

Amendments to Title 17 Regarding the Reporting of Diseases That May Be Spread Through Bioterrorism

Amend Section 2500 to read:

**Section 2500. Reporting to the Local Health Authority**

(a) through (i) remain unchanged.

j. Health care providers shall submit reports for the following diseases or conditions

Acquired Immune Deficiency Syndrome (AIDS)

+ Amebiasis

+ Anisakiasis

u Anthrax

+ Babesiosis

u Botulism (Infant, Foodborne, Wound, Other)

u Brucellosis

+ Campylobacteriosis

Chancroid

Chlamydial Infections

u Cholera

u Ciguatera Fish Poisoning

Coccidioidomycosis

+ Colorado Tick Fever

+ Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology

+ Cryptosporidiosis

Cysticercosis

u Dengue

u Diarrhea of the Newborn, Outbreaks

u Diphtheria

u Domoic Acid Poisoning (Amnesic Shellfish Poisoning)

Echinococcosis (Hydatid Disease)

Ehrlichiosis

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

u *Escherichia coli* O157:H7 Infection

+? Foodborne Disease

Giardiasis

Gonococcal Infections

+ *Haemophilus influenzae*, Invasive Disease

u Hantavirus Infections

u 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

Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)

Legionellosis

Leprosy (Hansen Disease)

Leptospirosis

+ Listeriosis

Lyme Disease

+ Lymphocytic Choriomeningitis

+ Malaria

+ Measles (Rubeola)

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

u Meningococcal Infections

Mumps

Non-Gonococcal Urethritis (Excluding Laboratory Confirmed Chlamydial Infections)

- u Paralytic Shellfish Poisoning
- Pelvic Inflammatory Disease (PID)
- + Pertussis (Whooping Cough)
- u Plague, Human or Animal
- + Poliomyelitis, Paralytic
- + Psittacosis
- + Q Fever
- u Rabies, Human or Animal
- + Relapsing Fever
- Reye Syndrome
- Rheumatic Fever, Acute
- Rocky Mountain Spotted Fever
- Rubella (German Measles)
- Rubella Syndrome, Congenital
- + Salmonellosis (Other than Typhoid Fever)
- u Scombroid Fish Poisoning
- + Shigellosis
- u Smallpox (Variola)
- + Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
- + Swimmer's Itch (Schistosomal Dermatitis)
- + Syphilis
- Tetanus
- Toxic Shock Syndrome
- Toxoplasmosis
- + Trichinosis
- + Tuberculosis
- u Tularemia
- + Typhoid Fever, Cases and Carriers
- Typhus Fever
- u Varicella (deaths only)
- + *Vibrio* Infections
- u Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
- + Water-associated Disease
- u Yellow Fever
- + Yersiniosis

**u OCCURRENCE of ANY UNUSUAL DISEASE**

u **OUTBREAKS of ANY DISEASE** (Including diseases not listed in Section 2500).

Specify if institutional and/or open community.

(u ) = to be reported immediately by telephone.

(+) = to be reported by mailing a report, telephoning, or electronically transmitting a report within one (1) working day of identification of the case or suspected case.

(No diamond or cross symbol) = to be reported within seven (7) calendar days by mail, telephone, or electronic report from the time of identification.

(? ) = when two (2) 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.

NOTE: Authority cited: Sections 200, 207, 208 and 3123, 100180, 100275, 120125 and 120130, Health and Safety Code. Reference: Sections 200, 207, 211, 304.5, 1603.1, 3053, 3110, 3123, 3124, 3125, 3131, and 3132, 100180, 100325, 103925, 113150, 113155, 120125, 120130, 120140, 120175, 120245 and 120250, Health and Safety Code; Sections 551, 554 and 555, Business and Professions Code; Section 1798.3, Civil Code; 42 U.S.C. Sections 290ee-3 and 290dd-3; 42 C.F.R. Sections 2.11 and 2.12; Cal. Const., art. 1, Section 1; and Section 1040 of the Evidence Code.

