



Public Health Bulletin

A Publication of the Public Health Department, Jeff Hamm, Health Agency Director
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Avian Influenza Cases Should Be Tested By Public Health Labs

The Public Health Laboratory (PHL) is prepared for avian influenza, and is collaborating with local clinical laboratories. At this time, we strongly urge that influenza cases which meet the clinical criteria for avian influenza (H5N1) be tested within the public health laboratory system. For those cases, the San Luis Obispo County Public Health Laboratory will expedite testing.

Collect nasal and throat swabs (using dacron or rayon swabs only) and place each swab into a separate

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Physician Needed for County Jail Coverage

Greg Thomas, M.D. at Public Health is recruiting a physician to cover a Saturday morning medical clinic at the County Jail. The approximate hours are 8 a.m. to 10:45 a.m., along with other occasional weekday morning shifts.

The physician would work with correctional RNs to see inmates who have medical problems that require physician evaluations.

Payment is \$195 for a two and a half to three hour shift. To learn more, call Dr. Thomas at 781-5519 or e-mail gthomas@co.slo.ca.us.

Gregory Thomas, M.D., M.P.H.



Lyme Disease Symptoms, Diagnosis and Reporting Requirements

Lyme disease is caused by a spirochete (corkscrew-shaped bacteria) called *Borrelia burgdorferi* and is transmitted to humans by the bite of an infected tick.

The western black-legged tick, *Ixodes pacificus*, is the primary vector to humans in the far western United States. Ticks have three life stages, larva, nymph and adult. Only nymphs and adult females can transmit *B. burgdorferi*. Nymphs are most active in spring and early summer. Adults are most active in fall through early spring.

If a tick is still attached, remove it, since it takes between 24 and 48 hours to transmit the bacteria. Remove the tick using tweezers, gripping the tick at the point nearest the skin, and pulling the tick out with a firm steady motion.

Early symptoms of Lyme disease occur three to 30 days after exposure. Symptoms can include fever, headache, neck ache, muscle

and joint pain, or a characteristic skin rash called erythema migrans (EM), also known as the “bull’s eye” rash. Around 50-75% of infected patients develop EM.

Late Lyme disease can occur weeks, months or years after infection. Swelling of the joints, chronic arthritis and nervous system disorders are the most common features of late Lyme disease.

Laboratory confirmation of *B. burgdorferi* infection uses a two-tiered assay. The first test uses an ELISA and is very sensitive. The second, more specific, test is a Western blot. The CDC does not recommend doing a Western blot test first, as more false-positives are likely to occur. Lab tests can also give false-negatives in patients with early disease.

The western black-legged tick can be found in San Luis Obispo County and although none have

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Avian (cont.)

vial of viral transport media, leaving the swab in the media. Send specimens and State Virus Lab submittal form for each patient to the Public Health Laboratory at 2191 Johnson Avenue (781-5507). The Public Health Laboratory will forward these to the State Virus Laboratory in Richmond for culture of avian influenza and specific typing.

The PHL also performs, in-house, virus culture for influenza NOT suspected to be avian type, with results available within 24-48 hours. Contact the PHL for more information on submitting specimens.

New Law on Administration of Mercury-Containing Vaccines

Effective July 1, 2006, it is against California law to administer doses of some vaccine formulations to pregnant women or children younger than three years old because of their level of the mercury-containing preservative, thimerosal.

More information about this new law is available at: www.dhs.ca.gov/ps/dcdc/izgroup/shared/mercury_law.htm.

This is an important consideration if administering flu vaccine to pregnant women. The three influenza vaccine formulations that meet the new law are:

- Chiron Corporation “Fluvirin” preservative-free pre-filled 0.5 ml syringes
- GlaxoSmithKline “Fluarix” pre-filled 0.5 ml unit dose syringes
- Sanofi Pasteur “Fluzone” no preservative pre-filled 0.5 ml syringes or 0.5 ml unit dose vial.

It Is Time to Think About Flu Shots

October and November are the ideal months for high-risk people and others to think about getting a flu shot. Now is the time to protect yourself, your clients and your staff with the annual flu shot.

This year the flu shot will offer protection against the A/(H3N2) influenza antigen, which caused most of last season’s flu cases. The 2006-07 trivalent vaccine will offer protection against these strains: A/New Caledonia (H1N1)-like, A/Wisconsin (H3N2)-like and B/Malaysia-like.

In addition to adults over 60, this year we are making a special effort to remind children and adults with a chronic heart or lung condition, renal dysfunction, diabetes or asthma, immunosuppression, cognitive dysfunction that can compromise respiratory function, pregnant women, and infants between 6 and 59 months are at higher risk of serious complications from flu and need flu shots.

