

Title 17, California Code of Regulations, Section 2502

17 CCR § 2502

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Title 17. Public Health

Division 1. State Department of Health Services ([Refs & Annos](#))

Chapter 4. Preventive Medical Service ([Refs & Annos](#))

Subchapter 1. Reportable Diseases and Conditions

Article 1. Reporting

➔ § 2502. Reports by Local Health Officer to State Department of Public Health.

(a) Summary Reports: Each local health officer shall report at least weekly, on the Weekly Morbidity by Place of Report form to the Director the number of cases of those diseases, conditions, unusual diseases or outbreaks of disease reported pursuant to Section 2500. Copies of the form are available from the Department's Division of Communicable Disease Control.

(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, its electronic equivalent or a hard copy 8.5x11 inch individual case/outbreak report form. The Weekly Morbidity by Place of Report form 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 has prepared forms that may be used for many of the diseases requiring individual case reports. 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)

Anthrax, human

Botulism (Infant, Foodborne, Wound, Other)

Brucellosis, human

Chickenpox (Varicella) deaths (separate reporting form required)

Chickenpox (Varicella) hospitalizations (separate reporting form required)

Cholera

Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)

Cyclosporiasis

Cysticercosis

Diphtheria

Escherichia coli: shiga toxin producing (STEC) including *E. coli* O157

Foodborne Disease Outbreak

Haemophilus influenzae, Invasive Disease

Hantavirus Infections

Hemolytic Uremic Syndrome

Hepatitis A, acute infection

Hepatitis B, acute only

Hepatitis C, acute only

Hepatitis D (Delta), acute infection

Hepatitis E, acute infection

Influenza, deaths in laboratory-confirmed cases for ages 0-64 years

Influenza, novel strains (human)

Legionellosis

Leprosy (Hansen Disease)

Leptospirosis

Listeriosis

Lyme Disease

Malaria

Measles (Rubeola)

Meningococcal Infections

Outbreak of Disease Report

Pelvic Inflammatory Disease

Pertussis (Whooping Cough)

Plague, human

Poliovirus Infection

Psittacosis

Q Fever

Rabies, human or animal (separate reporting forms required for human and animal cases)

Relapsing Fever

Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses)

Rocky Mountain Spotted Fever

Rubella (German Measles) (a separate form is used for Congenital Rubella)

Severe Acute Respiratory Infection (SARS)

Shiga toxin (detected in feces)

Smallpox

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 Outbreaks and Individual Cases in Food Handlers and Dairy Workers Only

Syphilis

Tetanus

Toxic Shock Syndrome

Trichinosis

Tuberculosis

Tularemia, human

Typhoid Fever, Cases and Carriers (separate reporting forms required for cases and carriers)

Unusual Disease Report

Vibrio Infections

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

Waterborne Disease Outbreak

West Nile virus infection, acute

Yellow Fever

(c) Immediate Reports: Cases and suspect cases of anthrax (human or animal), botulism, brucellosis (human only), cholera, dengue, diphtheria, measles (rubeola), plague (human or animal), rabies (human only), smallpox (variola), tularemia (human only), varicella deaths, viral hemorrhagic fevers (human or animal), 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) Upon request of the Department, the local health officer shall submit an individual case report for any disease not listed in subsection (b) above.

(e) During any special morbidity and mortality study requested under Section 2501, the local health officer shall be the Director's agent for purposes of carrying out the powers conferred under [Government Code Section 11181](#).

(f) Confidentiality. Information reported pursuant to this section is acquired in confidence and shall not be disclosed by the local health officer except as authorized by these regulations, as required by state or federal law, or with the written consent of the individual to whom the information pertains or to the legal representative of that individual.

(1) A health officer shall disclose any information, including personal information, contained in an individual case report to state, federal or local public health officials in order to determine the existence of a disease, its likely cause or the measures necessary to stop its spread.

(2) A health officer may for purposes of his or her investigation disclose any information contained in an individual case report, including personal information, as may be necessary to prevent the spread of disease or occurrence of additional cases.

(3) A health officer may disclose any information contained in an individual case report to any person or entity if the disclosure may occur without linking the information disclosed to the individual to whom it pertains, and the purpose of the disclosure is to increase understanding of disease patterns, to develop prevention and control programs, to communicate new knowledge about a disease to the community, or for research.