(2) Amend §2502 to read:

**Section 2502. Reports by Local Health Officer to State Department of Health Services**

a. remains unchanged

(b) Individual Case and Outbreak Reports: For the diseases listed below, the local health officer shall prepare and send to the Department along with the summary report described in (a) above an individual case or outbreak report for each individual case/outbreak of those diseases which the Department has identified as requiring epidemiological analysis reported pursuant to Section 2500. At the discretion of the Director, the required individual case/outbreak report may be either a Confidential Morbidity Report (PM-110 1/90), its electronic equivalent or a hard copy 8.5x11 inch individual case/outbreak report form. The Weekly Morbidity by Place of Report form (DHS 8245 (11/95)) indicates which format to use. Each individual case report shall include the following: (1) verification of information reported pursuant to Section 2500; (2) information on the probable source of infection, if known; (3) laboratory or radiologic findings, if any; (4) clinical signs and/or symptoms, if applicable; and (5) any known epidemiological risk factors. The Department or CDC have has prepared forms that may be used for many of the diseases requiring individual case reports. Where a form exists, its identification number is listed in parentheses next to the diseases listed below. Copies of these case report forms are available from the Department's Division of Communicable Disease Control. An individual case report is required for the following diseases:

Acquired Immune Deficiency Syndrome (AIDS) (CDC 50.42B)  
Anthrax (ACD-152)  
Botulism (Infant, Foodborne, Wound, Other) (ACD-153)  
Brucellosis (262-101)  
Cholera (CDC 52.79)  
Cysticercosis (pending)  
Diarrhea of the Newborn, Outbreaks (262-504)  
Diphtheria (262-505)  
*Escherichia coli* O157:H7 Infection (pending)  
Foodborne Disease Outbreak (CDC 52.13)  
*Haemophilus influenzae*, Invasive Disease (DHS 8449)  
Hantavirus Infections (pending)  
Hemolytic Uremic Syndrome (pending)  
Hepatitis A (CDC 53.1)  
Hepatitis B, acute only (CDC 53.1)  
Hepatitis C, acute only (CDC 53.1)  
Hepatitis D (Delta), acute only (CDC 53.1)  
Hepatitis, any other acute viral type (CDC 53.1)  
Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome) (DHS 8468)  
Legionellosis (CDC 52.56)  
Leprosy (Hansen Disease) (CDC 52.18)  
Leptospirosis (262-102)  
Listeriosis (DHS 8296)  
Lyme Disease (DHS 8470)  
Malaria (CDC 54.1)  
Measles (Rubeola) (DHS 8345)  
Meningococcal Infections (DHS 8469)  
Outbreak of Disease Report (DHS 262-501)  
Pelvic Inflammatory Disease (PID)  
Pertussis (Whooping Cough) (DHS 8258)  
Plague (CDC 56.37)  
Poliomyelitis, Paralytic (DHS 8421)  
Psittacosis (8023-005)  
Q Fever (262-101)  
Rabies, Human or Animal (Humans 262-105; Animals PM 102)  
Relapsing Fever (262-107)  
Reye Syndrome (CDC 55.8)  
Rocky Mountain Spotted Fever (CDC 55.1)  
Rubella (German Measles) (PM 358; for Congenital Rubella, CDC 71.17)  
Smallpox (pending)  
Streptococcal Outbreaks and Individual Cases in Food Handlers and Dairy Workers Only  
Syphilis (for Congenital Syphilis, CDC 73.126)  
Tetanus (CDC 71.15)  
Toxic Shock Syndrome (CDC 52.3)

Trichinosis (CDC 54.7)  
Tuberculosis (CDC 72.9 A, B, and C)  
Tularemia (262-101)  
Typhoid Fever, Cases and Carriers (Cases, CDC 52.5; Carriers, CDC 4.383)  
Typhus Fever (262-107)  
Unusual Disease Report (DHS 262-501)  
Varicella, Deaths Only (pending)  
*Vibrio* Infections (CDC 52.79)  
Viral Hemorrhagic Fevers (pending)  
Waterborne Disease Outbreak (CDC 52.12)  
Yellow Fever

(c) Immediate Reports: Cases and suspect cases of anthrax, botulism, brucellosis, cholera, dengue, diarrhea of the newborn (outbreaks), diphtheria, dengue, plague, human rabies (human only), smallpox (variola), tularemia, varicella deaths, viral hemorrhagic fevers, and yellow fever, occurrence of any unusual diseases, and outbreaks of any disease are to be reported by the local health officer to the Director immediately by telephone.

(d) through (g) remain unchanged.