People who work in a health care setting have a good chance of being exposed to flu. They need to protect themselves, their families and their patients by getting an annual flu shot. Vaccination of healthy people aged 50-59 years is recommended in November and December.

Adults who want to protect themselves can find low cost shots at locations throughout the county, including the Community Health Centers of the Central Coast, as well as their private doctor or HMO, chain pharmacies and even some independent pharmacies like Health Plus in San Luis Obispo. Go to www.FluClinicLocator.org to locate a clinic near you.

The Public Health Department will hold its annual senior flu clinic on Friday November 3, and expects to administer over 2,300 immunizations to those 60 years and older and others with high-risk medical conditions. The fee is \$15, or we will bill Medicare/Medi-Cal.

All infants and children between the ages of 6-59 months are also encouraged to get a flu shot. Call your pediatrician or local Public Health Department for an appointment.

Flu season lasts through March, normally peaking in February, so November and December are good months to get a flu shot.

November 3, 2006 Senior Flu Shot Clinic Locations

Atascadero	Pavilion on the Lake, 9315 Pismo Avenue	9–10:30 a.m.
Cambria	Joslyn Recreation Center 950 Main Street	1:30–4 p.m.
Grover Beach	Grover Beach Public Health Department 286 S. 16th Street	By appointment Call 473-7050
Los Osos	Trinity United Methodist Church 490 Los Osos Valley Road	9–11:30 a.m.
Morro Bay	Morro Bay Community Center 625 Harbor Street	9–11:30 a.m.
Paso Robles	Paso Robles Senior Center 270 Scott Street	By appointment Call 237-3880
San Luis Obispo	Unity of San Luis Obispo 1490 Southwood Drive	9–11:30 a.m.
Templeton	Templeton Community Center 601 South Main Street	1:30–3 p.m.

AIDS Update Symposium to be Held on November 9

The 18th annual AIDS Update Symposium will be held Thursday, November 9 at the Embassy Suites in San Luis Obispo. The program will provide a better understanding of the complex problems that are part of treating HIV and part of living with HIV.

Presenters include Dr. David Gottlieb, who was there at the beginning of the AIDS epidemic. One of the first doctors to see a puzzling new illness in 1981, Dr. Gottlieb created one of the first reports to the CDC on the new phenomenon. He will shed light on the AIDS epidemic as it passes through its 25th year. Dr. Got-

lieb is still deeply involved with HIV/AIDS, with a private practice as a teacher at the UCLA Medical School. He is also a trustee of the Global AIDS Interfaith Alliance (GAIA), a non-profit that conducts HIV/AIDS relief in Malawi.

Dr. David Bearman will address the issue of medical marijuana as it relates to HIV treatment and care. Dr. Bearman has had a long career in the field of drug abuse treatment and prevention and has been prominent in the community clinic movement, starting one of the nation's first free clinics in Seattle.

Dr. Glenn Treismann is a psychiatrist whose special interests

include depressive symptoms and mood disorders in HIV positive patients. He is an associate professor of psychiatry, behavioral sciences as well as medicine at Johns Hopkins University School of Medicine. Dr. Treismann is also the consultant to the HIV Steering Committee for SAMHSA, the Substance Abuse and Mental Health Services Administration.

Registration brochures will be mailed out soon, and pre-registration is recommended. To be added to the mailing list, please call Edie at 781-3660.

Lyme Disease (cont.)

tested positive for *B. burgdorferi*, nearly all of the surrounding counties have had positive ticks. As well, some of the ticks from San Luis Obispo County were unable to be tested since they were not preserved well. The Public Health Department Lab will test ticks for Lyme disease, but the tick should either be kept alive or kept moist by storing the tick in a jar with alcohol.

Although ticks can be turned in for testing, the California Department of Health Services does not recommend that the ticks be tested to determine if medical treatment is necessary because 1) testing methods vary in accuracy, 2) the need for treatment should not be based on test results, and 3) tick testing results do not necessarily predict if the person bitten will get Lyme disease. In short, Lyme disease should be diagnosed based on symptoms, physical findings and history of exposure.

For surveillance purposes, Lyme disease should be reported to the Health Department if either an EM is ≥ 5 cm in diameter or at least one objective manifestation of late Lyme disease with a laboratory confirmation of *B. burgdorferi* infection using a two-tiered assay.

Since 1996, 14 cases of Lyme disease have been reported to the Health Department. This number is likely a gross underestimate of what is really happening in the county. Health care providers must report Lyme disease to their local county health department using a Confidential Morbidity Report (CMR) as mandated by Title 17, California Code of Regulations. Use the surveillance case definition above for when to report cases to the Health Department. If you need more CMRs, call 781-5500.

