicable disease reporting.

PROCEDURE:

1.0 COMMUNICABLE DISEASE REPORTING GUIDELINES²

After diagnosing a member as having a reportable disease or condition, the practitioner/provider or designee should follow the instructions given on the *Confidential Morbidity Report (CMR)* for specific reporting guidelines. (See Attachment A). Reports must be made within the specified timeframe for the diseases/conditions listed in the table below. In addition to the listed conditions/diseases, the occurrence of any unusual disease or outbreaks of any disease must be reported immediately.

**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Condition/Disease Reporting	INDEX NUMBER 3.29-P	Page 2 of 5
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Disease/Condition	Reporting Timeframe
Acquired Immune Deficiency Syndrome (AIDS)	7 days. (See <i>KHS Policy and Procedure #3.18 - Confidential HIV Testing</i>)
Amebiasis	1 day.
Anisakiasis	1 day
Anthrax	Immediately
Babesiosis	1 day
Botulism (Infant, Foodborne, Wound, Other)	Immediately
Brucellosis	Immediately
Campylobacteriosis	1 day
Chancroid	7 days
Chlamydial Infections	7 days. See <i>KHS Policy and Procedure #3.17 - STD Treatment.</i>
Cholera	Immediately
Ciguatera Fish Poisoning	Immediately
Coccidioidomycosis	7 days
Colorado Tick Fever	1 day
Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology	1 day
Cryptosporidiosis	1 day
Cysticercosis	7 days
Dengue	Immediately
Diarrhea of the Newborn, Outbreaks	Immediately
Diphtheria	Immediately
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	Immediately
Echinococcosis (Hydatid Disease)	7 days
Ehrlichiosis	7 days
Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	1 day
Escherichia coli O157:H7 Infection	Immediately
Foodborne Disease	1 day. When two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness, they should be reported immediately by telephone.
Giardiasis	7 days
Gonococcal Infections	7 days. See <i>KHS Policy and Procedure #3.17 - STD Treatment.</i>
Haemophilus influenzae, Invasive Disease	1 day

**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Condition/Disease Reporting	INDEX NUMBER 3.29-P	Page 3 of 5
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Disease/Condition	Reporting Timeframe
Hantavirus Infections	Immediately
Hemolytic Uremic Syndrome	Immediately
Hepatitis, Viral	7 days
Hepatitis A	Immediately ³
Hepatitis B (specify acute case or chronic)	7 days
Hepatitis C (specify acute case or chronic)	7 days
Hepatitis D (Delta)	7 days
Hepatitis, other, acute	7 days
Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)	7 days
Legionellosis	7 days
Leprosy (Hansen Disease)	7 days
Leptospirosis	7 days
Listeriosis	1 day
Lyme Disease	7 days
Lymphocytic Choriomeningitis	1 day
Malaria	1 day
Measles (Rubeola)	Immediately ³
Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	1 day
Meningococcal Infections	Immediately
Mumps	7 days
Non-Gonococcal Urethritis (Excluding Laboratory Confirmed Chlamydial Infections)	7 days
Paralytic Shellfish Poisoning	Immediately
Pelvic Inflammatory Disease (PID)	7 days
Pertussis (Whooping Cough)	Immediately ³
Plague, Human or Animal	Immediately
Poliomyelitis, Paralytic	1 day
Psittacosis	1 day
Q Fever	1 day
Rabies, Human or Animal	Immediately
Relapsing Fever	1 day
Reye Syndrome	7 days
Rheumatic Fever, Acute	7 days
Rocky Mountain Spotted Fever	7 days
Rubella (German Measles)	7 days
Rubella Syndrome, Congenital	7 days
Salmonellosis (Other than Typhoid Fever)	1 day
Scombroid Fish Poisoning	Immediately
Shigellosis	1 day

**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Condition/Disease Reporting	INDEX NUMBER 3.29-P	Page 4 of 5
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Disease/Condition	Reporting Timeframe
Smallpox (Variola)	Immediately
Streptococcal Infections (Outbreaks of any Type and Individual Cases in Food Handlers and Dairy Workers Only)	1 day
Swimmer's Itch (Schistosomal Dermatitis)	1 day
Syphilis	1 day. See <i>KHS Policy and Procedure #3.17 - STD Treatment</i>
Tetanus	7 days
Toxic Shock Syndrome	7 days
Toxoplasmosis	7 days
Trichinosis	1 day
Tuberculosis	Immediately ³
Tularemia	Immediately
Typhoid Fever, Cases and Carriers	1 day
Typhus Fever	7 days
Varicella (deaths only)	Immediately
Vibrio Infections	1 day
Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)	Immediately
Water-associated Disease	1 day
Yellow Fever	Immediately
Yersiniosis	1 day

1.1 Conditions to be Reported Immediately

Reports for conditions/diseases to be reported immediately should be made by calling the Other Communicable Disease desk at **(661) 868-0510**, or Fax to **868-0261** or after hours call **861-3110**. For outbreaks of any disease the report should specify institutional and/or open community.

