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# PUBLIC HEALTH REPORTING

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## STD/HIV Reporting Requirements in California

The California Health and Safety Code<sup>73</sup> requires healthcare providers and clinical laboratories to report HIV infection by patient name to the local health officer and mandates local health officers to report unduplicated HIV cases by patient name to CDPH.<sup>74</sup>

California law also requires healthcare providers and laboratories to report a case or suspected case of any of the diseases or conditions listed in the table below (Figure 17) to the local health department.<sup>75</sup>

For more information on California law related to reporting, please visit the following CDPH webpages:

HIV/AIDS Surveillance:

[cdph.ca.gov/programs/aids/Pages/tOAHIVRptgSP.aspx](http://cdph.ca.gov/programs/aids/Pages/tOAHIVRptgSP.aspx)

HIV/AIDS Legislation and Regulation:

[cdph.ca.gov/programs/aids/Pages/OAHIVAIDSLaws.aspx](http://cdph.ca.gov/programs/aids/Pages/OAHIVAIDSLaws.aspx)

STD Legislation and Regulation:

[cdph.ca.gov/programs/std/Documents/CDPH-STD-Regulations-Digest.pdf](http://cdph.ca.gov/programs/std/Documents/CDPH-STD-Regulations-Digest.pdf)

All Reportable Diseases and Conditions:

[cdph.ca.gov/healthinfo/Pages/ReportableDiseases.aspx](http://cdph.ca.gov/healthinfo/Pages/ReportableDiseases.aspx)

**Figure 17: Reporting requirements by infection or disease**

Timing of Report	Infection or Disease	Corresponding Form
Immediately by telephone	Outbreak of any sexually transmitted infection in multiple individuals	CDPH 110a or via the California Reportable Disease Information Exchange (CalREDIE) <sup>76</sup>
Within <b>one day</b>	Syphilis (suspect or confirmed) HAV	
Within <b>7 days</b>	Chancroid CT infections (including LGV) Gonococcal infections HBV (specify acute case or chronic) HCV (specify acute case or chronic) HDV Hepatitis, other, acute	
	HIV/AIDS	CDPH 8641A

<sup>73</sup> [Health and Safety Code, Section 121022\(a\)](#)

<sup>74</sup> [Health and Safety Code, Sections 2641.5-2643.20](#) provide specificity for reporting cases of HIV.

<sup>75</sup> [California Code of Regulations, Title 17, Section 2500\(j\)](#)

<sup>76</sup> CalREDIE is California's web-based disease surveillance and case management system. It includes a Provider Portal where providers can enter their confidential morbidity reports (CMR) into a secure web browser, with no need for paper reporting.

## STD/Hepatitis Reporting

To report STD or hepatitis, complete a Confidential Morbidity Report (CMR) form (CDPH 110a), available at [www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph110a.pdf](http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph110a.pdf). CMRs should be submitted to the local health jurisdiction in which the patient resides, as required by law. Blank forms with appropriate health jurisdiction contact information are available from the local health department for reporting.

Instead of reporting by fax or mail, CalREDIE, California's web-based disease surveillance and case management system, has a Provider Portal where providers can enter their CMR reports into a secure web browser, with no need for paper reporting. In addition to reporting new cases, CalREDIE can be used to see which cases you have reported in the past and generate basic reports.

To find out the status of the CalREDIE Provider Portal in your area, contact your local health jurisdiction or email [calrediehelp@cdph.ca.gov](mailto:calrediehelp@cdph.ca.gov).