Smoking Cessation Classes in November

San Luis Obispo

Monday - Thursday Nov. 6, 7, 8 and 9

Wednesday, Nov. 15, 22 and 29

All classes are 1 - 2:30 p.m.

Grover Beach

Monday, Nov. 6

Monday - Thursday, Nov. 13, 14, 15 and 16

Tuesday, Nov. 21 and 28

All classes are 6 - 7:30 p.m.

Paso Robles

Wednesday, Nov. 1 and 8

Monday - Thursday Nov. 13, 14, 15 and 16

Wednesday, Nov. 22

All classes are 6 - 7:30 p.m.

Morro Bay

Wednesday, Nov. 1 and 8

Monday - Thursday, Nov. 13, 14, 15 and 16

Wednesday, Nov. 22

All classes are 6 - 7:30 p.m.

Please call 781-5564 to register for class.

Smoking In Pregnancy Tied To Kids' Behavior Issues

There seems to be a link between maternal smoking during pregnancy and behavioral problems in preschool-age children. A study published in the journal *Child Development* found that two-year-olds whose mothers smoked regularly while they

were pregnant were significantly more likely to exhibit an abnormal pattern of behavior over time compared to age-matched toddlers who were not exposed to cigarette smoke before birth.

While many toddlers have mild behavioral problems during the

“terrible twos,” the behavior problems of cigarette-exposed toddlers significantly increased between 18 and 24 months of age compared to the milder, more stable patterns of non-exposed toddlers.

“These findings suggest that for some children the roots of problem behavior may occur before they are born,” said Lauren Wakschlag of the University of Illinois at Chicago and lead author of the study. Her team studied 93 children between 12 and 24 months of age. Forty-four children were exposed to cigarette smoke before birth. Nearly half of mothers who smoked during pregnancy smoked more than half-a-pack a day.

The team observed markedly different behavior patterns among cigarette-exposed and non-exposed toddlers. Exposed toddlers exhibited “escalating externalizing problems” from 18 to 24 months of age and had difficulty modulating their behavior in response to social cues. “This is in contrast to the non-exposed toddlers in whom externalizing behaviors exhibited a plateau or decline that is typical of this developmental period,” Wakschlag’s team noted. Compared with non-exposed kids, those born to smoking mothers exhibited increased levels of stubborn defiance, aggression, and had poorer social skills.

The findings expand on evidence that maternal smoking during pregnancy is associated with increased likelihood of kids having behavioral problems. It does not prove that smoking during pregnancy causes these problems.

Intervention Training for Prenatal Alcohol, Tobacco and Other Drugs

Prenatal use of harmful substances has become a public health problem that transcends all societal boundaries. Early prenatal identification and intervention is imperative to minimize maternal and fetal damage. Since 2003, the County has worked with Ira Chasnoff, M.D. and Richard McGourty, Ph.D., from the Children’s Research Triangle in Chicago to address the negative sequelae associated with this issue.

As part of this effort, advanced interventions training in the prenatal use of alcohol, tobacco and other drugs (ATOD) was held June 7.

Dr. Chasnoff presented San Luis Obispo County perinatal substance use statistics and discussed the harmful impact of ATOD on the developing fetus. Gina Pinto, LMFT, Perinatal Services Coordinator for San Luis Obispo County, presented the dynamics of substance use and ways to increase health care provider self-awareness. Dr. McGourty discussed motivational interviewing and use of the 4P’s Plus, a self-report screening tool which has demonstrated sensitivity in facilitating disclosure of prenatal substance use. Dr. McGourty also trained attendees in implementation of the “I am Concerned” brief opportunistic intervention, conducted in the prenatal setting when use of ATOD is disclosed.

Brief presentations were made by Drug & Alcohol Services, Tobacco Control Program, Economic Opportunity Commission, Public Health Nursing and the Center for Alternatives to Domestic Violence.

Beginnings’ members Gina Pinto (Public Health), Maura Hugh (Baby’s First Breath), Loretta Parrish (Community Health Centers), Armando Corella (First 5 SLO) and Antonia Torrey (Cuesta College nursing instructor) planned and coordinated the conference. Beginnings is a collaborative committee whose members represent agencies involved in the prevention, assessment and/or treatment of perinatal substance abuse and the care of drug exposed children (for more information, visit the Beginnings’ web site at www.beginningsofslo.org).

