# Vaccine-Preventable Disease Reporting from Local Health Departments to CDPH
# July 2016

***Note to readers: The purpose of this document is to clarify reporting timelines and methods for local health jurisdiction reporting to CDPH. This includes surveillance reporting and reporting for public health action purposes.***

## I. California communicable disease reporting requirements

**A. The following list contains the regulations that were referenced to create the Table below**

1. **Title 17 CCR §2502** requires that local health officers notify the California Department of Public Health (CDPH) of reportable diseases and conditions and specifies a timeframe for reporting. See: https://www.cdph.ca.gov/programs/Documents/Title%2017%20Section%202502%2010-28-11.pdf
   a. Local health officers are required to report reportable diseases to CDPH **at least weekly**.
   b. Some diseases must be **immediately reported** to CDPH and some diseases require **individual case reports**.
2. **CDC Notification Requirements for Nationally Notifiable Conditions** delineates state health department requirements for reporting to CDC. See: http://wwwn.cdc.gov/nndss/document/NNC-2016-Notification-Requirements-By-Timeframe.pdf
3. **CDPH Immunization Branch Requests** address §2502 reporting requirement gaps.
   a. Under Title 17 CCR §2502 the submission of individual case report forms can be requested by CDPH even if not specifically named in §2502: *"(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."*
   b. When more rapid notification is required by CDC than is required under §2502, CDPH requests a notification timeline consistent with CDC requirements.

**B. Definitions** (adapted from CDC NNDSS reporting document)
See: http://wwwn.cdc.gov/nndss/document/NNC-2016-Notification-Requirements-By-Timeframe.pdf

1. **IMMEDIATE, EXTREMELY URGENT**: Report within 4 hours of a LHD determining that the case meets the notification criteria.
2. **IMMEDIATE, URGENT**: Report within 24 hours of a case meeting the notification criteria.
3. **STANDARD** (also known as routinely notifiable): Submit case notification within the next reporting cycle (i.e., weekly).

**C. Method of Reporting**

1. For **IMMEDIATE, EXTREMELY URGENT** reporting during business hours, call the Immunization Branch main-line at 510.620.3737 and request to speak with the appropriate subject matter expert or the epidemiologist on-call. Outside of business hours, call the Division of Communicable Disease Control Duty Officer at 800.971.9631. Additionally, follow the instructions for STANDARD reporting.
2. For **IMMEDIATE, URGENT** reporting during business hours, call the Immunization Branch main-line at 510.620.3737 and request to speak with the appropriate subject matter expert or the epidemiologist on-call. Outside of business hours, call the Division of Communicable Disease Control Duty Officer at 800.971.9631. Additionally, follow the instructions for STANDARD reporting.
3. For **STANDARD** reporting. CDPH expects that LHDs will be reporting via CalREDIE or a format specified by CDPH to interface with CalREDIE. Specifically:
   a. Counties using CalREDIE should report cases using the appropriate condition in CalREDIE. If a condition does not exist in CalREDIE for a particular disease, it is noted in the Table below and instructions for alternative reporting are provided.

b. Counties not using CalREDIE should report cases using hard copy case report forms and fax these reports to the IZB confidential fax: 916-440-5976 or submitted by an approved alternative mechanism, such as uploaded to a secure FTP site or sent by encrypted email.

c. Counties not using CalREDIE should report pertussis cases in an electronic line-listed data file (xlsx, csv, tsv, sas dataset) within 1 month of when the LHD determines the case meets the notification criteria.

**D. Additional reporting rules governing physician reporting to the local health officer**

1. **Title 17 CCR §2500** requires that healthcare providers report reportable diseases and conditions to the local health officer for the jurisdiction where the patient resides. http://www.cdph.ca.gov/HealthInfo/Documents/Reportable_Diseases_Conditions.pdf
2. **Title 17 CCR §2505** requires that laboratories report specific laboratory test results. http://www.cdph.ca.gov/HealthInfo/Documents/Title17Section2505List.pdf

## II. Title 2502 and NNDSS (National Notifiable Diseases Surveillance System) Reporting

See section I.A. above. All diseases and conditions listed in the Table are reportable under Title 17 CCR §2502 and/or nationally notifiable per NNDSS, except for nonfatal laboratory-confirmed influenza cases aged 0-64 years who were admitted to an ICU.

## III. Special situations in which the CDPH Immunization Branch *requests* immediate notification by telephone or email

**A.** Any suspect case where rapid testing of specimens by the State Laboratory is warranted or immediate public health action might be reasonably anticipated. Some examples include:

1. Suspect meningococcal disease case in a college student
2. Suspect measles case or

**B.** Any exposure situation where public health response may be complicated. Some examples include:

1. Considering expanded prophylaxis for groups with potential exposure to *N. meningitidis* or
2. Suspect mumps case in a college student or
3. Considering a mass vaccination clinic or
4. Considering prophylaxis for unusual exposure scenarios (postmortem exposures, laboratory exposures, etc.)

**C.** Any suspect poliovirus infection case

**D.** Any suspect diphtheria case

**E.** Any suspect vaccinia case (unless the Navy Vaccine Healthcare Center is already involved)

**F.** Any postexposure prophylaxis error or refusal in an infant born to an HBV infected mother or

**G.** Any death resulting from a vaccine-preventable disease, other than influenza or

**H.** Any serious vaccine-related adverse event or

Key and further instructions for immediate reporting:

Contact the Immunization Branch main line 510.620.3737 and ask to be referred to the appropriate subject matter expert or the epidemiologist on call.

Email the appropriate subject matter expert. If you receive an out of office reply, please follow the instructions for an alternative contact.