1.2 Conditions to be Reported Within One Working Day

Reports for conditions/diseases to be reported within one day should be made by mailing/faxing a report or by telephoning within one working day of identification of the case or suspected case.

1.3 Conditions to be Reported Within Seven (7) Calendar Days

Reports for conditions/diseases to be reported with seven days should be made by mailing/faxing a report or by telephoning within seven calendar days of the identification of the case or suspected case.

2.0 NON-COMMUNICABLE DISEASE/CONDITION REPORTING GUIDELINES

The following diseases/conditions should be reported within seven (7) calendar days from the time

**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Condition/Disease Reporting	INDEX NUMBER 3.29-P	Page 5 of 5
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of identification:

- A. Alzheimer's Disease and Related Conditions
- B. Disorders Characterized by Lapses of Consciousness
- C. Cancer (except skin unless occurring on genitalia, carcinoma in-situ and CIN III of cervix)

3.0 FOLLOW-UP PROCEDURES

The provider must notify the staff who were in contact with these patients/members and recommend follow-up procedures.

4.0 INTERNAL DOCUMENTATION

Copies of all reporting documents related to KHS staff reports are kept on file in the KHS Utilization Management Department.

Attachments:

- ❖ Attachment A: *Confidential Morbidity Report (CMR)*

¹ **Revision 2005-02:** Routine review. **Revision 2002-01:** Revisions made to comply with Emergency Regulations R-58-00E (Disease Reporting to Assess Potential Bioterrorism Events). Name change from Communicable Disease Reporting. Combined all conditions/diseases listed into one table. Changes were not marked if the information was simply moved into the table. **Revision 2000-06:** Routine revision.

² CCR Title 17 §2500(j)

³ Accelerated reporting timeframe requested by the Kern County Health Department.

CONFIDENTIAL MORBIDITY REPORT

NOTE: For STD, Hepatitis, or TB, complete appropriate section below. Special reporting requirements and reportable diseases on back.

DISEASE BEING REPORTED:

Patient's Last Name: _____ Social Security Number: _____
 First Name/Middle Name (or Initial): _____ Birth Date: _____ Age: _____
 Address: Number, Street _____ Apt./Unit Number _____
 City/Town _____ State _____ ZIP Code _____
 Area Code _____ Home Telephone _____ Gender: M F Pregnant? Y N Unk Estimated Delivery Date: _____
 Area Code _____ Work Telephone _____ Patient's Occupation/Setting: Food service Day care Correctional facility
 Health care School Other _____
 Native American/Alaskan Native
 White: _____
 Other: _____

Ethnicity (✓ one)
 Hispanic/Latino
 Non-Hispanic/Non-Latino
 Race (✓ one)
 African-American/Black
 Asian/Pacific Islander (✓ one)
 Asian-Indian Japanese
 Cambodian Korean
 Chinese Laotian
 Filipino Samoan
 Guamanian Vietnamese
 Hawaiian Other _____

DATE OF ONSET
 Month _____ Day _____ Year _____
 DATE DIAGNOSED
 Month _____ Day _____ Year _____
 DATE OF DEATH
 Month _____ Day _____ Year _____

Reporting Health Care Provider
 Reporting Health Care Facility
 Address _____
 City _____ State _____ ZIP Code _____
 Telephone Number _____ Fax _____
 Submitted by _____ Date Submitted _____

REPORT TO
 Kern County Department of Public Health
 1800 Mt. Vernon Ave. Bakersfield, CA 93306
 Between 8 AM and 5 PM
 Phone (661) 868-0510
 FAX (661) 868-0261
 AFTER 5 PM, WEEKENDS & HOLIDAYS
 = & † REPORT IMMEDIATELY BY
 PHONE (661) 324-6551 & PAGE HEALTH
 OFFICER ON CALL.

