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 and supplemental forms will be added as they are completed.

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Background

I. Reportable Diseases and Conditions

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. 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 local health department: http://www.cdph.ca.gov/HealthInfo/Documents/Reportable_Diseases_Conditions.pdf

- CCR Title 17, section 2502 requires the local health department to report these diseases to CDPH: http://www.cdph.ca.gov/programs/Documents/Title%2017%20Section%202502%2010-28-11.pdf

- CCR Title 17, section 2505 requires laboratories to report laboratory testing results suggestive of certain communicable diseases to the local health department. In addition, section 2505 requires that laboratories save and forward specimens and isolates of certain organisms to the public health laboratory: http://www.cdph.ca.gov/programs/sss/Documents/Title17Sec2505-01-14.pdf

- Most local health jurisdictions (LHJs) in California now report diseases and conditions through the California Reportable Disease Information Exchange (CalREDIE), the computer application implemented by CDPH for web-based disease reporting and surveillance. All reportable diseases are now entered into CalREDIE by the LHJs 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 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 will include additional sections, including pages for Clinical, Laboratory and Epidemiology Information. These pages reflect the fields and questions used in the corresponding paper version of the standardized case report form.

- For jurisdictions not currently participating in CalREDIE, CMR and case report data must still be provided, including the information requested in the forms provided on the CDPH website: http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph110a.pdf. http://www.cdph.ca.gov/pubsforms/forms/Pages/CD-Report-Forms.aspx.

- Communicable diseases that are followed by IDB include:

Amebiasis	Anaplasmosis/Ehrlichiosis	Anthrax, human or animal
Babesiosis	Botulism (foodborne or wound)	Brucellosis, human or animal
Campylobacteriosis	Cholera	Ciguatera fish poisoning
Coccidiodomycosis	Creutzfeldt-Jakob Disease and other Transmissible Spongiform Encepahlopathies	Cryptosporidiosis
Cyclosporiasis	Cysticercosis or taeniasis	Dengue
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	Encephalitis, Specific Etiology: Fungal, Parasitic	*Escherichia coli:* shiga toxin producing (STEC) including *E. coli* O157
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	Severe Acute Respiratory Syndrome	Shiga toxin detected in feces
Shigellosis	*Staphyloccocus aureus* infection, severe, community associated	Streptococcal infections (outbreaks of any type)
Toxic Shock Syndrome	Trichinosis	Tularemia, animal or human
Typhoid Fever	*Vibrio* infections	Viral Hemorrhagic Fevers
West Nile Virus infection	Yellow Fever	Yersiniosis

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

II. General Resources

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 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), 20th 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: http://www.cifor.us/index.cfm.

- 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: http://www.cste.org/?page=PositionStatements%20.

- Enteric Disease Exclusion Summary Chart: The California Conference of Directors of Environmental Health, in collaboration with the California Association of Communicable Disease Controllers, 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 who have been diagnosed with, or exposed to, select gastrointestinal infections. The summary exclusion chart, detailed recommendations, and details of this study can be found at http://www.lluophp.org/enteric/.

- 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 Disease 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. The 2012 list can be found at:

http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/PDFs/CSTENotifiableConditionListA.pdf

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. Disease Investigation and Reporting: Basic investigation guidance, reporting instructions for jurisdictions that participate and don't participate in CalREDIE, information about the state laboratories and other resources.

IV. Case Management and Control Measures: Recommendations based on state regulations and/or the California Association of Communicable Disease Controllers proposed Enteric Disease Matrix: http://www.cdph.ca.gov/programs/cid/Documents/EntericDiseaseMatrix.pdf.

V. Applicable State Statutes: 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 Action Steps: Summary of key recommendations.

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.