

**State of California
Office of Administrative Law**

In re:
Department of Public Health

Regulatory Action:

Title 17, California Code of Regulations

Adopt sections:

Amend sections: 2500, 2502, 2505

Repeal sections:

NOTICE OF FILING AND PRINTING ONLY

Government Code Section 11343.8

OAL Matter Number: 2016-0413-06

OAL Matter Type: File and Print Only (FP)

This action amends the list of reportable diseases and reporting methodology applicable to health care providers.

OAL filed this regulation(s) or order(s) of repeal with the Secretary of State, and will publish the regulation(s) or order(s) of repeal in the California Code of Regulations.

Date: May 24, 2016



**Mark Storm
Senior Attorney**

**For: Debra M. Cornez
Director**

Original: Dr. Karen Smith

Copy: Dawn Basciano

FILE PRINT

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2016-0413-06FP	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

MAY 24 2016
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2016 APR 13 P 4:26
OFFICE OF ADMINISTRATIVE LAW

AGENCY WITH RULEMAKING AUTHORITY Department of Public Health	AGENCY FILE NUMBER (if any) DPH-15-010
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A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE		NOTICE REGISTER NUMBER
			PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Reportable Disease Changes	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)		
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT		
	AMEND 2500, 2502, 2505		
TITLE(S) 17	REPEAL		
3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input checked="" type="checkbox"/> File & Print <input checked="" type="checkbox"/> Other (Specify) <u>120130(a)&(b)</u> <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, 544 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input checked="" type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> §100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify)			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify)			
7. CONTACT PERSON Dawn Basciano	TELEPHONE NUMBER 916-440-7367	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 4/7/16
TYPED NAME AND TITLE OF SIGNATORY Karin S. Schwartz, Deputy Director and Chief Counsel	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

MAY 24 2016

Office of Administrative Law

PROPOSED REGULATIONS
Title 17. California Code of Regulations
Division 1. State Department of Health Services
Chapter 4. Preventative Medical Service
Subchapter 1. Reportable Diseases and Conditions
Article 1. Reporting

1. Amend Section 2500 to read as follows:

§ 2500. Reporting to the Local Health Authority (Subsections b-e and f-g remain unchanged):

(a) through (a)(3) no change to reg text

(4) 'Acute HIV infection' means detectable HIV-1 RNA or p24 antigen in serum or plasma in the setting of a negative or indeterminate HIV-1 antibody test result for patients tested using a currently approved HIV test algorithm, as defined in section 2641.57.

~~(4)(5)~~ 'Case' means (A) a person who has been diagnosed by a health care provider, who is lawfully authorized to diagnose, using clinical judgment or laboratory evidence, to have a particular disease or condition listed in subsection (j); or (B) a person who meets the definition of a case in Section 2564 - Diarrhea of the Newborn, Section 2574 - Food Poisoning, Section 2612 Salmonella Infections (Other than Typhoid Fever), Section 2628 - Typhoid Fever, or Section 2636 - Venereal Disease; or (C) a person who is considered a case of a disease or condition that satisfies the most recent communicable disease surveillance case definitions established by the CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements; or (D) an animal that has been determined, by a person authorized to do so, to have rabies or plague; or (E) a person who has been diagnosed with HIV infection using a currently approved HIV test algorithm, as defined in section 2641.57.

~~(5)(6)~~ 'Clinical signs' means the objective evidence of disease.

~~(6)(7)~~ 'Clinical symptoms' means the subjective sensation of disease felt by the patient.

~~(7)~~(8) 'Communicable disease' means an illness due to a specific microbiological or parasitic agent or its toxic products which arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment.

~~(8)~~(9) 'Director' means State Director of Public Health.

~~(9)~~(10) 'Drug susceptibility testing' means the process where at least one isolate from a culture of a patient's specimen is subjected to antimicrobial testing to determine if growth is inhibited by drugs commonly used to treat such infections.

~~(10)~~(11) 'Epidemiological risk factors' means those attributes, behaviors, exposures, or other factors that alter the probability of disease.

~~(11)~~(12) 'Epidemiologically linked case' means a case in which the patient has/had contact with one or more persons who have/had the disease, and transmission of the agent by the usual modes of transmission is plausible.

~~(12)~~(13) 'Foodborne disease' means illness suspected by a health care provider to have resulted from consuming a contaminated food.