NOTE: Authority cited: Sections 207, 208, and 3123, 100180, 100275, and 120130, Health and Safety Code; and Section 555 (b), Business and Professions Code. Reference: Sections 7, 200, 207, 211, 211.5, 304.5, 410, 1603.1, 3051, 3053, 3110, 3122, 3123, 3124, 3125, 3131, and 3132, 100180, 100325, 100330, 103925, 113150, 113155, 120125, 120130, 120140, 120145, 120175, 120190, 120245, and 120250, Health and Safety Code; and Sections 551, 554, and 555 Business and Professions Code; Sections 11181 and 11182, Government Code; 42 U.S.C. Sections 290ee-3 and 290dd-3; 42 C.F.R. Sections 2.11 and 2.12; Cal. Const. art.1, Section 1; Section 1040 of the Evidence Code; and Section 1798.3, Civil Code.

(3) Amend Section 2505 to read:

#### **Section 2505. Notification by Laboratories**

(a) To assist the local health officer, the laboratory director, or the laboratory director's designee, of a clinical laboratory, an approved public health laboratory or a veterinary laboratory in which a laboratory examination of any specimen derived from the human body (or from an animal, in the case of rabies or plague testing) yields microscopical, cultural, immunological, serological, or other evidence suggestive of those diseases listed in subsections (e)(1) and (e)(2) below, shall report such findings to the health officer of the local health jurisdiction where the health care provider who first submitted the specimen is located, within one working day from the time that the laboratory notifies that health care provider or other person authorized to receive the report.

For those diseases listed in subsection (e)(1), the report of such findings shall be made within one hour after the laboratory notifies the health care provider or other person authorized to receive the report. If the laboratory that makes the positive finding received the specimen from another laboratory, the laboratory making the positive finding shall notify the health officer of the jurisdiction in which the health care provider is located within one working day hour from the time the laboratory notifies the referring laboratory that submitted the specimen.

For those diseases listed in subsection (e)(2), the report of such findings shall be made within one working day from the time that the laboratory notifies the health care provider or other person authorized to receive the report. If the laboratory that makes the positive finding received the specimen from another laboratory, the laboratory making the positive finding shall notify the health officer of the jurisdiction in which the health care provider is located within one working day from the time the laboratory notifies the referring laboratory that submitted the specimen.

To permit local health officer follow-up of laboratory findings, all specimens submitted for laboratory tests or examinations related to a disease or condition listed in subsections 2505(e)(1) or 2502(e)(2) shall be accompanied by a test requisition which includes the name, gender, and age or date of birth of the person from whom the specimen was obtained and the name, address and telephone number of the health care provider or other authorized person who submitted the specimen. Whenever the specimen, or an isolate therefrom, is transferred between laboratories, a test requisition with the above patient and submitter

information shall accompany the specimen. The laboratory that first receives a specimen shall be responsible for obtaining the patient and submitter information at the time the specimen is received by that laboratory.

Each notification to the local health officer shall include be in writing and give the date the specimen was obtained, the patient identification number, the specimen accession number or other unique specimen identifier, the laboratory findings for the test performed, the date that any positive laboratory findings were identified, the name, gender, address, telephone number (if known), and age or date of birth of the person from whom the specimen was obtained, and the name, address, and telephone number of the health care provider for whom such examination or test was performed. A legible copy of a laboratory report containing all of the above information will satisfy the purpose of this regulation.

The notification shall be submitted as specified in subsections (e)(1) and (e)(2) of this Section either by courier, mail, or electronic facsimile to the local health officer in the jurisdiction where the health care provider who submitted the specimen is located. When the specimen is from an out-of-state submitter, the state epidemiologist of the submitter shall be provided the same positive findings within one working day from the time the health care provider is notified per subsections (e)(1) and (e)(2) of this Section. If the laboratory that finds evidence for any of those diseases listed in subsections (e)(1) and (e)(2) is an out-of-state laboratory, the California clinical laboratory that receives a report of such findings from the out-of-state laboratory shall notify the local health officer in the same way as if the finding had been made by the California laboratory.

