

2008 Changes in Reportable Diseases

An important function of public health is to monitor and track diseases and conditions that impact the general population. This public health surveillance function is carried out through a partnership of healthcare providers, laboratories, and local, state and national public health agencies. This partnership is strengthened through regulations that define the diseases and conditions to be reported, as well as the duties that each of the partners must perform. Specifically, Title 17 of the California Code of Regulations (CCR) requires health care providers and/or laboratories to report certain health conditions, listed in Sections 2500 and 2505 of the CCR (“reportable disease list”), in a timely fashion to local health authorities.

California Health and Safety (H&S) Code Section 120130, which is the authority for Title 17, was first published in 1945 and has been amended nine times with the intent to reflect the current needs and priorities for public health surveillance. Several changes to the reportable disease list were filed with the Secretary of State on June 12, 2007 (see inset for summary).

All shiga toxin producing E. coli (rather than only E. coli O157) infections are now reportable by both laboratories and providers. Also, shiga toxin detected in feces is now reportable by both laboratories and providers. This requirement was added in the fall of 2006 in the wake of the outbreak of E. coli O157 infections associated with spinach because some commercial laboratories are testing for shiga toxin in addition to, or in lieu of, culturing for shiga toxin producing E. coli.

The full list of reportable diseases, including the allowable timeframes for reporting them, can be found on page 5. **Please remember that a case or suspected case of any unusual disease, even if not currently named on the list, must be reported to the Communicable Diseases (CD) Unit.**

Timely and accurate reporting of communicable diseases (both suspected and

Additions:

- Avian Influenza (human)
- Chicken pox (hospitalizations and deaths only)
- Lymphogranuloma venereum (LGV)
- Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
- Shiga toxin in feces
- Influenza Deaths (under 18 years of age)

Deletions:

- Anisakiasis
- Echinococcosis (Hydatid Disease)
- Lymphocytic Choriomeningitis
- MRSA (Methicillin-resistant Staphylococcus aureus)
- Non-Gonococcal Urethritis (NGU)
- Reye Syndrome

confirmed cases) is a critical component of disease **surveillance, prevention** and **control**. In addition, the threat of emerging infectious diseases and bioterrorist activity further increases the need for prompt and thorough disease reporting which instills regular communication with the Communicable Disease (CD) Unit.

The CD Unit should be the first health authority notified in cases of a reportable disease, not California Department of Public Health (CDPH) or the Centers for Disease Control and Prevention (CDC). The Santa Cruz County Health Services Agency CD Unit is well equipped to immediately provide guidance for testing, treatment, and prophylaxis to all providers. In addition, Santa Cruz County is in frequent contact with CDPH and can quickly collaborate with them about what is happening locally.

Many thanks to every healthcare provider for your continuing efforts on the “front lines” of disease surveillance in Santa Cruz County – you are highly valued partners with a critical role in early recognition of potentially important public health problems.

Source: Much of this text was taken from the recent newsletter of the Medical Board of California