~~(13)~~(14) 'Foodborne disease outbreak' means an incident in which two or more persons experience a similar illness after ingestion of a common food, and epidemiologic analysis implicates the food as the source of the illness. There are two exceptions: even one case of botulism or chemical poisoning constitutes an outbreak if laboratory studies identify the causative agent in the food.

~~(14)~~(15) '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.

~~(15)~~(16) 'Health officer' and 'local health officer' as used in this subchapter includes county, city, and district health officers.

~~(16)~~(17) 'In attendance' means the existence of the relationship whereby a health care provider renders those services which are authorized by the health care provider's licensure or certification.

~~(17)~~(18) 'Infection control practitioner' means any person designated by a hospital, nursing home, clinic, or other health care facility as having responsibilities which include the detection, reporting, control and prevention of infections within the institution.

~~(18)~~(19) 'Laboratory findings' means (A) the results of a laboratory examination of any specimen derived from the human body which yields microscopical, cultural, immunological, serological, or other evidence suggestive of a disease or condition made reportable by these regulations; or (B) the results of a laboratory examination of any specimen derived from an animal which yields evidence of rabies or plague.

~~(19)~~(20) 'Multidrug-resistant *Mycobacterium tuberculosis*' means a laboratory culture or subculture of *Mycobacterium tuberculosis* which is determined by antimicrobial susceptibility testing to be resistant to at least isoniazid and rifampin.

(21) 'Pandemic potential' means the potential ability of a pathogen to spread easily and efficiently in the human population, crossing international boundaries, and usually affecting many people. Such pathogens may be associated with severe illness and death.

(202) 'Outbreak' means the occurrence of cases of a disease (illness) above the expected or baseline level, usually over a given period of time, in a geographic area or facility, or in a specific population group. The number of cases indicating the presence of an outbreak will vary according to the disease agent, size and type of population exposed, previous exposure to the agent, and the time and place of occurrence. Thus, the designation of an outbreak is relative to the usual frequency of the disease in the same facility or community, among the specified population, over a comparable period

of time. A single case of a communicable disease long absent from a population or the first invasion by a disease not previously recognized requires immediate reporting and epidemiologic investigation.

(243) 'Personal information' means any information that identifies or describes a person, including, but not limited to, his or her name, social security number, date of birth, physical description, home address, home telephone number, and medical or employment history.

(224) 'Sexually Transmitted Diseases' means Chancroid, Lymphogranuloma Venereum, Granuloma Inguinale, Syphilis, Gonorrhea, Chlamydia, ~~Pelvic Inflammatory Disease~~, and Nongonococcal Urethritis.

(235) 'Suspected case' means (A) a person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have a particular disease or condition listed in subsection (j); or (B) a person who is considered a probable case, or an epidemiologically-linked case, or who has supportive laboratory findings under the most recent communicable disease surveillance case definition established by CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements; or (C) an animal which has been determined by a veterinarian to exhibit clinical signs or which has laboratory findings suggestive of rabies or plague.

(26) 'Unusual disease' means a rare disease or a newly apparent or emerging disease or syndrome of uncertain etiology which a health care provider has reason to believe could possibly be caused by a transmissible infectious agent or microbial toxin.

(25) [Repealed]

(267) 'Waterborne disease outbreak' means an incident in which two or more persons experienced a similar illness after consumption or use of the same water intended for drinking or after water contact such as by immersion, and epidemiologic investigation by public health authorities implicates the same water as the source of the waterborne illness. There is one exception: a single case of waterborne chemical poisoning constitutes an outbreak if laboratory studies indicate that the source water is contaminated by the chemical.

(b) through (g) no change to text

(h) The urgency of reporting is identified by symbols in the list of diseases and conditions in subsection (j) of this section. Those diseases with a diamond (↔♦) are considered emergencies and shall be reported immediately by telephone. Those diseases and conditions with a cross (+) shall be reported by mailing, telephoning, or electronically transmitting a report within one (1) working day of identification of the case or suspected case, except for acute HIV infection reporting which shall be reported by telephone (see (k) for specific requirements). Those diseases and conditions not otherwise identified by a diamond or a cross shall be reported by mailing a written report, telephoning, or electronically transmitting a report within seven (7) calendar days of the time of identification.

