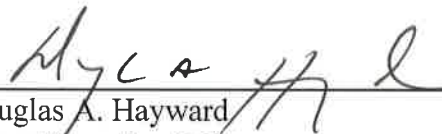





KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Confidential HIV Testing			POLICY #: 3.18-P		
DEPARTMENT: Utilization Management					
Effective Date: 08-1997	Review/Revised Date: 08/22/2014	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	



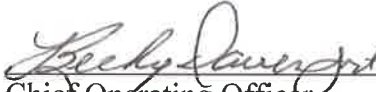
 Douglas A. Hayward
 Chief Executive Officer

Date 8/22/14



 Chief Medical Officer

Date 8/22/14



 Chief Operating Officer

Date 8/21/14




 Director of Provider Relations

Date 8/20/14



 Director of Claims

Date 8/14/14



 Director of Marketing and Member Services

Date 8/11/14



 Director of Health Services

Date 8/7/14

POLICY:

Kern Health Systems (KHS) is responsible to ensure that HIV testing, counseling, and case management services are available to members through in-Plan and out-of-Plan Providers. KHS members may access confidential HIV counseling and testing services through their PCPs, the Kern County Public Health Services Department HIV testing and counseling service (KCPHSD), or any qualified HIV Counseling and Testing Provider in Kern County without

prior authorization. KHS reimburses out-of-Plan Providers at the Medi-Cal fee-for-service rate on the condition that the claim for reimbursement is accompanied by encounter data, confidential test results, and a release or a refusal to release information signed by the member. All providers will refer HIV infected members to a local HIV Case Management Program i.e. the local KCPHSD Care Program or Kern Lifeline Program. Providers will report all AIDS cases to the KCPHSD using a *Confidential Morbidity Report (CMR)* (See Attachment A, or visit www.cdph.ca.gov/pubsforms). Children at risk will be referred to the local California Children's Services (CCS), HIV Program for testing and follow-up.

PROCEDURES:

1.0 PROGRAM GOALS

The goal of the KHS HIV testing and counseling program is to promote and provide easy access for the membership to quality, confidential HIV services.

2.0 HIV TESTING

2.1 Definition of HIV Testing

HIV testing is defined as any clinical or laboratory test that measures the presence or effect of Human Immunodeficiency Virus in a patient. This may include, but is not limited to, HIV antigen or antibody tests, measurement of suppressor and helper T-cells, or other immune markers that have been found to specifically reflect the presence of HIV in a patient.

2.2 Who Should be Tested - Risk Factors

HIV testing should be performed on any adult who reports possible exposure to high risk factors such as:

- A. History of sexually transmitted disease
- B. Multiple sexual partners
- C. History of drug abuse
- D. Receipt of blood transfusions or blood products from 1977-1985
- E. Receipt of blood transfusions or blood products after 1985 and exhibition of symptoms

HIV testing should be performed on all children at risk including:

- A. Infants and children of HIV seropositive mothers
- B. Infants and children of mothers at high risk for HIV infection. Unknown HIV serologic status including:
 - (i) Infants born with a positive drug screen
 - (ii) Infants born to mothers who admit to present or past use of illicit drugs
 - (iii) Infants born with symptoms of drug withdrawal
 - (iv) Infants born to mothers who have known arrests for drug related offenses or prostitution
 - (v) Infants born to mothers with any male partners known to be at high risk for HIV
 - (vi) Any abandoned newborn infant
- C. Sexually abused children and adolescents

- D. Children receiving blood transfusions, blood products between 1977-1985, or symptomatic children receiving blood transfusions since 1985
- E. Adolescents who engage in high-risk behavior including unprotected sexual activity, illicit drug use, or who have had sexually transmitted diseases
- F. Children deemed at high risk by a KHS provider

Any child under age 21 that is confirmed to be HIV positive must be referred to the local CCS program.

2.3 Counseling Requirement

Providers conducting HIV testing must provide pre and post-test counseling to KHS members. Counselors should be qualified and specially trained in the procedures of confidential pre and post-test counseling.

2.4 Consent

An informed, written consent is required from all KHS members prior to testing. This should be obtained during the pre-test counseling session.

2.5 Disclosure of Test Results

Confidential Disclosure of results will occur with members at post-test counseling session in compliance with Health and Safety Code Section §121022.

3.0 ACCESS TO SERVICES

KHS members are informed of their right to access confidential HIV counseling and testing services from their PCPs, the KCPHSD, local Family Planning Providers (via the Member Handbook), New Member orientations, and member newsletters. Providers must be qualified to deliver services and make all reasonable efforts, consistent with current laws and regulations, to report confidential test results to KHS. KHS Member Services directs members to the nearest qualified HIV Services Providers upon member inquiry regarding alternatives to obtaining services from their PCP. Members may access directly the State Department of Health Care Services (DHCS) Office of Family Planning Services at 1-800-942-1054 for a referral to community resources or for consultation.

