

Vaccine-Preventable Disease Reporting from Local Health Jurisdictions to CDPH Immunization Branch March 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](#). See: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf>

B. Requested VPD reporting timeframes from LHJs to CDPH Immunization Branch

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.

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
 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.

III. 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.

IV. 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 out of state cases. LHJs should send all relevant information to CDPH via fax or encrypted email.

V. 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 LHJs to CDPH Immunization Branch for VPDS and other selected diseases

Condition	Cases Requiring Notification	Notification Timeliness	Reporting Type	Reporting Method
Acute flaccid myelitis (reportable to CDPH as an “unusual condition”)	Confirmed and Probable	1 working day	Individual case report	<ul style="list-style-type: none"> ▪ CalREDIE ▪ Form CDPH 8554 https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8554.pdf
Diphtheria	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 https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8579.pdf
<i>Haemophilus influenzae</i> , invasive disease in persons <5 years	Confirmed and Probable	Week	Individual case report	<ul style="list-style-type: none"> ▪ CalREDIE ▪ Form PM 401 https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/pm401.pdf
Hepatitis A, acute	Confirmed	Week	Individual case report	<ul style="list-style-type: none"> ▪ CalREDIE ▪ Form CDPH 8556 https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8556.pdf
Hepatitis B, acute	Confirmed	Week	Individual case report	<ul style="list-style-type: none"> ▪ CalREDIE ▪ Form CDPH 8703 https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8703.pdf
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	Confirmed and Probable	Week	Individual case report	<ul style="list-style-type: none"> CalREDIE Form CDPH 8702 https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8702.pdf
Hepatitis B, pregnancy	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 https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8546.pdf
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 https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph110a.pdf
Influenza, death in laboratory-confirmed case, 0 - 17 years	Confirmed	Week	Individual case report	<ul style="list-style-type: none"> CalREDIE Form CDPH 9070 https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph9070.pdf
Influenza, novel strains (initial detections)	Confirmed, Probable and Suspected	Immediate	Individual case report	<ul style="list-style-type: none"> CalREDIE CDC Case Report Form https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/CDCOMB0920-0004.pdf
Measles	Confirmed and Suspected	Immediate	Individual case report	<ul style="list-style-type: none"> CalREDIE Form CDPH 8345 https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8345.pdf
Meningococcal disease (Neisseria meningitidis)	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"> CalREDIE Form CDPH 8469 https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8469.pdf
Middle East Respiratory Syndrome (MERS)	Confirmed, Probable and Suspected	Immediate	Individual case report	<ul style="list-style-type: none"> CalREDIE Patient Under Investigation (PUI) Short Form https://www.cdc.gov/coronavirus/mers/downloads/MERS-investigation-short-form.pdf
Mumps	Confirmed and Probable	Week	Individual case report	<ul style="list-style-type: none"> CalREDIE Form CDPH 8690 https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8690.pdf
Novel virus with pandemic potential	Confirmed, Probable and Suspected	Immediate	Individual case report	<ul style="list-style-type: none"> CalREDIE CDC Case Report Form https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/CDCOMB0920-0004.pdf
Outbreaks (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 https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph9056.xls (respiratory outbreaks)
Pertussis	Confirmed, Probable and Suspected	1 working day (death) Week (nonfatal case)	Individual case report	<ul style="list-style-type: none"> CalREDIE Electronic line-listed data file (xlsx, csv, tsv, SAS dataset) Form CDPH 8258 https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8258.pdf Form CDPH 8263 (infant supplemental form) https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8263.pdf (infant supplemental form)
Poliovirus infection²	Confirmed and Suspected	Immediate	Individual case report	<ul style="list-style-type: none"> CalREDIE Form CDPH 8421 https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8421.pdf
Respiratory syncytial virus, death in laboratory-confirmed case, 0 – 4 years	Confirmed	Week	Individual case report	<ul style="list-style-type: none"> CalREDIE Form CDPH 8265 https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8265.pdf
Rubella	Confirmed and Probable	1 working day	Individual case report	<ul style="list-style-type: none"> CalREDIE Form PM 358 https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/pm358.pdf

Rubella, congenital syndrome	Confirmed, Probable and Suspected	1 working day	Individual case report	<ul style="list-style-type: none"> ▪ CalREDIE ▪ CDC CRS Case Report https://www.cdc.gov/vaccines/pubs/surv-manual/appx/appendix17-rubella-syn.pdf
Smallpox	Confirmed, Probable and Suspected	Immediate	Individual case report	<ul style="list-style-type: none"> ▪ CalREDIE ▪ Confidential Morbidity Report https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph110a.pdf
<i>Streptococcus pneumoniae</i> (pneumococcal) meningitis Reportable to CDPH as “Meningitis, bacterial”	Confirmed	Week	Individual case report	<ul style="list-style-type: none"> ▪ CalREDIE (bacterial meningitis) ▪ Confidential Morbidity Report https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph110a.pdf ▪ Supplemental Bacterial Meningitis Form https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/SupplementalBacterialMeningitisForm.docx (supplemental form)
Tetanus	Probable (no confirmed case definition)	Week	Individual case report	<ul style="list-style-type: none"> ▪ CalREDIE ▪ CDC Tetanus Surveillance Worksheet https://www.cdc.gov/vaccines/pubs/surv-manual/appx/appendix18-2-tet-wrsht.pdf
Varicella Death or hospitalization	Confirmed and Probable	Week	Individual case report	<ul style="list-style-type: none"> ▪ CalREDIE ▪ CDC Varicella Death Investigation Worksheet https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/VaricellaDeathWorksheet.pdf ▪ Form CDPH 8299 https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8299.pdf

VI. **Immunization Branch Contact List**

Immunization Branch Main Line: 510-620-3737

- Kathy Harriman, PhD, MPH, RN
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