## IV. Reporting for Case Counting Purposes

Please refer to the Table below for a listing of condition, resolution status, and reporting instructions for routine case counting purposes.

**Table. Reporting from local health jurisdictions to CDPH for vaccine preventable (and selected other) diseases**

| Condition | Cases Requiring Notification | Notification Timeliness | Type of Reporting | Method for Reporting |
|---|---|---|---|---|
| **Acute flaccid myelitis (reportable to CDPH as an "unusual condition")**[1] | Confirmed and Probable cases | Immediate, urgent requested | Individual case report requested | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/HealthInfo/discond/Documents/AFMpatient-summary-form_CDPH_11_18_15.pdf |
| **Diphtheria**[1,2] | All Cases | Immediate, urgent requested | Individual case report required | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8579.pdf |
| ***Haemophilus influenzae*, invasive disease in persons <5 years**[1,2] | Confirmed | Standard | Individual case report required | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/pm401.pdf |
| **Hepatitis A, acute**[1,2] | Confirmed | Standard | Individual case report required | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8556.pdf |
| **Hepatitis B, acute**[1,2] | Confirmed | Standard | Individual case report required | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8703.pdf |
| **Hepatitis B, perinatal infection**[2] | Confirmed | Standard | Individual case report required | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8702.pdf |
| **Hepatitis B, pregnancy**[2] | Confirmed | Standard | Individual case report requested | ▪ This condition is not in CalREDIE<br>▪ https://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPH%20PHPP%20Case%20Management%20Form%208546.pdf |
| **Hepatitis C, acute**[1,2] | Confirmed and Probable | Standard | Individual case report required | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8703.pdf |
| **Influenza, death in laboratory-confirmed case, 0 - 64 years**[1] | Confirmed | Standard | Individual case report required | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph9070.pdf |
| **Influenza, ICU admission in laboratory-confirmed case, 0 - 64 years**[3] | Confirmed | Standard | Individual case report requested | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph9070.pdf |
| **Influenza, novel strains (initial detections)**[1,2] | Confirmed | Immediate, urgent, requested[1] | Individual case report required | ▪ CalREDIE<br>▪ http://www.cdph.ca.gov/programs/immunize/Documents/NovelA_InitialCaseInvestigationForm.docx |
| **Measles**[1,2] | Confirmed | Immediate, urgent | Individual case report required[1] | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8345.pdf |
| **Meningococcal disease**[1,2] **(*Neisseria meningitidis*)** | Confirmed and Probable | Immediate, urgent requested | Individual case report required | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8469.pdf |
| **Mumps**[1,2] | Confirmed and Probable | Standard | Individual case report requested | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8690.pdf |
| **Outbreaks**[1] | Confirmed | Immediate, urgent | Outbreak report required | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph9056.pdf<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph9060.pdf |
| **Pertussis**[1,2] | Confirmed, Probable and Suspect [3] | Standard | Individual case report required | ▪ CalREDIE<br>▪ Electronic line-listed data file (xlsx, csv, tsv, SAS dataset) |
| **Poliovirus infection**[1,2] | Confirmed | Immediate, urgent | Individual case report required | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8421.pdf |

| Condition | Cases Requiring Notification | Notification Timeliness | Type of Reporting | Method for Reporting |
|---|---|---|---|---|
| **Respiratory syncytial virus, death in laboratory-confirmed case, 0 – 4 years**[3] | Confirmed | Standard | Individual case report requested | ▪ CalREDIE<br>▪ Link to paper form to be provided once complete |
| **Rubella, acute**[1,2] | Confirmed | Immediate, urgent | Individual case report required | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/pm358.pdf |
| **Rubella, congenital syndrome**[1,2] | Confirmed | Standard | Individual case report requested | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/Documents/cdc71.17.pdf |
| **Smallpox**[1,2] | Confirmed and Probable | Immediate, extremely urgent | Individual case report required | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph110a.pdf |
| ***Streptococcus pneumoniae* (pneumococcal) meningitis**[1,2]<br><br>**Reportable to CDPH as "Meningitis, bacterial"** | Confirmed | Standard | Individual case report requested | ▪ CalREDIE (Bacterial meningitis)<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph110a.pdf<br>▪ Supplementary form for non-CalREDIE Counties: http://www.cdph.ca.gov/programs/immunize/Documents/SupplementalBacterialMeningitisForm.docx |
| **Tetanus**[1,2] | All cases | Standard | Individual case report required | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/Documents/CDC-Appendix18-Tetanus.pdf |
| **Unusual diseases/conditions**[1] | All cases | Immediate, urgent | Individual case report required | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8554.pdf<br>▪ Call Immunization Branch main line and request to speak with on call epidemiologist |
| **Varicella deaths**[1,2] | Confirmed | Immediate, urgent | Individual case report required | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/Documents/VaricellaDeathWorksheet.pdf |
| **Varicella Hospitalizations**[1] | Confirmed | Standard | Individual case report required | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8299.pdf |
| **Yellow Fever**[1,2] | Confirmed and Probable | Immediate, urgent | Individual case report requested | ▪ CalREDIE<br>▪ https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8584.pdf |

**1. Title 17 CCR §2502 2. CDC, NNDSS 3. CDPH requested**

## V. Immunization Branch contact list

Immunization Branch Main Line: 510.620.3737

Kathy Harriman, PhD, MPH, RN
Vaccine Preventable Diseases Epidemiology Section Chief
kathleen.harriman@cdph.ca.gov
510.620.3767

Robert Schechter, MD
Clinical and Policy Support Section Chief
robert.schechter@cdph.ca.gov
510.620.3765