4.0 PROVIDER DEFINITION

4.1 PCP

Primary Care Providers (PCPs) may provide HIV testing and counseling services. PCPs should identify members at high risk for HIV infection and provide testing or refer the member to an appropriate qualified testing and counseling center. Children identified at risk should be referred for testing and follow-up to the local CCS, HIV Program. The PCP should notify KHS of the CCS referral.

4.2 KCPHSD

Kern County Public Health Services Department sites may provide HIV services to KHS members.

4.3 Family Planning Clinics

Qualified Family Planning Clinics or Providers may deliver confidential HIV services

to KHS members.

4.4 Educational Sites

Family Planning Clinics at Bakersfield Community College or Cal-State Bakersfield University may deliver confidential HIV services to KHS members.

5.0 REFERRAL PROCESS

No prior-authorization is required from KHS to provide confidential HIV testing and counseling services to KHS members. Specialty medical consultation is available by submitting a referral to KHS. See *KHS Policy and Procedure #3.22-P: Referral and Authorization Process* for details. KHS is contracted with all the community specialists necessary for HIV and case management.

6.0 TRACKING AND REPORTING

All Providers and laboratories must report HIV and AIDS cases to the Kern County Public Health Service's health officer. Cases of HIV and AIDS infection must be reported by member's name¹. All reports containing personal information shall be sent to the local health officer or his/her designee, by courier service, U.S. Postal Service Express or registered mail or other traceable mail or person-to-person. Reports are not to be e-mailed, sent by fax, or sent by non-traceable mail to the local health officer². Voluntary partner notification will be carried out by the KCPHSD at the request of PCPs.

7.0 HIV CASE MANAGEMENT SERVICES

Following positive testing and counseling, all Providers should recommend and initiate a referral to a HIV Case Management Program such as the Kern County Public Health Services Department or the Kern Lifeline Program at the 34th Street Community Health Center. All services are confidential for the member and there are no charges. Members may continue to see their PCP's for routine care but should be strongly counseled to participate in one of the following Programs for Case Management services.

KCPHSD Care Program
1800 Mt. Vernon Avenue
661-321-3000
Attention: Martha Salcedo

Kern Lifeline Program
2000 Physicians Plaza Blvd.
661-324-3262
Program Coordinator

8.0 COORDINATION OF CARE

8.1 PCP

Primary Care Providers should develop a treatment plan, which is consistent with community medical standards of care for HIV-infected persons in accordance with CDC standards (available from Kern County Public Health Services Department HIV Program). Primary Care Providers should make any necessary specialty referrals that result from positive HIV test results by following the KHS referral process. See *KHS Policy and Procedure #3.22-P: Referral and Authorization Process* for details. PCPs should continue to provide services to KHS members who test positive within the scope of their practice. PCPs should report all AIDS cases to the KCPHSD using the *CMR card* and refer HIV-infected members to the local HIV Case Management Programs for HIV Case Management. (See Attachment A).

8.2 KCPHSD and FAMILY PLANNING CLINICS

The Kern County Public Health Services Department and qualified Family Planning Clinics or testing Centers should refer KHS members back to their PCPs for any necessary routine medical follow-up care required as a result of HIV services provided as well as refer HIV infected members to the local KCPHSD for HIV case management. Necessary medical records should be provided to KHS and KCPHSD in order to conduct appropriate case management. Clinics should report all AIDS cases to the KCPHSD using *CMR cards*.

9.0 PROVIDER TRAINING AND EDUCATION

KHS Providers are kept informed of KHS Policy and Procedure changes regarding confidential HIV testing and counseling through KHS Provider Newsletters from the KHS Chief Medical Officer or designee. The KCPHSD sends updates on treatment and changes in Federal or State laws to all Kern County Health Care Providers. The County Office of Aids is available to community HIV service Providers and should be contacted at 661-321-3000 to obtain information, literature for distribution, or education on the following:

- A. Women and HIV
- B. Transmission, risk assessment, and risk reduction techniques
- C. HIV testing and counseling procedures
- D. Universal Precautions
- E. Requests for testing of suspected patients with HIV
- F. Referrals to public health, case management, and follow-up of HIV patients
- G. Updates on HIV

10.0 CONFIDENTIALITY

Providers are responsible for protecting the confidentiality of the clinical information regarding HIV services and tests results. The Providers should maintain a separate section of their clinical records, such as an envelope, which is clearly marked confidential and must have internal Policy and Procedures to access this information. All Providers are required to comply with applicable State and Federal regulations concerning confidentiality of HIV clinical information. KHS monitors compliance through on-site medical record audits of participating Providers.