(i) no change to text

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

~~Acquired Immune Deficiency Syndrome (AIDS)~~

+ Amebiasis

Anaplasmosis/Ehrlichiosis

♦ Anthrax, human or animal

+ Babesiosis

♦ Botulism (Infant, Foodborne, Wound, Other)

♦ Brucellosis, human

Brucellosis, animal (except infections due to *Brucella canis*)

+ Campylobacteriosis

Chancroid

+ Chickenpox (Varicella) (only outbreaks, hospitalizations and deaths)

Chlamydia trachomatis infections, including lymphogranuloma
venereum (LGV)

◆ Cholera

◆ Ciguatera Fish Poisoning

+ Chikungunya virus infection

Coccidioidomycosis

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

+ Cryptosporidiosis

Cyclosporiasis

Cysticercosis or taeniasis

◆ Dengue virus infection

◆ Diphtheria

◆ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)

Ehrlichiosis

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

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

◆ Flavivirus infection of undetermined species

+● Foodborne Disease

Giardiasis

Gonococcal Infections

+ *Haemophilus influenzae*, invasive disease, all serotypes (report an incident of less than 45 five years of age)

◆± Hantavirus Infections

◆ Hemolytic Uremic Syndrome

+ Hepatitis A, acute infection

Hepatitis B (specify acute case or chronic)

Hepatitis C (specify acute case or chronic)

Hepatitis D (Delta) (specify acute case or chronic)

Hepatitis E, acute infection

Human Immunodeficiency Virus (HIV) infection, stage 3 (AIDS)

+ Human Immunodeficiency Virus (HIV), acute infection (see (k) for additional reporting requirements)

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)

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

- ◆ Meningococcal Infections

Mumps

- ◆ Novel virus infection with pandemic potential

- ◆ 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

Respiratory syncytial virus (only report a death in a patient 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

+ Salmonellosis (Other than Typhoid Fever)

◆ Scombroid Fish Poisoning

◆ ~~Severe Acute Respiratory Infection (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, human
- Tularemia, animal
- + Typhoid Fever, Cases and Carriers
- + *Vibrio* Infections

- ◆ Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
- + West Nile virus infection
- ◆ Yellow Fever
- + Yersiniosis
- ◆ Zika virus infection

◆ **OCCURRENCE of ANY UNUSUAL DISEASE**

- ◆ **OUTBREAKS of ANY DISEASE** (Including diseases not listed in Section 2500). Specify if institutional and/or open community.

(◆) = 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 of suspected cases of foodborne disease from separate households are suspected to have the same source of illness, they should be reported immediately by telephone.

(k) In addition to routine reporting requirements set forth in section 2643.5, for acute HIV infection reporting, health care providers shall report all cases within one (1) working day to the local health officer of the jurisdiction in which the patient resides by telephone. If evidence of acute HIV infection is based on presence of HIV p24 antigen, providers shall not wait until HIV-1 RNA is detected before reporting to the local health officer.

NOTE: Authority cited: Sections 120130, 131050, 131051, 131052, 131080 and 131200, Health and Safety Code. Reference: Sections 1603.1, 100325, 103925, 113150, 113155, 120125, 120130, 120140, 120175, 120245, 120250, 131050, 131051 and 131080, Health and Safety Code; Sections 551, 554 and 555, Business and Professions Code; Section 1798.3, Civil Code; 42 C.F.R. Sections 2.11 and 2.12; Cal. Const., art. 1, Section 1; and Section 1040, Evidence Code.

2. Amend section 2502 to read as follows:

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

(a) no change to text

(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)

Chikungunya virus infection

Cholera

Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform

Encephalopathies (TSE)

Cyclosporiasis

Cysticercosis

Dengue virus infection

Diphtheria

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

Flavivirus infection of undetermined species

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

Human Immunodeficiency Virus (HIV) infection, stage 3 (AIDS)

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

Zika virus infection

(c) through (g) no change to text

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.

3. Amend Section 2505 to read as follows:

§ 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-, except for acute HIV infection reporting which shall be reported to the local health jurisdiction in which the patient resides by telephone (see (j) for specific acute HIV infection reporting requirements). If the patient residence is unknown, the laboratory shall notify the health officer of the jurisdiction in which the health care provider is located.

(1) 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 hour from the time the laboratory notifies the referring laboratory that submitted the specimen.