Additional workshops are planned for prenatal support staff. The next training is scheduled for Friday, October 20, 2006 at the McMillan Center Conference Room in San Luis Obispo. To register or learn about future trainings, call Maura Hugh at 781-5564

Vaccines for Adults Can Protect Against 14 Diseases

Adults often don't believe that they, like their children, should be immunized regularly. They couldn't be more wrong. Adult immunizations are very important and often overlooked. Health care providers need to routinely screen and encourage their adult patients to update their immunization history. To assist in this effort, the Public Health Department will provide free Adult Immunization Record and History forms (on yellow card stock) to any medical practice. See the copy enclosed. Call Liz at 788-2357 to order a supply.

"Vaccines are key to good health in every stage of your life. Just as shots protect children, immunization protects grown-ups from serious diseases," said Dr. Howard Backer, immunization branch chief of the California Department of Health Services. "College students can protect themselves against meningitis. Annual flu shots protect everyone, including adults in middle years. Seniors need to be protected from dangerous forms of pneumonia. There is even a new version of the tetanus booster shot that protects everyone from whooping cough as well as lockjaw. We need to get the message out – immunization isn't just for kids."

Below is the recommended adult immunization schedule. Some of these diseases are more serious for adults than for children.

- Tetanus-Diphtheria-Pertussis Vaccine (Tdap) (all adults, every 10 years)
- Influenza (Flu) Vaccine (people with chronic diseases & adults 50+ years, every year)
- Pneumococcal Polysaccharide Vaccine (once after age 65 and as recommended by a physician)
- Hepatitis B Vaccine (adults at risk)
- Hepatitis A Vaccine (adults at risk)
- Measles-Mumps-Rubella (MMR) Vaccine (susceptible adults)
- Varicella (Chickenpox) Vaccine (susceptible adults)
- Meningococcal Vaccine (adults at risk)

New This Year

- Zoster Vaccine "Zostavax" (shingles) (adults 60 years and older)
- Human Papillomavirus Vaccine (HPV) "Gardasil" (women less than 27 years old)

Each year an estimated 36,000 people in the United States, especially seniors, die needlessly from vaccine-preventable diseases or their complications. By preventing illness, vaccination saves many health care dollars by keeping people healthy and avoiding the extensive therapies and hospitalizations needed to treat illnesses like influenza and pneumococcal disease. Immunizations also help reduce absences at work, school and social events, and decrease the spread of illness in the home, workplace and community.

For more information about the *Adult Immunization: It's Your Best Shot* campaign and the California Adult Immunization Coalition (CAIC), visit www.immunizecaadults.org. To download the new 2006/07 Recommended Adult Immunization Schedule, visit www.cdc.gov/nip/rec/adult-schedule.htm. For other questions, call Immunization Coordinator Debbie Jo Trinidad, RN, MPH at 788-2043.

New ACIP Provisional Recommendations for Prevention of Varicella

The federal Advisory Committee on Immunization Practices (ACIP) recently made policy changes for use of live, attenuated varicella-containing vaccines for prevention of varicella. Changes include routine two-dose varicella vaccination of children and second dose catch-up varicella vaccination for children, adolescents and adults who previously had received only one dose. The ACIP also expanded recommendations for varicella-containing vaccines to promote wider use of the vaccine for adolescents, adults, and HIV-infected children and approved new criteria for evidence of immunity to varicella. For the full two page policy, go to www.cdc.gov/nip/vaccine/varicella/varicella_acip_recs_prov_june_2006.pdf

San Luis Obispo County Reported Cases of Selected Communicable Diseases - Fall 2006

Disease	Jan. - June	July	August	September	Total 2006	Total 2005
AIDS	1	0	0	0	1	14
Amebiasis	0	0	0	0	0	1
Brucellosis	0	0	0	0	0	3
Campylobacteriosis	24	6	4	4	38	54
Chlamydial Infections	285	25	41	60	411	549
Coccidioidomycosis	53	11	11	10	85	115
Cryptosporidiosis	10	0	0	5	15	6
E. Coli 0157:H7	2	0	0	0	2	6
Giardiasis	12	4	2	1	19	19
Gonorrhea	24	3	4	3	34	49
Hepatitis A	7	1	1	3	12	5
Hepatitis B	51	3	2	8	64	94
Hepatitis C Acute	5	1	0	0	6	1
Hepatitis C Chronic	237	42	17	63	359	502
Hepatitis, Unspecified	0	0	0	0	0	0
Listeriosis	0	0	0	2	2	2
Measles (Rubeola)	0	0	0	0	0	0
Meningitis - Total	7	6	2	5	20	34
Meningitis - Viral	5	4	2	2	13	23
Meningitis, H-Flu	0	1	0	0	1	0
Meningococcal Disease	2	1	0	0	3	1
Pertussis	52	5	4	7	68	110
Rubella	0	0	0	0	0	0
Salmonellosis	16	5	2	12	35	23
Shigellosis	2	1	6	1	10	5
Syphilis - