

Surveillance and Statistics Section



REQUEST FOR INFECTIOUS DISEASES BRANCH SURVEILLANCE DATA

<b>Return completed form (pages 1 &amp; 2) to:</b>	<b>Please fill and print out requester information below.</b>			
California Department of Public Health Center for Infectious Diseases Division of Communicable Disease Control Infectious Diseases Branch Surveillance and Statistics Section P.O. Box 997377, MS 7306 Sacramento, CA 95899-7377  Email: IDB-SSS@CDPH.CA.GOV  Phone: (916) 552-9720 FAX: (916) 552-9725	Requester name:		Requester title:	
	Organization:			
	Mailing Address:			
	Telephone number (include area code): (       )		E-mail address:	
	FAX number (include area code): (       )		Date of request:	Desired completion date:
<b>Please allow minimum of ten working days for completion of data request.</b>				

- Please refer to pages 2, 3 & 4 for instructions on how to complete your data request.
- For Public Records Act Requests please call the CDPH Press Office at: (916) 440-7259

Detailed Description of Data / Assistance Requested

<p>1. Disease name(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2. Time period requested (month and/or year):</p> <p>From _____ To _____</p> <p>Cumulative for specific periods</p> <p>By year</p> <p>By other grouping, (please specify below):</p> <p>_____</p> <p>3. Demographic categories* (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Race/Ethnicity</td> <td style="width: 50%;">Gender</td> </tr> <tr> <td>Age groups</td> <td>Other (specify below):</td> </tr> </table> <p>_____</p> <p>7. Special Instructions:</p> <p>_____</p> <p>_____</p> <p>_____</p>	Race/Ethnicity	Gender	Age groups	Other (specify below):	<p>4. Geographic area(s) requested:</p> <p style="text-align: center;">Statewide                      Jurisdictions:</p> <p>_____</p> <p>_____</p> <p>5. Purpose of data request (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Advocacy</td> <td style="width: 50%;">Program planning</td> </tr> <tr> <td>Grant application</td> <td>Report/journal article</td> </tr> <tr> <td>Internal use only</td> <td>Research</td> </tr> <tr> <td>Presentation</td> <td></td> </tr> <tr> <td colspan="2">Other purpose (specify):</td> </tr> </table> <p>_____</p> <p>_____</p> <p>6. Delivery method:</p> <p style="text-align: center;">Email                      FAX                      Mail</p>	Advocacy	Program planning	Grant application	Report/journal article	Internal use only	Research	Presentation		Other purpose (specify):	
Race/Ethnicity	Gender														
Age groups	Other (specify below):														
Advocacy	Program planning														
Grant application	Report/journal article														
Internal use only	Research														
Presentation															
Other purpose (specify):															

Initials of the requester here: \_\_\_\_\_



**By submitting this data request I agree to the following provisions:**

1. Protecting the confidentiality of surveillance information is our foremost concern. The release of surveillance data containing individually identifying information is strictly prohibited. The terms and conditions for the release of data must be consistent with applicable laws.
2. We reserve the right to suppress data to maintain case confidentiality. Data tables will not contain potentially identifying information, small cell values, or information on small population subgroups.
3. All publications using the data provided must acknowledge this program. The following is a suggested citation: California Department of Public Health, Infectious Diseases Branch, Surveillance & Statistics Section, provisional infectious diseases data provided per Data Request, <date>.
4. The dissemination of any interpretations or findings based upon the data provided must be accompanied by the following disclaimer: The authorized release of infectious diseases data by the California Department of Public Health, Infectious Diseases Branch, Surveillance & Statistics Section should not be construed as an endorsement of any analyses, interpretations, or conclusions reached by the author(s).
5. The data provided will be used only for the purposes stated in the data request form.
6. The data are provisional. Local Health Jurisdictions can modify or delete past case reports at any time, even months or years after they are initially reported due to the dynamic nature of the reporting surveillance system.
7. Data should not be released to a third party who is not listed on the request form. The third party request should be referred directly to California Department of Public Health, Infectious Diseases Branch, Surveillance & Statistics Section.
8. Research proposal involving human subjects may require approval of the California Health and Human Services Agency, Committee for the Protection of Human Subjects, 400 R Street, Suite 359, Sacramento, CA 95811.6213, telephone: (916) 326-3660, websites: [cphs-mail@oshpd.ca.gov](mailto:cphs-mail@oshpd.ca.gov), or [www.oshpd.ca.gov/boards/cphs](http://www.oshpd.ca.gov/boards/cphs).
9. Requesters agree not to use de-identified data to determine the identity of individual persons. Attempt to do so from public data is a violation of the federal Privacy Act, 5U.S.C. and the HIPAA Rule.
10. Computer or paper files must be protected under lock and key and/or by encryption.

Signature	Type or print name of the requester	Date:
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**Note: If you email this form to expedite the process, you are still required to print out, initial, sign, and fax or mail the first two pages accordingly.**

Required By Civil Code Section for Use in  
Request for Infectious Diseases Branch Surveillance Data Form

**PRIVACY STATEMENT (CA CIVIL CODE SECTION 1798.17)**

THE INFORMATION COLLECTED ON THIS FORM IS USED TO PROCESS YOUR REQUEST FOR INFECTIOUS DISEASES BRANCH SURVEILLANCE DATA. THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND ON FILE AT THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, INFECTIOUS DISEASES BRANCH. ALL INFORMATION REQUESTED ON THE FORM IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST, AND NOT SUPPLYING THE INFORMATION MAY CAUSE A DELAY IN THE PROCESSING OF YOUR REQUEST, DENIAL OF YOUR REQUEST. ANY INFORMATION PROVIDED MAYBE DISCLOSED TO THE CALIFORNIA STATE AUDITOR, THE CALIFORNIA OFFICE OF HEALTH INFORMATION INTEGRITY, THE CALIFORNIA OFFICE OF INFORMATION SECURITY AND PRIVACY PROTECTION, OR TO OTHER STATE AND FEDERAL AGENCIES AS REQUIRED BY LAW.

