The California Department of Public Health, in consultation with the California Conference of Local Health Officers, recently updated the reportable disease lists in the California Code of Regulations Title 17, Sections 2500 and 2505. These changes are effective October 1, 2019. The Santa Barbara County Public Health Department is taking this opportunity to ensure your receipt of this information and to remind our partners that timely disease reporting is one of the most important public health contributions that our community partners can provide to ensure public health and safety in Santa Barbara County. As per Title 17, reporting of listed communicable diseases is required for both confirmed and suspected cases via the CalREDIE Provider Portal. Below is a summary of key reporting changes. To view the complete list of Reportable Diseases and Conditions and reporting timeframes, please visit our website at www.sbcphd.org/dcp

** Removed-No longer required to be reported to the local health department:

- Amebiasis
- Chlamydia trachomatis infections, including lymphogranuloma venereum (LGV)
- Streptococcal Infections

** Added-Now required to be reported to the local health department:

- Human Immunodeficiency Virus (HIV) infection, any stage; report within 7 calendar days
- Middle East Respiratory Syndrome (MERS); report immediately by telephone
- Paratyphoid Fever; report within one working day
- Cannabis Related Illness (Locally Reportable); report within one working day
- Vaping Pulmonary-Associated Injuries (Locally Reportable); report within one working day

** The following conditions have been reworded for clarity:

- Hepatitis B (specify acute, chronic, or perinatal)
- Hepatitis C (specify acute, chronic, or perinatal)
- Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS)
- Influenza, due to novel strains (human)
- Respiratory syncytial virus-associated deaths in laboratory-confirmed cases <5 years of age
- Syphilis (all stages, including congenital)

**Section 2505:**
Section 2505 specifies that laboratories must report all laboratory testing results suggestive of diseases of public health importance to the local health department within the specified timeframe. A subsection of 2505 specifies isolates or specimens that must be submitted to the public health laboratory. The updated 2505 diseases list is posted on the Division of Communicable Disease Control website at: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Reportable-Disease-and-Conditions.aspx

We thank you in advance for your reporting efforts that make it possible for our Disease Control staff to respond, investigate, and control the spread of communicable diseases in our community. Reminder, if you are not currently reporting via the CalREDIE Provider Portal, please visit our website for enrollment at www.sbcphd.org/dcp. Please contact our Disease Control and Prevention Program 24/7 for any immediate communicable disease matters at (805) 681-5280.
REPORTABLE DISEASES AND CONDITIONS
Title 17, California Code of Regulations (CCR) §2500, §2593, §2641-2643, and §2800-2812

- Anaplasmosis
- Anthrax (Human or Animal)
- Babesiosis
- Botulism (Infant, Foodborne, Wound, Other)
- Brucellosis (Animal, except Brucella canis)
- Brucellosis (Human)
- Campylobacteriosis
- Chancroid
- Chicken Pox (outbreaks, hospitalization, deaths) (Do not report cases of herpes zoster/shingles)
- Chikungunya Virus Infection
- Cholera
- Ciguatera Fish Poisoning
- Coccioidiomycosis
- Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
- Cryptosporidiosis
- Cyclopsoriasis
- Cysticercosis or Taeniasis
- Dengue Virus Infection
- Diphtheria
- Domic Acid Poisoning (Amnesic Shellfish Poisoning)
- Ehrlichiosis
- Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- Escherichia coli: shiga toxin producing (STEC) including E. coli O157
- Flavivirus Infection of undetermined species
- Foodborne Disease: (2 or more cases from separate households with same suspected source)
- Giardiasis
- Gonococcal Infections
- Haemophilus influenzae, invasive disease (~5 years only)
- Hantavirus Infections
- Hemolytic Uremic Syndrome
- Hepatitis A (Acute infection)
- Hepatitis B (specify acute, chronic, or perinatal)
- Hepatitis C (specify acute, chronic, or perinatal)
- Hepatitis D (Delta-specify Acute or Chronic)
- Hepatitis E, Acute Infection
- Human Immunodeficiency Virus (HIV), acute ▲
- Human Immunodeficiency Virus (HIV) infection, any stage ▲
- Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS) ▲
- Influenza (Death—Lab Confirmed 0-17 yrs old)
- Influenza due to novel strains (human)
- Legionellosis
- Leprosy (Hansen's Disease)
- Leptospirosis
- Listeriosis
- Lyme Disease
- Malaria
- Measles (Rubeola)
- Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- Meningoococal Infections
- Mumps
- Novel Virus Infection with Pandemic Potential
- Paralytic Shellfish Poisoning
- Paratyphoid Fever
- Pertussis (Whooping Cough)
- Plague, Human or Animal
- Poliovirus Infection
- Pneumonia
- Q Fever
- Rabies, Human or Animal
- Relapsing Fever
- Respiratory syncytial virus-associated deaths in laboratory-confirmed cases less than five years of age
- Rickettsial Disease (non-Rocky Mountain Spotted Fever, including Typhus and Typhus like illnesses)
- Rocky Mountain Spotted Fever
- Rubella (German Measles)
- Rubella Syndrome, Congenital
- Salmonellosis (Other than Typhoid Fever)
- Scombroid Fish Poisoning
- Shiga toxin (detected in feces)
- Shigellosis
- Smallpox (Variola)
- Syphilis (all stages, including congenital)
- Tetanus
- Toxic Shock Syndrome
- Trichinosis
- Tuberculosis
- Tularemia (Animal)
- Tularemia (Human)
- Typhoid Fever, Cases and Carriers
- Vibrio Infections
- Viral Hemorrhagic Fevers –Human/Animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
- West Nile Virus (WNV) Infection
- Yellow Fever
- Yersiniosis
- Zika Virus Infection

Local Surveillance
- Cannabis Related Illness
- TST Reactors (age <3 years only)
- Vaping-Associated Pulmonary Illness

OCCURRENCE OF ANY UNUSUAL DISEASE
(including diseases not listed in §2500. Specify if institutional and/or open Community)

OUTBREAKS OF ANY DISEASE

HIV Reporting by Health Care Providers
§2641.5-2643.20. Send HIV/AIDS reports via FedEx, UPS or direct courier to:
HIV/AIDS Surveillance Program
300 N. San Antonio Road, A110
Santa Barbara, CA 93110
Phone: (805) 681-5361

REPORTABLE NON-COMMUNICABLE DISEASES AND CONDITIONS

Conditions Impairing Driving Capacity (pursuant to H&S 103900)

Lapses of consciousness or control. Alzheimer’s disease or other conditions which may impair the ability to operate a motor vehicle safely.

It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed above to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report. “Health care provider” encompasses physicians, surgeons, veterinarians, podiatrists, nurse practitioners, physician assistants, registered nurses, nurse midwives, school nurses, infection control practitioners, medical examiners, coroners, dentists and chiropractors.

This updated list reflects reportable diseases and conditions as of 10/2019

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