SEXUALLY TRANSMITTED DISEASES (STD)

Syphilis
 Primary (lesion present) Late latent > 1 year
 Secondary Late (tertiary)
 Early latent < 1 year Congenital
 Latent (unknown duration)
 Neurosyphilis
 Gonorrhea Urethral/Cervical PID Other: _____
 Chlamydia Urethral/Cervical PID Other: _____
 PID (Unknown Etiology)
 Chancroid
 Non-Gonococcal Urethritis

Syphilis Test Results
 RPR Titer: _____
 VDRL Titer: _____
 FTAMHA: Pos Neg
 CSF-VDRL: Pos Neg
 Other: _____

VIRAL HEPATITIS

	Pos	Neg	Pend	Not Done
<input type="checkbox"/> Hep A anti-HAV IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hep B HBsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Acute anti-HBc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chronic anti-HBc IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chronic anti-HBc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hep C anti-HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Acute PCR-HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chronic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hep D (Delta) anti-Delta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STD TREATMENT INFORMATION
 Treated (Drugs, Dosage, Route): _____ Date Treatment Initiated: _____
 Untreated
 Will treat
 Unable to contact patient
 Refused treatment
 Referred to: _____

Suspected Exposure Type
 Blood transfusion Other needle exposure Sexual contact Household contact
 Child care Other: _____

TUBERCULOSIS (TB)

Status
 Active Disease
 Confirmed
 Suspected
 Infected, No Disease
 Converter
 Reactor
 Site(s)
 Pulmonary
 Extra-Pulmonary
 Both

Mantoux TB Skin Test
 Date Performed: _____
 Results: _____ mm Pending Not Done
 Chest X-Ray: _____
 Date Performed: _____
 Normal Pending Not done
 Cavitory Abnormal/Noncavitory

Bacteriology
 Date Specimen Collected: _____
 Source: _____
 Smear: Pos Neg Pending Not done
 Culture: Pos Neg Pending Not done
 Other test(s): _____

TB TREATMENT INFORMATION
 Current Treatment
 INH RIF PZA
 EMS Other: _____
 Date Treatment Initiated: _____
 Untreated
 Will treat
 Unable to contact patient
 Refused treatment
 Referred to: _____

REMARKS

**Title 17, California Code of Regulations (CCR), §2500, §2593, §2641-2643, 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 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, 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 health 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 FAX, telephone, or mail within one working day of identification (designated by a ✉ in regulations).
- = All other diseases/conditions should be reported by FAX, telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(f)(1), §2641-2643

