

# Vaccine-Preventable Disease Reporting from Local Health Jurisdictions to CDPH Immunization Branch August 2024

*Note to readers: The purpose of this document is to clarify reporting timelines and methods of reporting from local health jurisdictions (LHJs) to CDPH, Immunization Branch. This includes reporting for surveillance purposes and for public health action purposes.*

## I. California communicable disease reporting requirements

### A. Applicable regulations

1. **Title 17 CCR §2502** requires that local health officers notify the California Department of Public Health (CDPH) of [reportable diseases and conditions](#).

### B. How LHJs should report VPDs to CDPH

1. In general, LHJs should report via CalREDIE or a format specified by CDPH. Specifically:
  - i. LHJs using CalREDIE should report cases using the appropriate condition in CalREDIE.
  - ii. LHJs not using CalREDIE should report high-volume diseases (e.g., pertussis, hepatitis A) in an electronic line-listed data file (xlsx, csv, tsv, sas dataset) within 1 month of when the LHJ determines that the case meets the notification criteria.
  - iii. LHJs not using CalREDIE should report cases of other diseases by sending reports using encrypted email to [VPDReport@cdph.ca.gov](mailto:VPDReport@cdph.ca.gov) or by faxing hard copy case report forms or copies of case UDFs to the IZB confidential fax: 510-620-3949. Reports should be submitted within 1 month of when the LHJ determines that the case meets the notification criteria. Links to hard copy case report forms are provided in the Table below.

### C. Requested VPD reporting timeframes from LHJs to CDPH Immunization Branch

**Note: LHJs should report via CalREDIE or the format described in B (above). Additional reporting guidelines may also apply depending on timeframes.**

1. **Immediate** reporting
  - a. Business hours: E-mail [VPDReport@cdph.ca.gov](mailto:VPDReport@cdph.ca.gov) or 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.
  - b. Outside of business hours: call the CDPH Duty Officer at 916-328-3605. The CDPH Duty Officer will contact the Division of Communicable Disease Control Duty Officer who will contact the Immunization Branch subject matter expert. LHJs can also contact the CDPH DCDC Duty Officer directly.
2. **1 working day** reporting
  - a. 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 OR email the subject matter expert and [VPDreport@cdph.ca.gov](mailto:VPDreport@cdph.ca.gov).
3. **Weekly** reporting
  - a. Diseases/conditions should be reported by electronic transmission via CalREDIE or a format specified by CDPH within seven calendar days of identification.

## II. Special situations in which the CDPH Immunization Branch requests immediate notification

- 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, but are not limited to:
  1. Suspect meningococcal disease case in a college student or in another congregate setting
  2. Suspect measles case
- B. Any exposure situation where public health response may be complicated. Some examples include, but are not limited to:
  1. Consideration of expanded post-exposure prophylaxis for groups with potential exposure to *N. meningitidis*
  2. Consideration of a mass vaccination clinic
  3. Consideration of post-exposure prophylaxis for unusual exposure scenarios (postmortem exposures, laboratory exposures, etc.)
- C. Any suspect vaccinia case.
- D. Any other case or situation for which immediate consultation is wanted.

### III. Reporting for Case Counting Purposes

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

**Table. Reporting from LHJs to CDPH Immunization Branch for VPDS and other selected diseases**

Condition	Cases Requiring Notification	Notification Timeliness	Reporting Type	Reporting Method
Acute flaccid myelitis	Confirmed and Probable	1 working day	Individual case report	<ul style="list-style-type: none"> <li>▪ CalREDIE</li> <li>▪ <a href="#">Form CDPH 8554</a></li> </ul>
Diphtheria	Confirmed and Suspected	Immediate if requesting diphtheria antitoxin, otherwise 1 working day	Individual case report	<ul style="list-style-type: none"> <li>▪ CalREDIE</li> <li>▪ <a href="#">Form CDPH 8579</a></li> </ul>
<i>Haemophilus influenzae</i> , invasive disease in persons <5 years	Confirmed and Probable	Week	Individual case report	<ul style="list-style-type: none"> <li>▪ CalREDIE</li> <li>▪ <a href="#">Form PM 401</a></li> </ul>
Hepatitis A, acute	Confirmed	Week	Individual case report	<ul style="list-style-type: none"> <li>▪ CalREDIE</li> <li>▪ <a href="#">Form CDPH 8556</a></li> </ul>
Hepatitis B, acute	Confirmed and Probable	Week	Individual case report	<ul style="list-style-type: none"> <li>▪ CalREDIE</li> <li>▪ <a href="#">Form CDPH 8703</a></li> </ul>
Hepatitis B, chronic	Confirmed and Probable	Week	Individual lab report	<ul style="list-style-type: none"> <li>▪ CalREDIE</li> <li>▪ No individual case report form</li> </ul>
Hepatitis B, perinatal infection	Confirmed and Probable	Week	Individual case report	<ul style="list-style-type: none"> <li>▪ CalREDIE</li> <li>▪ <a href="#">Form CDPH 8702</a></li> </ul>
Hepatitis B, pregnancy	Confirmed and Probable	Week	Individual case report	<ul style="list-style-type: none"> <li>▪ This condition is not in CalREDIE. Pregnant cases should be reported to the Perinatal Hepatitis B Prevention Program</li> <li>▪ <a href="#">Form CDPH 8546</a></li> </ul>
Hepatitis D (Delta), acute/chronic (only occurs in persons with chronic hepatitis B infection)	Confirmed	Week	Confidential morbidity report	<ul style="list-style-type: none"> <li>▪ CalREDIE</li> <li>▪ <a href="#">Confidential Morbidity Report</a></li> </ul>
Influenza, death in laboratory-confirmed case, 0 - 17 years	Confirmed	Week	Individual case report	<ul style="list-style-type: none"> <li>▪ CalREDIE</li> <li>▪ <a href="#">Form CDPH 9070</a></li> </ul>
Influenza, novel strains (initial detections)	Confirmed, Probable and Suspected	Immediate	Individual case report	<ul style="list-style-type: none"> <li>▪ CalREDIE</li> <li>▪ <a href="#">CDC Case Report Form</a></li> </ul>
Measles	Confirmed, Probable and Suspected	Immediate	Individual case report	<ul style="list-style-type: none"> <li>▪ CalREDIE</li> <li>▪ <a href="#">Form CDPH 8345</a></li> </ul>
Meningococcal disease ( <i>Neisseria meningitidis</i> )	Confirmed, Probable and Suspected	Immediate (case in daycare, school, college) 1 working day (case in other settings)	Individual case report	<ul style="list-style-type: none"> <li>▪ CalREDIE</li> <li>▪ <a href="#">Form CDPH 8469</a></li> </ul>