10.1 Release of Test Results

In order to comply with California laws on Confidentiality of Medical information, Providers must obtain a written authorization to disclose HIV test results prior to submitting those results to KHS.

11.0 REIMBURSEMENT

Reimbursement from KHS is made in accordance with DHCS mandated Medi-Cal fee-for service rates. Claims should be submitted to KHS according to *KHS Policy and Procedure # 6.01-P: Claims Submission and Reimbursement*. Encounter data and properly released information or patient's refusal to release information documentation must accompany claim in order to receive payment.

12.0 LINK TO KHS INTERNAL ORGANIZATION

KHS Member Services Staff inform KHS members of their right to access out-of-Plan Providers for HIV testing and counseling services while promoting access to KHS PCPs for these same services. Provider Relations and the KHS Chief Medical Officer or designee educate KHS PCPs on current Policy and Procedure as well as changes in Federal or State laws.

Utilization Management coordinates necessary referrals to KHS contracted specialists for services necessary for treatment out of the scope of services of KHS PCPs. Member Health Education refers members identified as high risk to appropriate health education services within the community.

ATTACHMENTS:

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

REFERENCE:

Revision 2014-07: Policy reviewed/revised to bring up to date. **Revision 2010-06:** UM Supervisor updated referral contact information. Additional revision or deletions provided by QI Director. Notice of Emergency Rulemaking by DHS-Reporting HIV Infection by Name (12/28/06). Health and Safety Code, Section 120980; KHS and KCHD MOU.

¹ Emergency Rulemaking Title 17, California Code of Regulations. H&S Code 121022 effective April 17, 2006.

² DHS Emergency Rulemaking R-06-014E, December 28, 2006.

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 <input style="width: 100%;" type="text"/>		Social Security Number <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>		Ethnicity (✓ one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	
First Name/Middle Name (or initial) <input style="width: 100%;" type="text"/>		Birth Date Month <input style="width: 20%;" type="text"/> Day <input style="width: 20%;" type="text"/> Year <input style="width: 20%;" type="text"/>		Age <input style="width: 20%;" type="text"/>	
Address: Number, Street <input style="width: 100%;" type="text"/>				Apt./Unit Number <input style="width: 100%;" type="text"/>	
City/Town <input style="width: 100%;" type="text"/>		State <input style="width: 20%;" type="text"/>		ZIP Code <input style="width: 20%;" type="text"/>	
Area Code <input style="width: 20%;" type="text"/> Home Telephone <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	
Area Code <input style="width: 20%;" type="text"/> Work Telephone <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>		Patient's Occupation/Setting <input type="checkbox"/> Food service <input type="checkbox"/> Day care <input type="checkbox"/> Correctional facility <input type="checkbox"/> Health care <input type="checkbox"/> School <input type="checkbox"/> Other _____		Estimated Delivery Date Month <input style="width: 20%;" type="text"/> Day <input style="width: 20%;" type="text"/> Year <input style="width: 20%;" type="text"/>	
				Race (✓ one) <input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian/Pacific Islander (✓ one): <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> White: _____ <input type="checkbox"/> Other: _____	

DATE OF ONSET Month <input style="width: 20%;" type="text"/> Day <input style="width: 20%;" type="text"/> Year <input style="width: 20%;" type="text"/>		Reporting Health Care Provider <input style="width: 100%;" type="text"/>		REPORT TO	
DATE DIAGNOSED Month <input style="width: 20%;" type="text"/> Day <input style="width: 20%;" type="text"/> Year <input style="width: 20%;" type="text"/>		Reporting Health Care Facility <input style="width: 100%;" type="text"/>			
DATE OF DEATH Month <input style="width: 20%;" type="text"/> Day <input style="width: 20%;" type="text"/> Year <input style="width: 20%;" type="text"/>		Address <input style="width: 100%;" type="text"/>			
		City <input style="width: 20%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code <input style="width: 20%;" type="text"/>			
		Telephone Number () () () () () () Fax () () () () () ()			
		Submitted by <input style="width: 100%;" type="text"/> Date Submitted (Month/Day/Year) <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>		(Obtain additional forms from your local health department.)	