Acquired Immune Deficiency Syndrome (AIDS) (HIV infection only: see "Human Immunodeficiency Virus")			
FAX ✉	<input checked="" type="checkbox"/> Amebiasis	<input checked="" type="checkbox"/>	Paralytic Shellfish Poisoning
FAX ✉	<input checked="" type="checkbox"/> Antisepsis	<input checked="" type="checkbox"/>	Pelvic Inflammatory Disease (PID)
	<input checked="" type="checkbox"/> Anthrax	<input checked="" type="checkbox"/>	Pertussis (Whooping Cough)
FAX ✉	<input checked="" type="checkbox"/> Babesiosis	<input checked="" type="checkbox"/>	Plague, Human or Animal
	<input checked="" type="checkbox"/> Botulism (Infant, Foodborne, Wound)	<input checked="" type="checkbox"/>	Polioomyelitis, Paralytic
	<input checked="" type="checkbox"/> Brucellosis	<input checked="" type="checkbox"/>	Psittacosis
FAX ✉	<input checked="" type="checkbox"/> Campylobacteriosis	<input checked="" type="checkbox"/>	Q Fever
	<input checked="" type="checkbox"/> Chancre	<input checked="" type="checkbox"/>	Rabies, Human or Animal
	<input checked="" type="checkbox"/> Chlamydial Infections	<input checked="" type="checkbox"/>	Relapsing Fever
	<input checked="" type="checkbox"/> Cholera	<input checked="" type="checkbox"/>	Reye Syndrome
	<input checked="" type="checkbox"/> Ciguatera Fish Poisoning	<input checked="" type="checkbox"/>	Rheumatic Fever, Acute
	<input checked="" type="checkbox"/> Coccidioidomycosis	<input checked="" type="checkbox"/>	Rocky Mountain Spotted Fever
FAX ✉	<input checked="" type="checkbox"/> Colorado Tick Fever	<input checked="" type="checkbox"/>	Rubella (German Measles)
FAX ✉	<input checked="" type="checkbox"/> Conjunctivitis, Acute Infectious of the Newborn. Specify Etiology	<input checked="" type="checkbox"/>	Rubella Syndrome, Congenital
FAX ✉	<input checked="" type="checkbox"/> Cryptosporidiosis	<input checked="" type="checkbox"/>	Sakmoneiosis (Other than Typhoid Fever)
	<input checked="" type="checkbox"/> Cysticercosis	<input checked="" type="checkbox"/>	Scombroid Fish Poisoning
	<input checked="" type="checkbox"/> Dengue	<input checked="" type="checkbox"/>	Shigellosis
	<input checked="" type="checkbox"/> Diarrhea of the Newborn, Outbreaks	<input checked="" type="checkbox"/>	Smallpox (Variola)
	<input checked="" type="checkbox"/> Diphtheria	<input checked="" type="checkbox"/>	Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
	<input checked="" type="checkbox"/> Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	<input checked="" type="checkbox"/>	Swimmer's Itch (Schistosomal Dermatitis)
	<input checked="" type="checkbox"/> Echinococcosis (Hydatid Disease)	<input checked="" type="checkbox"/>	Syphilis
	<input checked="" type="checkbox"/> Ehrlichiosis	<input checked="" type="checkbox"/>	Tetanus
FAX ✉	<input checked="" type="checkbox"/> Encephalitis. Specify Etiology: Viral, Bacterial, Fungal, Parasitic	<input checked="" type="checkbox"/>	Toxic Shock Syndrome
	<input checked="" type="checkbox"/> Escherichia coli O157:H7 Infection	<input checked="" type="checkbox"/>	Toxoplasmosis
+ FAX ✉	<input checked="" type="checkbox"/> Foodborne Disease	<input checked="" type="checkbox"/>	Trichinosis
	<input checked="" type="checkbox"/> Giardiasis	<input checked="" type="checkbox"/>	Tuberculosis
	<input checked="" type="checkbox"/> Gonococcal Infections	<input checked="" type="checkbox"/>	Tularemia
FAX ✉	<input checked="" type="checkbox"/> Haemophilus influenzae Invasive Disease	<input checked="" type="checkbox"/>	Typhoid Fever, Cases and Carriers
	<input checked="" type="checkbox"/> Hantavirus Infections	<input checked="" type="checkbox"/>	Typhus Fever
	<input checked="" type="checkbox"/> Hemolytic Uremic Syndrome	<input checked="" type="checkbox"/>	Varicella (deaths only)
	<input checked="" type="checkbox"/> Hepatitis, Viral	<input checked="" type="checkbox"/>	Vibrio Infections
FAX ✉	<input checked="" type="checkbox"/> Hepatitis A	<input checked="" type="checkbox"/>	Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
	<input checked="" type="checkbox"/> Hepatitis B (specify acute case or chronic)	<input checked="" type="checkbox"/>	Water-associated Disease
	<input checked="" type="checkbox"/> Hepatitis C (specify acute case or chronic)	<input checked="" type="checkbox"/>	Yellow Fever
	<input checked="" type="checkbox"/> Hepatitis D (Delta)	<input checked="" type="checkbox"/>	Yersiniosis
	<input checked="" type="checkbox"/> Hepatitis, other, acute	<input checked="" type="checkbox"/>	OCCURRENCE of ANY UNUSUAL DISEASE
	<input checked="" type="checkbox"/> Human Immunodeficiency Virus (HIV) (§2641-2643): reporting is NON-NAME (see www.dhs.ca.gov/aids)	<input checked="" type="checkbox"/>	OUTBREAKS of ANY DISEASE (including diseases not listed in §2500). Specify if institutional and/or open community.
	<input checked="" type="checkbox"/> Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)		
	<input checked="" type="checkbox"/> Legionellosis		
	<input checked="" type="checkbox"/> Leprosy (Hansen Disease)		
	<input checked="" type="checkbox"/> Leptospirosis		
FAX ✉	<input checked="" type="checkbox"/> Listeriosis		
	<input checked="" type="checkbox"/> Lyme Disease		
FAX ✉	<input checked="" type="checkbox"/> Lymphocytic Choriomeningitis		
FAX ✉	<input checked="" type="checkbox"/> Malaria		
FAX ✉	<input checked="" type="checkbox"/> Measles (Rubella)		
FAX ✉	<input checked="" type="checkbox"/> Meningitis. Specify Etiology: Viral, Bacterial, Fungal, Parasitic		
	<input checked="" type="checkbox"/> Meningococcal Infections		
	<input checked="" type="checkbox"/> Mumps		
	<input checked="" type="checkbox"/> Non-Gonococcal Urethritis (Excluding Laboratory Confirmed Chlamydial Infections)		

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800-2812 and §2593(b)

- Alzheimer's Disease and Related Conditions, and Disorders Characterized by Lapses of Consciousness
- Cancer (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix)

LOCALLY REPORTABLE DISEASES (if Applicable):

Giardiasis

* 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 and Safety Code §120295) and is a citable offense under the Medical Board of California's Citation and Fine Program (Title 18, CCR, §1364).