

Vaccine-Preventable Disease Reporting from Local Health Jurisdictions to CDPH - January 2019

Note to readers: The purpose of this document is to clarify reporting timelines and methods of reporting from local health jurisdictions (LHJs) to CDPH. 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](#) and specifies a timeframe for reporting. There are three timeframes for reporting: **immediately, 1 working day, and 1 week**. See: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf>
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>

B. Reporting methods

1. **Immediate** reporting
 - a. 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.
 - 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.
 - c. Follow the instructions below for weekly reporting.
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. Emailing the subject matter expert and vpdreport@cdph.ca.gov is also acceptable.
 - b. Follow the instructions below for weekly reporting.
3. **Weekly** reporting. LHJs should report via CalREDIE or a format specified by CDPH to interface with CalREDIE. Specifically:
 - a. LHJs using CalREDIE should report cases using the appropriate condition in CalREDIE.
 - b. LHJs not using CalREDIE should report pertussis cases (or other diseases, as possible) 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.
 - c. LHJs not using CalREDIE should report cases of other diseases by faxing hard copy case report forms to the IZB confidential fax: 510-620-3949 or by uploading reports to a secure FTP site or sending reports by encrypted email. 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. 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. See: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf>

2. [Title 17 CCR §2505 requires that laboratories report specific laboratory test results.](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/LabReportableDiseases.pdf) See: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/LabReportableDiseases.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.

III. **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
 2. Suspect measles case
- B. Any exposure situation where public health response may be complicated. Some examples include, but are not limited to:
 1. Considering expanded prophylaxis for groups with potential exposure to *N. meningitidis*
 2. Considering a mass vaccination clinic
 3. Considering prophylaxis for unusual exposure scenarios (postmortem exposures, laboratory exposures, etc.)
- C. Any suspect vaccinia case (unless the Navy Vaccine Healthcare Center/DOD is already involved)
- D. Any case or situation for which immediate consultation is wanted.

IV. **Transferring cases to another California jurisdiction**

LHJs identifying a disease report in a resident of another California jurisdiction are responsible for transferring the case to the appropriate LHJ.

- A. For transfers to and from LHJs using CalREDIE, follow the [Transfer Protocol](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Jurisdiction-Transfer-Protocol.pdf) outlined below:
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Jurisdiction-Transfer-Protocol.pdf>
- B. For transfers to or from LHJs not using CalREDIE, call or email the receiving LHJ to inform them of the transfer and send all relevant information and materials via fax or encrypted email.

V. **Transferring cases out of state**

LHJs identifying a disease report in a resident of another state should initiate an investigation and acquire all relevant materials (e.g., medical records, laboratory reports, etc.).

- A. LHJs using CalREDIE should follow the [Out-of-State Protocol](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CalREDIE-Out-of-State-Protocol.pdf) outlined below:
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CalREDIE-Out-of-State-Protocol.pdf>
- B. LHJs not using CalREDIE must call or email the Immunization Branch to inform them of the out of state case. LHJs should send all relevant information or materials to CDPH via fax or encrypted email.