SEXUALLY TRANSMITTED DISEASES (STD) Syphilis <input type="checkbox"/> Primary (lesion present) <input type="checkbox"/> Late latent > 1 year <input type="checkbox"/> Secondary <input type="checkbox"/> Late (tertiary) <input type="checkbox"/> Early latent < 1 year <input type="checkbox"/> Congenital <input type="checkbox"/> Latent (unknown duration)			Syphilis Test Results <input type="checkbox"/> RPR Titer: _____ <input type="checkbox"/> VDRL Titer: _____ <input type="checkbox"/> FTA/MHA: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> CSF-VDRL: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Other: _____			VIRAL HEPATITIS <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th></th> <th></th> <th>Pos</th> <th>Neg</th> <th>Pend</th> <th>Not Done</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Hep A</td> <td>anti-HAV IgM</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="3"><input type="checkbox"/> Hep B</td> <td>HBsAg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>anti-HBc</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>anti-HBc IgM</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="2"><input type="checkbox"/> Hep C</td> <td>anti-HCV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>PCR-HCV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="2"><input type="checkbox"/> Hep D (Delta)</td> <td>anti-Delta</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other: _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>					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"/>	anti-HBc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-HBc IgM	<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"/>	PCR-HCV	<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"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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TUBERCULOSIS (TB) Status <input type="checkbox"/> Active Disease <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Infected, No Disease <input type="checkbox"/> Converter <input type="checkbox"/> Reactor		Mantoux TB Skin Test Month <input style="width: 20%;" type="text"/> Day <input style="width: 20%;" type="text"/> Year <input style="width: 20%;" type="text"/> Date Performed <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> Results: _____ mm <input type="checkbox"/> Pending <input type="checkbox"/> Not Done		Bacteriology Month <input style="width: 20%;" type="text"/> Day <input style="width: 20%;" type="text"/> Year <input style="width: 20%;" type="text"/> Date Specimen Collected <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> Source _____ Smear: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pending <input type="checkbox"/> Not done Culture: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pending <input type="checkbox"/> Not done Other test(s) _____		TB TREATMENT INFORMATION <input type="checkbox"/> Current Treatment <input type="checkbox"/> INH <input type="checkbox"/> RIF <input type="checkbox"/> PZA <input type="checkbox"/> EMB <input type="checkbox"/> Other: _____ Date Treatment Initiated Month <input style="width: 20%;" type="text"/> Day <input style="width: 20%;" type="text"/> Year <input style="width: 20%;" type="text"/> <input type="checkbox"/> Untreated <input type="checkbox"/> Will treat <input type="checkbox"/> Unable to contact patient <input type="checkbox"/> Refused treatment <input type="checkbox"/> Referred to: _____	
Site(s) <input type="checkbox"/> Pulmonary <input type="checkbox"/> Extra-Pulmonary <input type="checkbox"/> Both		Chest X-Ray Month <input style="width: 20%;" type="text"/> Day <input style="width: 20%;" type="text"/> Year <input style="width: 20%;" type="text"/> Date Performed <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input type="checkbox"/> Normal <input type="checkbox"/> Pending <input type="checkbox"/> Not done <input type="checkbox"/> Cavitory <input type="checkbox"/> Abnormal/Noncavitory					

REMARKS

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 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)(1)]

- ☎ = 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(1)(1)

- Acquired Immune Deficiency Syndrome (AIDS) (HIV Infection only: see "Human Immunodeficiency Virus")
Amebiasis
Anaplasmosis/Ehrlichiosis
Anthrax
Avian Influenza (human)
Babesiosis
Botulism (Infant, Foodborne, Wound)
Brucellosis
Campylobacteriosis
Chancroid
Chickenpox (only hospitalizations and deaths)
Chlamydia trachomatis infections, including Lymphogranuloma Venereum (LGV)
Cholera
Ciguatera Fish Poisoning
Coccidioidomycosis
Colorado Tick Fever
Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
Cryptosporidiosis
Cysticercosis or Taeniasis
Dengue
Diphtheria
Domestic Acid Poisoning (Amnesic Shellfish Poisoning)
Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
Escherichia coli: shiga toxin producing (STEC) including E. coli O157
Foodborne Disease
Giardiasis
Gonococcal Infections
Haemophilus influenzae invasive disease (report an incident less than 15 years of age)
Hantavirus Infections
Hemolytic Uremic Syndrome
Hepatitis, Viral
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
Listeriosis
Lyme Disease
Malaria
Measles (Rubella)
Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
Meningococcal Infections
Mumps
Paralytic Shellfish Poisoning
Pelvic Inflammatory Disease (PID)
Pertussis (Whooping Cough)
Plague, Human or Animal

- Poliovirus Infection
Psittacosis
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 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)
Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
Syphilis
Tetanus
Toxic Shock Syndrome
Trichinosis
Tuberculosis
Tularemia
Typhoid Fever, Cases and Carriers
Typhus Fever
Vibrio Infections
Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
Water-Associated Disease (e.g., Swimmer's Itch or Hot Tub Rash)
West Nile Virus (WNV) Infection
Yellow Fever
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 Losses 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):

Empty rectangular box for locally reportable diseases.

* 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 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.