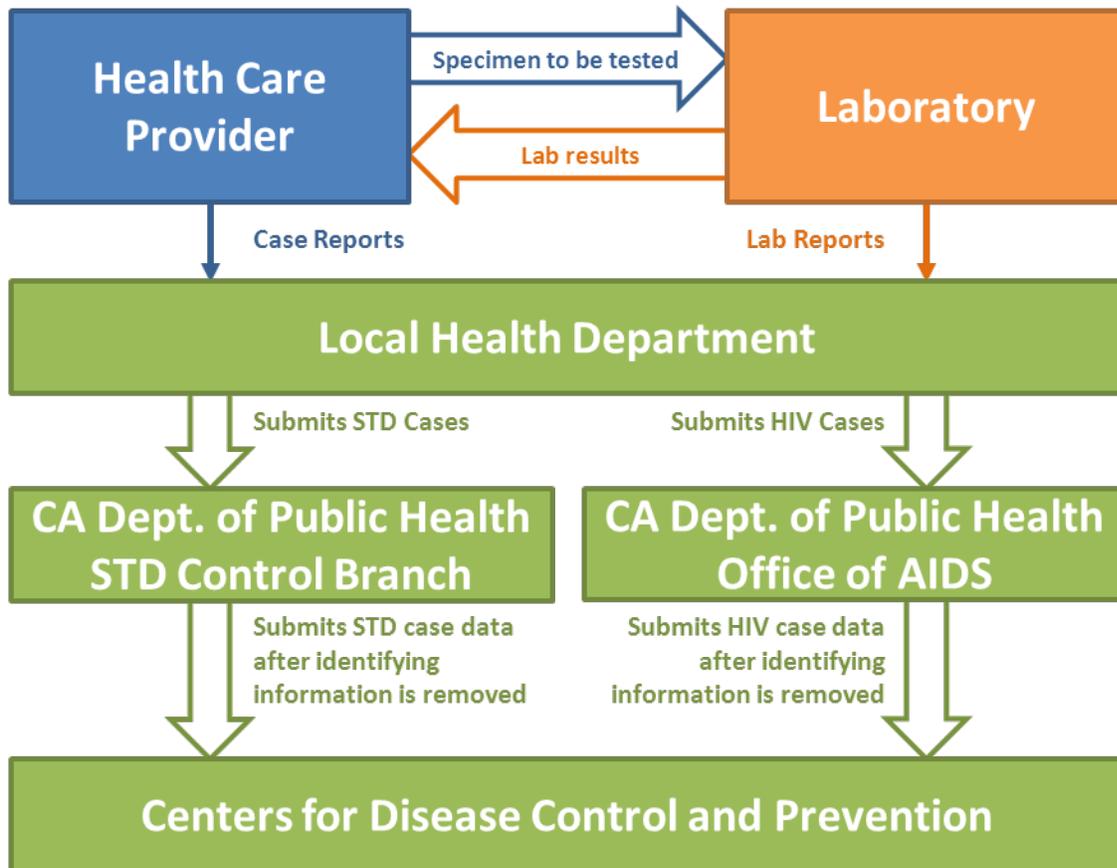
Contact Information for California Local Health Departments is available at [www.cdph.ca.gov/HealthInfo/Documents/LHD\\_CD\\_Contact\\_Info.doc](http://www.cdph.ca.gov/HealthInfo/Documents/LHD_CD_Contact_Info.doc)

## HIV Reporting

To report a case of HIV infection or AIDS, complete the CDPH HIV/AIDS Confidential Case Report Form (CDPH 8641A) available at [www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8641a.pdf](http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8641a.pdf). Contact your local health department's HIV/AIDS surveillance program for information on how to fill out the form and where to send the completed form. The form must be sent to your local health department, not to CDPH. California law requires healthcare providers to submit HIV/AIDS case reports to the local health department within seven calendar days.

For copies of the case report form, information about how to submit case reports in a secure and confidential manner, or for any other inquiries about the reporting process, please contact your local health department's HIV/AIDS surveillance program, or visit the CDPH HIV/AIDS Case Reporting page at [www.cdph.ca.gov/programs/aids/Pages/OARptgProviders.aspx](http://www.cdph.ca.gov/programs/aids/Pages/OARptgProviders.aspx).

Figure 18. California name-based disease reporting system



Prepared by the California Department of Public Health

## Special Reporting Procedures for Syphilis<sup>77</sup>

All cases of suspected or confirmed syphilis of any stage should be reported within **one day** by phone, fax or electronically to the local health jurisdiction where the patient resides (California Code of Regulations, Title 17, Section 2500(j).) In addition, patients should be informed at the time of syphilis testing that the provider is required by California law to confidentially report new cases of syphilis to the local health department and that the health department may contact the patient to ensure adequate management.

When reporting cases of clinically suspicious syphilis, clinicians should describe the stage of infection using the following classifications:

**Primary:** Chancre present, with or without laboratory evidence suggestive of syphilis.

**Secondary:** Localized or diffuse mucocutaneous lesions (e.g., rash, condyloma lata) and laboratory evidence suggestive of syphilis, if available.

**Early Latent:** Asymptomatic infection, positive serologic test suggestive of syphilis, *and*

- 1) Documentation of a negative serologic test or a fourfold or greater increase in titer during the prior 12 months, *or*
- 2) Patient-reported history of symptoms consistent with primary or secondary syphilis within the prior 12 months, *or*
- 3) Patient-reported history of sexual exposure to a partner who has been diagnosed with primary, secondary, or early latent syphilis in the past 12 months.

**Late Latent:** Asymptomatic infection, serologically confirmed syphilis, and no evidence that infection was acquired in the past 12 months. Infections that are latent of unknown duration should be classified as late latent.

**Late (Tertiary):** Serologically confirmed syphilis with clinical or radiographic signs of cardiovascular, bone, or visceral involvement.

Neurosyphilis can occur at any stage of syphilis. Patients diagnosed with neurosyphilis should be staged as above and neurosyphilis signs indicated on the CMR. For criteria on the diagnosis of neurosyphilis, see *Neurosyphilis* on page 52.

Any suspected case of syphilis in which the stage cannot be determined from the above criteria should be reported as "Syphilis - Stage Unknown".

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<sup>77</sup> Adapted with permission from the Medical Board of California's Guidebook to the Laws Governing the Practice of Medicine by Physicians and Surgeons