VI. **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 other selected) diseases

Condition	Cases Requiring Notification	Notification Timeliness	Reporting Type	Reporting Method
Acute flaccid myelitis (reportable to CDPH as an “unusual condition”) ¹	Confirmed and Probable	1 working day	Individual case report	<ul style="list-style-type: none"> CalREDIE Form CDPH 8554
Diphtheria ^{1,2}	Confirmed and Suspected	Immediate if requesting diphtheria antitoxin, otherwise 1 working day	Individual case report	<ul style="list-style-type: none"> CalREDIE Form CDPH 8579
Haemophilus influenzae, invasive disease in persons <5 years ^{1,2}	Confirmed and Probable	Week	Individual case report	<ul style="list-style-type: none"> CalREDIE Form PM 401
Hepatitis A, acute ^{1,2}	Confirmed	Week	Individual case report	<ul style="list-style-type: none"> CalREDIE Form CDPH 8556
Hepatitis B, acute ^{1,2}	Confirmed	Week	Individual case report	<ul style="list-style-type: none"> CalREDIE Form CDPH 8703
Hepatitis B, chronic	Confirmed and Probable	Week	Individual lab report	<ul style="list-style-type: none"> CalREDIE No individual case report form
Hepatitis B, perinatal infection ²	Confirmed and Probable	Week	Individual case report	<ul style="list-style-type: none"> CalREDIE Form CDPH 8702
Hepatitis B, pregnancy ²	Confirmed and Probable	Week	Individual case report	<ul style="list-style-type: none"> This condition is not in CalREDIE. Pregnant cases should be reported to the Perinatal Hepatitis B Prevention Program Form CDPH 8546
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"> CalREDIE Confidential Morbidity Report
Influenza, death in laboratory-confirmed case, 0 - 17 years ^{1,2}	Confirmed	Week	Individual case report	<ul style="list-style-type: none"> CalREDIE Form CDPH 9070
Influenza, novel strains (initial detections) ^{1,2}	Confirmed, Probable and Suspected	Immediate	Individual case report	<ul style="list-style-type: none"> CalREDIE CDC Case Report Form
Measles ^{1,2}	Confirmed and Suspected	Immediate	Individual case report	<ul style="list-style-type: none"> CalREDIE Form CDPH 8345
Meningococcal disease ^{1,2} (<i>Neisseria meningitidis</i>)	Confirmed, Probable and Suspected	Immediate (daycare, school, college) 1 working day (other settings)	Individual case report	<ul style="list-style-type: none"> CalREDIE Form CDPH 8469
Middle East Respiratory Syndrome (MERS) ¹	Confirmed, Probable and Suspected	Immediate	Individual case report	<ul style="list-style-type: none"> CalREDIE Patient Under Investigation (PUI) Short Form
Mumps ^{1,2}	Confirmed and Probable	Week	Individual case report	<ul style="list-style-type: none"> CalREDIE Form CDPH 8690

Novel virus with pandemic potential¹	Confirmed, Probable and Suspected	Immediate	Individual case report	<ul style="list-style-type: none"> CalREDIE CDC Case Report Form
Outbreaks¹ (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"> CalREDIE Form CDPH 9056 (respiratory outbreaks)
Pertussis^{1,2}	Confirmed, Probable and Suspected	1 working day (death) Week (case)	Individual case report	<ul style="list-style-type: none"> CalREDIE Electronic line-listed data file (xlsx, csv, tsv, SAS dataset) Form CDPH 8258 Form CDPH 8263 (infant supplemental form)
Poliovirus infection^{1,2}	Confirmed and Suspected	Immediate	Individual case report	<ul style="list-style-type: none"> CalREDIE Form CDPH 8421
Respiratory syncytial virus, death in laboratory-confirmed case, 0 – 4 years^{1,2}	Confirmed	Week	Individual case report	<ul style="list-style-type: none"> CalREDIE Form CDPH 8265
Rubella^{1,2}	Confirmed and Probable	1 working day	Individual case report	<ul style="list-style-type: none"> CalREDIE Form PM 358
Rubella, congenital syndrome^{1,2}	Confirmed, Probable and Suspected	1 working day	Individual case report	<ul style="list-style-type: none"> CalREDIE CDC CRS Case Report
Smallpox^{1,2}	Confirmed, Probable and Suspected	Immediate	Individual case report	<ul style="list-style-type: none"> CalREDIE Confidential Morbidity Report
<i>Streptococcus pneumoniae</i> (pneumococcal) meningitis^{1,2} Reportable to CDPH as "Meningitis, bacterial"	Confirmed	Week	Individual case report	<ul style="list-style-type: none"> CalREDIE (bacterial meningitis) Confidential Morbidity Report Supplemental Bacterial Meningitis Form
Tetanus^{1,2}	Probable (no confirmed case definition)	Week	Individual case report	<ul style="list-style-type: none"> CalREDIE CDC Tetanus Surveillance Worksheet
Varicella Death^{1,2}	Confirmed and Probable	Week	Individual case report	<ul style="list-style-type: none"> CalREDIE CDC Varicella Death Investigation Worksheet
Varicella Hospitalization¹	Confirmed and Probable	Week	Individual case report	<ul style="list-style-type: none"> CalREDIE Form CDPH 8299

¹Title 17 CCR §2502, ²CDC, NNDSS

VII. Immunization Branch Contact List

Immunization Branch Main Line: 510-620-3737

- Kathy Harriman, PhD, MPH, RN
kathleen.harriman@cdph.ca.gov/510-620-3767
- Rob Schechter, MD
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- Cora Hoover, MD
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