The diseases to which this Section applies are: Laboratory reports to the local health officer shall include the information as specified in (c) of this Section and laboratories shall submit the reports within the following timeframes:

Chlamydial infections  
Cryptosporidiosis  
Diphtheria  
Encephalitis, arboviral  
*Escherichia coli* O157:H7 infection  
Gonorrhea  
Hepatitis A, acute infection, by IgM antibody test or positive viral antigen test  
Hepatitis B, acute infection by IgM anti-HBc antibody test  
Hepatitis B surface antigen positivity (specify gender)  
Listeriosis  
Malaria  
Measles (Rubeola), acute infection, by IgM antibody test or positive viral antigen test  
Plague, animal or human  
Rabies, animal or human  
Syphilis  
Tuberculosis  
Typhoid  
*Vibrio* species infections

(1) The diseases specified shall be reported within one hour after the health care provider or other person authorized to receive the report has been notified. Laboratories shall make the initial reports to the local health officer by telephone and follow the initial report within one working day by a report in writing submitted by electronic facsimile transmission or electronic mail to the local health officer. The diseases reported pursuant to this requirement are:

Anthrax  
Botulism  
Brucellosis  
Plague, animal or human  
Smallpox (Variola)  
Tularemia

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

The diseases specified shall be reported within one working day after the health care provider or other person authorized to receive the report has been notified. Laboratories shall transmit these reports to the

local health officer by courier, mail, electronic facsimile or electronic mail. The diseases reported pursuant to this requirement are:

Chlamydial infections

Cryptosporidiosis

Diphtheria

Encephalitis, arboviral

Escherichia coli O157:H7 infection

Gonorrhea

Hepatitis A, acute infection, by IgM antibody test or positive viral antigen test

Hepatitis B, acute infection, by IgM anti-HBc antibody test

Hepatitis B surface antigen positivity (specify gender)

Listeriosis

Malaria

Measles (Rubeola), acute infection, by IgM antibody test or positive viral antigen test

Rabies, animal or human

Syphilis

Tuberculosis

Typhoid

Vibrio species infections

through (j) remain unchanged.

NOTE: Authority cited: Sections 207, 208, 304.6 and 13123 100180, 100275, 120130 and 125095, Health and Safety Code. Reference: Sections 200, 207, 304.7, 3053, 3110, 3123, 3194, and 3285, 100180, 120125, 120130, 120140, 120175, 120575, 121365 and 125100, Health and Safety Code; Sections 1209, 1246.5 and 1288, Business and Professions Code; Cal. Const. art. 1, Section 1; and Section 1040 of the Evidence Code.

(4) Amend Section 2551 to read:

**Section 2551. Anthrax. Cases and Suspect Cases to Be Reported by Telephone.**

(See Section 2502(c).)

Patient. The patient shall be isolated in accordance with Section 2518 until the lesions have healed. Wound isolation precautions shall be instituted until lesions are free of anthrax bacilli. There are no restrictions on contacts.

Laboratory. Whenever a laboratory receives a specimen for the laboratory diagnosis of suspected human anthrax, such laboratory shall communicate immediately by telephone with the Microbial Diseases Laboratory of the State Department of Health Services for instruction.

NOTE: Authority cited: Sections 100180, 100275, 120130 and 120145, Health and Safety Code. Reference: Sections 120130, 120175, 120190, 120195 and 120215, Health and Safety Code.

(5) Amend §2552 to read:

**Section 2552. Botulism. Cases and Suspect Cases to Be Reported by Telephone or Telegraph.**

(See Section 2501.2502(c).) The health officer shall make an immediate investigation of every case or suspected case of botulism in an effort to establish the diagnosis and determine the source. In the event that a commercial food product is suspected as the source, special instructions will be given by the State Department of Health Services. The local health officer shall take all necessary steps to prevent distribution and consumption of the suspected food. There are no restrictions on case or contacts. Whenever a laboratory receives a specimen for the laboratory diagnosis of suspected human botulism, such laboratory shall communicate immediately by telephone with the Microbial Diseases Laboratory of the Department of Health Services for instruction.

NOTE: Authority cited: Sections 100180, 100275 and 120130, Health and Safety Code. Reference: Sections 100180, 100275, 120175, 120185 and 120190, Health and Safety Code.

(6) Amend Section 2553 to read:

**Section 2553. Brucellosis (Undulant Fever). Cases and Suspect Cases to Be Reported by Telephone.**

(See Section 2502(c).) There are no restrictions on case or contacts. Whenever a laboratory receives a specimen for the laboratory diagnosis of suspected human brucellosis, such laboratory shall communicate immediately by telephone with the Microbial Diseases Laboratory of the Department of Health Services for instruction.