YOU HAVE THE RIGHT TO REVIEW THE RECORDS WE KEEP ABOUT YOU DURING NORMAL BUSINESS HOURS. THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PRIVACY OFFICE WILL, UPON REQUEST, INFORM YOU REGARDING THE LOCATION OF YOUR RECORDS AND THE CATEGORIES OF ANY PERSONS WHO USE THE INFORMATION IN THOSE RECORDS. FOR MORE INFORMATION, CONTACT THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, PRIVACY OFFICE, USING THE FOLLOWING CONTACT INFORMATION: CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF LEGAL SERVICES, PRIVACY OFFICE, MS 0506, P.O. BOX 997377, SACRAMENTO, CALIFORNIA 95899-7377 OR PHONE 1-877-421-9634 OR BY E-MAIL AT: [Privacy@cdph.ca.gov](mailto:Privacy@cdph.ca.gov)



## Instructions for filling out Data Request Form

### Item 1: Disease Names

- a) Please refer to accompanying disease list (page 4) for detailed information on what disease categories are available for request through the Surveillance and Statistics Section (SSS), Infectious Diseases Branch.
- b) Write disease names as shown on disease list.
- c) List is based on diseases reportable to the State of California (Title 17 CCR §2500).

### Item 2: Time Period:

- a) Specify both lower and upper bound for time period requested (month/year).
- b) The time period for data requests is based on the period during which cases were reported. The date of disease onset may not be available.
- c) Please note: Disease reporting requirements change:
  - Diseases that were reportable in the past may not be reportable now,
  - Diseases that are currently reportable may have not been previously reportable for a period of time.

### Item 3: Demographic Categories:

- a) Demographic information for outbreaks is not available.

### Item 4: Geographic Areas:

- a) There are 61 local health jurisdictions: 58 counties and the cities of Berkeley, Long Beach, and Pasadena.
- b) For information on a specific local health jurisdiction, please contact local health jurisdiction directly.  
[http://www.cdph.ca.gov/HealthInfo/Documents/LHD\\_CD\\_Contact\\_Info.pdf](http://www.cdph.ca.gov/HealthInfo/Documents/LHD_CD_Contact_Info.pdf)

### Item 5: Delivery Method:

- a) Results will be emailed to specified address if no method is selected.

### Item 6: Purpose of Data Request:

- a) Check all that apply.

### Item 7: Special Instructions:

- a) Use this area to add any special instructions that were not covered elsewhere. SSS will do their best to address your requests.

## Surveillance and Statistics Section



Please visit the following website for available data and reports before completing the data request form.

1994 - 2012 data are available under "Data and Statistics" on Section's website at: <http://www.cdph.ca.gov/programs/sss/Pages/default.aspx>

## Diseases

Amebiasis	Lyme Disease
Anthrax	Malaria
Babesiosis	Paralytic Shellfish Poisoning
Botulism (Foodborne, Wound)	Plague, Human or Animal
Brucellosis	Psittacosis
Campylobacteriosis	Q Fever
Cholera	Rabies, Animal
Ciguatera Fish Poisoning	Relapsing Fever
Coccidioidomycosis	Rocky Mountain Spotted Fever
Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE) (reportable since 1996)	Salmonellosis (Other than Typhoid Fever)
Cryptosporidiosis	Scombroid Fish Poisoning
Cyclosporiasis	Shiga toxin (detected in feces)
Cysticercosis or Taeniasis	Shigellosis
Dengue	<i>Staphylococcus aureus</i> infection *
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	Streptococcal Infections (Outbreaks of Any Type & Individual cases in Food Handlers and Dairy Workers only)
Ehrlichiosis	Trichinosis
<i>Escherichia coli</i> : shiga toxin producing (STEC) including <i>E. coli</i> O157	Tularemia
Giardiasis	Typhoid Fever, Cases and Carriers
Hantavirus Infections	Typhus Fever
Hemolytic Uremic Syndrome	<i>Vibrio</i> Infections
Hepatitis E, acute infection	West Nile (animal or vector issues)
Legionellosis	Yersiniosis
Leprosy (Hansen's Disease)	<b>Outbreak Only</b>
Leptospirosis	Foodborne Disease
Listeriosis	Waterborne Disease

\* Only cases resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture are reported.

For other diseases, please check the following programs (business hours: M - F, 8 am - 5 pm) and websites:

Communicable Disease Emergency Response Branch [Main line: (510) 231-6861]

<http://www.cdph.ca.gov/programs/cder/Pages/default.aspx>

Immunization Branch [Main line: (510) 620-3737]

<http://www.cdph.ca.gov/programs/immunize/Pages/default.aspx>

Infant Botulism Treatment and Prevention [Main line: (510) 231-7600]

<http://www.cdph.ca.gov/programs/ibtpp/Pages/default.aspx>

Sexually Transmitted Diseases Branch [Main line: (510) 620-3400]

<http://www.cdph.ca.gov/programs/std/Pages/default.aspx>

Tuberculosis Control Branch [Main line: (510) 620-3000]

<http://www.cdph.ca.gov/programs/tb/Pages/default.aspx>

Viral & Rickettsial Diseases Laboratory Branch [Main line: (510) 307-8575]

<http://www.cdph.ca.gov/programs/vrdl/Pages/default.aspx>