<b>Middle East Respiratory Syndrome (MERS)</b>	Confirmed, Probable and Suspected	Immediate	Individual case report	<ul style="list-style-type: none"> <li>CalREDIE</li> <li><a href="#">Patient Under Investigation (PUI) Short Form</a></li> </ul>
<b>Mumps</b>	Confirmed and Probable	Week	Individual case report	<ul style="list-style-type: none"> <li>CalREDIE</li> <li><a href="#">Form CDPH 8690</a></li> </ul>
<b>Novel virus with pandemic potential</b>	Confirmed, Probable and Suspected	Immediate	Individual case report	<ul style="list-style-type: none"> <li>CalREDIE</li> <li><a href="#">CDC Case Report Form</a></li> </ul>
<b>Outbreaks</b> (vaccine-preventable disease [VPD] and other respiratory [except Legionnaire's or Pontiac Fever]; others to appropriate CDPH Branch)	Confirmed	Immediate (measles, meningococcal) 1 working day (hepatitis A, mumps, pneumococcal) Week (other)	Outbreak report	<ul style="list-style-type: none"> <li>CalREDIE</li> <li><a href="#">Form CDPH 9056</a> (respiratory outbreaks)</li> </ul>
<b>Pertussis</b>	Confirmed and Probable	1 working day (death) Week (nonfatal case)	Individual case report	<ul style="list-style-type: none"> <li>CalREDIE</li> <li>Electronic line-listed data file (xlsx, csv, tsv, SAS dataset)</li> <li><a href="#">Form CDPH 8258</a></li> </ul>
<b>Poliovirus infection<sup>2</sup></b>	Confirmed and Suspected	Immediate	Individual case report	<ul style="list-style-type: none"> <li>CalREDIE</li> <li><a href="#">Form CDPH 8421</a></li> </ul>
<b>Respiratory syncytial virus, death in laboratory-confirmed case, 0 – 4 years</b>	Confirmed	Week	Individual case report	<ul style="list-style-type: none"> <li>CalREDIE</li> <li><a href="#">Form CDPH 8265</a></li> </ul>
<b>Rubella</b>	Confirmed and Probable	Week	Individual case report	<ul style="list-style-type: none"> <li>CalREDIE</li> <li><a href="#">Form PM 358</a></li> </ul>
<b>Rubella, congenital syndrome</b>	Confirmed, Probable and Suspected	1 working day	Individual case report	<ul style="list-style-type: none"> <li>CalREDIE</li> <li><a href="#">CDC CRS Case Report</a></li> </ul>
<b>Smallpox</b>	Confirmed, Probable and Suspected	Immediate	Individual case report	<ul style="list-style-type: none"> <li>CalREDIE</li> <li><a href="#">Confidential Morbidity Report</a></li> </ul>
<b><i>Streptococcus pneumoniae</i> (pneumococcal) meningitis</b> Reportable to CDPH as "Meningitis, bacterial"	Confirmed	Week	Individual case report	<ul style="list-style-type: none"> <li>CalREDIE (bacterial meningitis)</li> <li><a href="#">Confidential Morbidity Report</a></li> </ul>
<b>Tetanus</b>	Probable	Week	Individual case report	<ul style="list-style-type: none"> <li>CalREDIE</li> <li><a href="#">CDC Tetanus Surveillance Worksheet</a></li> </ul>
<b>Varicella</b> Death or hospitalization	Confirmed and Probable	1 working day	Individual case report	<ul style="list-style-type: none"> <li>CalREDIE</li> <li><a href="#">CDC Varicella Death Investigation Worksheet</a></li> <li><a href="#">Form CDPH 8299</a></li> </ul>

#### IV. Immunization Branch Contact Information

Immunization Branch Main Line: 510-620-3737

Vaccine Preventable Disease Inbox: [VPDReport@cdph.ca.gov](mailto:VPDReport@cdph.ca.gov)