

## Follow-up and Reporting of Select Communicable Diseases Under Public Health Surveillance: CDPH IDB Guidance for California Local Health Jurisdictions

The California Department of Public Health (CDPH) Infectious Diseases Branch (IDB) has developed this document to assist local health jurisdictions in the case investigation and management of select communicable diseases in California. In general, this information refers to sporadic cases of select reportable conditions followed by IDB. This document does not include guidance on outbreaks, or on communicable diseases followed by other CDPH programs, such as tuberculosis, sexually transmitted diseases, or vaccine preventable diseases. Additional chapters on other IDB diseases will be added as they are completed to the [CDPH IDB Guidance for California Local Health Jurisdictions webpage](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/IDBGuidanceforManagingSelectCommunicableDiseases.aspx) (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/IDBGuidanceforManagingSelectCommunicableDiseases.aspx>).

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## Background

### I. Reportable Diseases and Conditions

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In the United States, requirements for reporting diseases are mandated by state and local laws and regulations, and the list of reportable diseases in each state differs. The California Code of Regulations (CCR) Title 17 requires that healthcare providers and laboratories report specified communicable diseases and conditions to the local health department (LHD). These reports are then forwarded to CDPH for review and for final case classification. Data on confirmed and probable cases are sent to the U.S. Centers for Disease Control and Prevention (CDC) on a weekly basis.

- [CCR Title 17, section 2500](#) requires the report of certain diseases by healthcare providers to the LHD:  
  
(<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Reportable-Disease-and-Conditions.aspx>)
- [CCR Title 17, section 2502](#) requires the LHD to report these diseases to CDPH:  
  
([https://govt.westlaw.com/calregs/Document/IC6DF786758B04DDCBC56E743358992D5?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IC6DF786758B04DDCBC56E743358992D5?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)))
- [CCR Title 17, section 2505](#) requires laboratories to report laboratory testing results suggestive of certain communicable diseases to the LHD. In addition, section 2505 requires that laboratories save and forward specimens and isolates of certain organisms to the public health laboratory:  
  
(<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Reportable-Disease-and-Conditions.aspx>)
- Most LHDs in California now report diseases and conditions through the California Reportable Disease Information Exchange (CalREDIE), a web-based disease reporting and surveillance system. All reportable diseases are now entered into CalREDIE by the LHDs that use CalREDIE as their surveillance reporting system, regardless of whether it is a disease requiring only a Confidential Morbidity Report (CMR) or a more detailed case report. In addition to the basic CMR-level information collected for most of the reportable diseases and conditions, certain diseases require additional information before a person can be counted as a case. This is due to the complexities of the surveillance case definition which may include both laboratory and clinical criteria. Such diseases require a case report form

which includes additional sections in CalREDIE, such as pages for Clinical, Laboratory and Epidemiologic Information. These pages reflect the fields and questions used in the corresponding paper version of the standardized case report form.

- For LHDs not currently participating in CalREDIE (referred to as extended data exchange jurisdictions, or EDEJs), CMR and case report data must still be provided, including the information requested in the CDPH case report forms.
- As of January 2020, the CDPH public-facing website has been updated to remove documents that are not compliant with the new requirements of Section 508 of the Rehabilitation Act of 1973. Therefore, some documents intended primarily for LHDs and not the general public, such as case report forms, will be moved to the CalREDIE *Document Repository* under the CDPH tab of the ribbon in the CalREDIE application. EDEJs may contact the appropriate Branch for a hard copy form.

**Communicable diseases that are followed by IDB as of January 2020 include:**

Anaplasmosis/Ehrlichiosis	Anthrax, human or animal
Babesiosis	<i>Burkholderia mallei</i> , <i>pseudomallei</i> infections
Botulism (non-infant; foodborne, wound, other)	Brucellosis, human or animal
Campylobacteriosis	Chikungunya Virus Infection
Cholera	Ciguatera fish poisoning
Coccidioidomycosis	Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
Cryptosporidiosis	Cyclosporiasis
Cysticercosis or taeniasis	Dengue Virus Infection
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	Encephalitis, Specific Etiology: Fungal, Parasitic
<i>Escherichia coli</i> : Shiga toxin-producing (STEC) including <i>E. coli</i> O157	Flavivirus of undetermined species
Foodborne Disease	Giardiasis

Hantavirus infections	Hemolytic Uremic Syndrome
Hepatitis A (foodborne)	Hepatitis E
Legionellosis	Leprosy
Leptospirosis	Listeriosis
Lyme Disease	Malaria
Meningitis (fungal only)	Paralytic Shellfish Poisoning
Plague, human or animal	Psittacosis
Q Fever	Rabies
Relapsing Fever	Rickettsial Diseases
Rocky Mountain Spotted Fever	Salmonellosis
Scombroid Fish Poisoning	Shiga toxin detected in feces
Shigellosis	Trichinosis
Tularemia, animal or human	Typhoid and Paratyphoid infections
<i>Vibrio</i> infections	Viral Hemorrhagic Fevers
West Nile Virus infection	Yellow Fever
Yersiniosis	Zika Virus Infection

Questions by Local Health Departments regarding any of these conditions may be addressed to IDB at (510) 620-3434.