NOTE: Authority cited: Sections 100180, 100275 and 120130, Health and Safety Code. Reference: Sections 100180, 100275, 120185 and 120190, Health and Safety Code.

(7) Amend Section 2596 to read:

**Section 2596. Plague. Cases and Suspect Cases to Be Reported by Telephone or Telegraph.**

(See Section 2501\_2502(c).)

All laboratory specimens submitted for the purpose of establishing a diagnosis shall be examined only in such laboratories as may be designated by the Director of the State Department of Public Health Services. Whenever a laboratory receives a specimen for the laboratory diagnosis of suspected human plague, such laboratory shall communicate immediately by telephone or telegraph with the State Department of Health Services Microbial Diseases Laboratory for instruction.

and (c) remain unchanged.

NOTE: Authority cited: Sections 100180, 100275, 120130 and 120145, Health and Safety Code. Reference: Sections 100180, 100275, 120145, 120190, 120215 and 120240, Health and Safety Code.

(8) Amend Section 2614 to read:

**Section 2614. Smallpox (Variola). Cases and Suspect Cases to Be Reported by Telephone or Telegraph.**

(See Section 2501\_2502(c).)

Patient. The patient shall be isolated in accordance with Section 2516 until the scabs have separated and the scars have completely healed.

Household Contacts. Household contacts shall be quarantined for at least 16 17 days after last exposure, except that the local health officer may, at his discretion, when the patient is properly isolated, release from quarantine persons who shall submit to vaccination against smallpox and prove to the satisfaction of the local health officer that the vaccination is successful. Such persons shall remain in quarantine until released by the local health officer.

Casual Contacts. A person who has been exposed to the risk of contracting the disease by proximity to a case or to a suspected case of smallpox, shall be quarantined for a period not less than 16 17 days from the last date of exposure. Such persons may be released from quarantine if evidence of protection against smallpox is established to the satisfaction of the local health officer.

Vaccination. It shall be the duty of the The local health officer to shall provide at public expense, as available, free smallpox vaccination for all persons who have been exposed to a case or suspected case of smallpox. The local health officer shall take appropriate measures to encourage and facilitate a continuing program of vaccination against smallpox.

Laboratory. Whenever a laboratory receives a specimen for the laboratory diagnosis of smallpox (variola), such laboratory shall communicate immediately by telephone with the State Department of Health Services Viral and Rickettsial Disease Laboratory for instruction.

NOTE: Authority cited: Sections 100180, 100275, 120130 and 120145, Health and Safety Code. Reference: Sections 100180, 100275, 120130, 120190, 120195 and 120215, Health and Safety Code.

(9) Amend Section 2626 to read:

**Section 2626. Tularemia. Cases and Suspect Cases to Be Reported by Telephone.**

(See Section 2502(c).)

There are no restrictions on case or contacts. Whenever a laboratory receives a specimen for the laboratory diagnosis of suspected human tularemia, such laboratory shall communicate immediately by telephone with the State Department of Health Services Microbial Diseases Laboratory for instruction.

NOTE: Authority cited: Sections 100180, 100275 and 120130, Health and Safety Code. Reference: Sections 100180, 100275, 120130 and 120190, Health and Safety Code.

(10) Adopt Section 2638 to read:

**Section 2638. Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses). Cases and Suspect Cases to Be Reported by Telephone.**

(See Section 2502(c).)

Patient. The patient shall be isolated in accordance with Section 2516. Strict barrier isolation and patient blood, secretion and excreta precautions shall be enforced. The patient shall be instructed to refrain from unprotected sexual activity until secretions are free of virus or for 3 months after illness onset. Laboratory. Whenever a laboratory receives a specimen for laboratory diagnosis of suspected viral hemorrhagic fevers, such laboratory shall communicate immediately by telephone with the State Department of Health Services Viral and Rickettsial Disease Laboratory for instructions.

NOTE: Authority cited: Sections 100180, 100275, 120130, 120145 and 120175, Health and Safety Code. Reference: Sections 100180, 100275, 120130, 120185, 120190, 120195, 120215 and 120240, Health and Safety Code