(4) Notwithstanding subsections (1), (2), and (3) above, no information that would directly or indirectly identify an individual as one who has applied for or been given services for alcohol or other drug abuse by a federally assisted drug or alcohol abuse treatment program (as defined in [42 C.F.R. § 2.11](#)) shall be included in an individual case report or otherwise disclosed absent the individual's written consent.

(g) Whenever the health officer collects personal information in order to prepare an individual case report required by subsection (b), the health officer shall notify the individual from whom the information is collected that: (1) supplying personal information related to the individual's disease is mandatory; (2) the only disclosure of personal information will be pursuant to subsections 2502(f)(1) and 2502(f)(2); and (3) non-personal information may be disclosed pursuant to subsection 2502(f)(3).

Note: Authority cited: [Sections 120130, 131050, 131051, 131052, 131080 and 131200, Health and Safety Code](#); and [Section 555\(b\), Business and Professions Code](#). Reference: [Sections 7, 1603.1, 100325, 100330, 103925, 113150, 113155, 120125, 120130, 120140, 120145, 120175, 120190, 120245, 120250, 131050, 131051 and 131080, Health and Safety Code](#); and [Sections 551, 554 and 555, Business and Professions Code](#); [Section 1798.3, Civil Code](#); [Sections 11181 and 11182, Government Code](#); [42 C.F.R. Sections 2.11 and 2.12](#); [Cal. Const., art. 1, Section 1](#); and [Section 1040, Evidence Code](#).

HISTORY

1. Amendment filed 5-24-55; effective thirtieth day thereafter (Register 55, No. 8).
2. Amendment filed 3-30-89; operative 3-30-89 (Register 89, No. 14).
3. Amendment filed 5-1-95 as an emergency; operative 5-1-95 (Register 95, No. 18). A Certificate of Compliance must be transmitted to OAL by 8-29-95 or emergency language will be repealed by operation of law on the following day.
4. Amendment refiled 8-21-95 as an emergency; operative 8-21-95 (Register 95, No. 34). A Certificate of Compliance must be transmitted to OAL by 12-19-95 or emergency language will be repealed by operation of law on the following day.
5. Certificate of Compliance as to 5-1-95 order, including repealer and new section heading, section and Note transmitted to OAL 12-19-95 and filed 2-2-96 (Register 96, No. 5).

6. Editorial correction of subsection (c) (Register 97, No. 12).
7. Amendment of subsections (b)-(c) and amendment of Note filed 11-5-2001 as an emergency; operative 11-5-2001 (Register 2001, No. 45). A Certificate of Compliance must be transmitted to OAL by 3-5-2002 or emergency language will be repealed by operation of law on the following day.
8. Amendment of subsections (b)-(c) and amendment of Note refiled 3-1-2002 as an emergency; operative 3-1-2002 (Register 2002, No. 9). A Certificate of Compliance must be transmitted to OAL by 7-1-2002 or emergency language will be repealed by operation of law on the following day.
9. Certificate of Compliance as to 3-1-2002 order transmitted to OAL 6-26-2002 and filed 7-16-2002 (Register 2002, No. 29).
10. Amendment of subsection (b) filed 6-30-2005; operative 6-30-2005. Submitted to OAL for printing only pursuant to [Health and Safety Code section 120130](#) (Register 2005, No. 32).
11. Amendment of subsection (b) 6-12-2007; operative 6-12-2007. Submitted to OAL for printing only pursuant to [Health and Safety Code section 120130](#) (Register 2007, No. 31).
12. Amendment of subsection (b) filed 7-30-2007; operative 7-30-2007. Submitted to OAL for printing only pursuant to [Health and Safety Code section 120130](#) (Register 2007, No. 31).
13. Amendment of section heading, subsection (b) and Note filed 2-13-2008; operative 2-13-2008. Submitted to OAL for printing only pursuant to [Health and Safety Code section 120130\(a\)](#) and [\(d\)](#) (Register 2008, No. 7).
14. Amendment of subsection (b) and Note filed 9-22-2009; operative 9-22-2009. Submitted to OAL for printing only pursuant to [Health and Safety Code section 120130\(a\)](#) and [\(d\)](#) (Register 2009, No. 39).
15. Amendment of subsections (a) and (b) filed 6-30-2011; operative 6-30-2011. Submitted to OAL for printing only pursuant to [Health and Safety Code sections 120130\(a\)](#) and [120130\(d\)](#) (Register 2011, No. 26).

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