(2) 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-, except for acute HIV infection reporting which shall be reported to the local health jurisdiction in which the

patient resides by telephone (see (j) for specific acute HIV infection reporting requirements). If the patient residence is unknown, the laboratory shall notify the health officer of the jurisdiction in which the health care provider is located.

(b) through (e)(1) no change to text

(e)(2) The diseases or agents 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, except for acute HIV infection reporting which shall be reported by telephone (see (j) for specific acute HIV infection reporting requirements). Within one year of the establishment of the state electronic reporting system, all List (e)(2) diseases shall be reported electronically to the state electronic reporting system within one working day of identification. Acute HIV infection shall be reported both by telephone and to the state electronic reporting system within one working day of identification. Reporting to the state electronic reporting system substitutes for reporting by courier, mail, electronic facsimile transmission or electronic mail. Laboratory findings for these diseases are those that satisfy the most recent communicable disease surveillance case definitions established by the CDC (unless otherwise specified in this Section). The diseases or agents reported pursuant to this requirement are:

Acid fast bacillus (AFB) (see (g) for additional reporting requirements)

Anaplasmosis/~~Ehrlichiosis~~

Babesiosis

Bordetella pertussis acute infection, by culture or molecular identification

Borrelia burgdorferi infection

Brucellosis, animal (*Brucella* spp. except *Brucella canis*)

Campylobacteriosis (*Campylobacter* spp.) (detection or isolation a clinical specimen)

Chancroid (*Haemophilus ducreyi*)

Chikungunya virus infection

Chlamydia trachomatis infections, including lymphogranuloma venereum (LGV)

Coccidioidomycosis

Cryptosporidiosis

Cyclosporiasis (*Cyclospora cayetanensis*)

Dengue (~~dengue virus~~) virus infection

Diphtheria

Ehrlichiosis

Encephalitis, arboviral

Entamoeba histolytica (not *E. dispar*)

Escherichia coli: shiga toxin producing (STEC) including ~~*E. coli*~~ *E. coli* O157 (see (Im) for additional reporting requirements)

Flavivirus infection of undetermined species

Giardiasis (*Giardia lamblia*, *intestinalis*, or *duodenalis*)

Gonorrhea

Haemophilus influenzae, all types (detection of or isolation from a sterile site in a person report an incident of less than 45 years of age, sterile site).

Hantavirus Infections

Hepatitis A, acute infection

Hepatitis B, acute or chronic infection (specify gender)

Hepatitis C, acute or chronic infection

Hepatitis D (Delta), acute or chronic infection

Hepatitis E, acute infection (detection of hepatitis E virus RNA from a clinical specimen or positive serology)

Human Immunodeficiency Virus (HIV), acute infection (see (j) for additional reporting requirements)

Legionellosis (*Legionella spp.*) (antigen or culture)

Leprosy (Hansen Disease) (*Mycobacterium leprae*)

Leptospirosis (*Leptospira spp.*)

Listeriosis (*Listeria*) (see (l) for additional reporting requirements)

Malaria (see (h) for additional reporting requirements)

Measles (Rubeola), acute infection (see (l) for additional reporting requirements)

Mumps (mumps virus), acute infection

Mycobacterium tuberculosis (see (f) for additional reporting requirements)

Neisseria meningitidis (sterile site isolate) (see (l) for additional reporting requirements)

Poliovirus

Psittacosis (*Chlamydia psittaci*)

Q Fever (*Coxiella burnetii*)

Rabies, animal or human

Relapsing Fever (*Borrelia spp.*) (identification of *Borrelia spp.* spirochetes on peripheral blood smear)

Rickettsia, any species, acute infection (detection from a clinical specimen or positive serology)

Rocky Mountain Spotted Fever (*Rickettsia rickettsii*)

Rubella, acute infection

Salmonellosis (*Salmonella spp.*) (see Section 2612 (a) for additional reporting requirements)

Shiga toxin (detected in feces) (see (l) for additional reporting requirements)

Shigellosis (*Shigella* spp.)