## II. General Resources

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CDPH IDB: IDB epidemiologists are available for consultation for any issues that are beyond the scope of these recommendations; call (510) 620-3434 during regular business hours, or directly contact the IDB subject matter expert if known. In addition, for after-hours emergencies, a Division of Communicable Disease Control (DCDC) epidemiologist is always available through the DCDC or the CDPH Duty Officer of the Day (DOD) emergency pagers.

The following resources are also available for additional information:

Control of Communicable Diseases Manual (CCDM), 20<sup>th</sup> Edition: Edited by Heymann, DL and published by the American Public Health Association, CCDM provides a comprehensive summary of communicable diseases of global significance. The CCDM emphasizes the epidemiological aspects of communicable diseases and provides information about their identification, reporting, control and prevention.

The Council to Improve Foodborne Outbreak Response (CIFOR): CIFOR is a multidisciplinary working group convened to increase collaboration across the country and across relevant areas of expertise in order to reduce the burden of foodborne illness in the United States. CIFOR was created to develop and share guidelines, processes, and products that will facilitate good foodborne outbreak response; see: <https://www.cifor.us/>.

U.S. Centers for Disease Control and Prevention (CDC): The CDC website provides details on individual enteric pathogens as well as surveillance summaries and outbreak investigation updates: [www.cdc.gov](http://www.cdc.gov).

Council of State and Territorial Epidemiologists (CSTE) Position Statements: List of recent position statements by CSTE that justified updates or changes to select nationally notifiable diseases can be found at: <https://www.cste.org/page/PositionStatements>.

Enteric Disease Matrix: The California Conference of Directors of Environmental Health, in collaboration with the California Association of Communicable Disease Controllers (CACDC), worked with the Loma Linda University School of Public Health to summarize the evidence-based recommendations for exclusion and clearance for persons working in sensitive occupations or situations and children  $\leq 5$  years of age in group settings who have been diagnosed with, or exposed to, select gastrointestinal infections. These guidelines are not bound by state regulations and are therefore left to the discretion of the Local Health Officer. These guidelines were reviewed and updated in 2017. The Enteric Disease Matrix is available through the [CACDC website](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CACDC.aspx) (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CACDC.aspx>) (password protected).

Foodborne Pathogenic Microorganisms and Natural Toxins Handbook (The Bad Bug Book): Published by the U.S. Food and Drug Administration, the second edition of this handbook, released in 2012, provides current information about the major known agents that cause foodborne illness. Each chapter in this book is about a pathogen or a natural toxin that can contaminate food and cause illness. The book contains scientific and technical information about the major pathogens that cause these kinds of illnesses. The handbook can be downloaded at: <http://www.fda.gov/Food/FoodborneIllnessContaminants/CausesOfIllnessBadBugBook/>.

National Notifiable Diseases Surveillance System: This is the public health disease surveillance system maintained by CDC that allows public health officials to monitor the occurrence and spread of certain diseases. Details of specific diseases that are nationally notifiable, including case definitions are available at <http://wwwn.cdc.gov/nndss/>. The list of nationally notifiable diseases is agreed upon by the CSTE and CDC.

### III. CDPH IDB Guidance Document Layout for Each Disease/Condition

Each chapter will focus on a specific communicable disease or condition followed by IDB and will be divided into the following sections:

- I. Description and Epidemiology: Overview of the disease or condition, including basic epidemiology and California trends.
- II. Surveillance Case Definition: The most recent CSTE case definition, when available, for suspected, probable, and confirmed cases. A link to the CSTE position statement for the disease or condition under surveillance will also be provided.
- III. Case Surveillance, Investigation, and Reporting: Basic investigation guidance, reporting instructions for LHDs, including information about the CDPH laboratories and other resources.
- IV. Case Management and Public Health Control Measures: Recommendations based on state regulations and/or the CACDC Enteric Disease Matrix.
- V. Applicable State Statutes and Regulations: State regulations under Title 17 that are relevant to the specific disease/condition.
- VI. Additional Resources: Links and references to additional information on the topic.
- VII. Updates: Any new updates or changes will be highlighted in this section.
- VIII. Summary of LHD Action Steps: Summary of key recommendations for LHD use.

This information reflects the most current knowledge at the time of release. Every attempt will be made to keep these chapters as current as possible. Any changes to these documents will be noted in the Updates section. Additional topics and supplemental forms will be added as they are completed. Users of this information are encouraged to remain informed of new developments and resulting changes in recommendations on CD prevention and control. If any errors are noted, please notify IDB at (510) 620-3434, or email the IDB subject matter expert.