Syphilis

Trichinosis (*Trichinella*)

Tuberculosis

Tularemia, animal (*F. tularensis*)

Typhoid

Vibrio species infections

West Nile virus infection

Yellow Fever (yellow fever virus)

Yersiniosis (*Yersinia* spp., non-pestis) (isolation from a clinical specimen)

Zika virus infection

(f) through (i) no change to text

(j) In addition to routine reporting requirements set forth in section 2643.10, for acute HIV infection reporting, laboratories shall report all cases within one business day to the local health officer of the jurisdiction in which the patient resides by telephone. If the patient residence is unknown, the laboratory shall notify the health officer of the jurisdiction in which the health care provider is located. If evidence of acute HIV

infection is based on presence of HIV p24 antigen, laboratories shall not wait until HIV-1 RNA is detected before reporting to the local health officer.

~~(j)~~(k) All laboratory notifications herein required are acquired in confidence and shall not be disclosed by the local health officer except (1) as authorized by these regulations; (2) as required by state or federal law; or (3) with the written consent of the individual to whom the information pertains or the legal representative of that individual.

~~(k)~~(l) The local health officer shall disclose any information, including personal information, contained in a laboratory notification to state, federal or local public health officials in order to determine the existence of the disease, its likely cause and the measures necessary to stop its spread.

~~(l)~~(m) An isolateA culture or a specimen as listed in this subsection shall be submitted as soon as available to the public health laboratory designated in Section 1075 for the local health jurisdiction where the health care provider is located. The following information shall be submitted with the cultureisolate or specimen: the name, address, and the date of birth of the person from whom the isolate or specimen ~~or culture~~ was obtained, the patient identification number, the isolate or specimen ~~or culture~~ accession number or other unique identifier, the date the isolate or specimen ~~or culture~~ was obtained from the patient, the name, address, and telephone number of the health care provider for whom such examination or test was performed, and the name, address, telephone number and the laboratory director's name of the laboratory that isolatedsubmitting the isolateculture or specimen. ~~The cultures or specimens pursuant to this requirement are:~~

~~*Listeria monocytogenes* isolates~~

~~Measles immunoglobulin M (IgM) positive sera~~

~~*Neisseria meningitidis* isolates from sterile sites~~

~~Shiga toxin positive fecal broths~~

Shiga toxin-producing *Escherichia coli* (STEC) O157 and non-O157 isolates

(1) The specimens pursuant to the requirements in (m) are:

HIV-1/2 antigen or antibody reactive sera or plasma submitted as part of a diagnostic HIV test algorithm, as defined in section 2641.57 (see (n) for additional reporting requirements)

Malaria positive blood film slides (see (h) for additional reporting requirements)

Measles immunoglobulin M (IgM)-positive sera

Shiga toxin-positive fecal broths

Zika virus immunoglobulin M (IgM)-positive sera

(2) The isolates pursuant to the reporting requirements in (m) are:

Drug resistant *Neisseria gonorrhoeae* isolates (cephalosporin or azithromycin only)

Listeria monocytogenes isolates

Mycobacterium tuberculosis isolates (see (f) for additional reporting requirements)

Neisseria meningitidis isolates from sterile sites

Salmonella isolates (see section 2612 for additional reporting requirements)

Shiga toxin-producing *Escherichia coli* (STEC) isolates, including O157 and non-O157 strains

Shigella isolates

(3) If there is a laboratory test result indicating infection with any one of the pathogens listed in (m)(2), including identification of Shiga toxin in a clinical specimen, then the laboratory must attempt to obtain a bacterial culture isolate for submission to the public health laboratory in accordance with (m)(2). The laboratory shall take steps necessary to obtain an isolate, including requesting that additional specimens be collected and sending specimens to a laboratory able to carry out bacterial culture as soon as possible.

(n) A laboratory which receives a specimen that is reactive for HIV-1/2 antigen or antibody shall communicate with the Department's Viral and Rickettsial Disease Laboratory for instructions on the specimen submission process. In addition to the information required in (m), a laboratory shall also submit the Clinical Laboratory Improvement Amendments number.

NOTE: Authority cited: Sections 100275, 120125, 120130, 121022, 125095, 131050, 131051, 131052, 131080 and 131200, Health and Safety Code. Reference: Sections 120125, 120130, 120140, 120175, 120575, 120917, 121022, 121365, 125100, 131051, 131052, 131056, and 131080, Health and Safety Code; Sections 1206, 1209, 1220, 1246.5 and 1288, Business and Professions Code; Cal. Const., art. 1, Section 1; and Section 1040, Evidence Code.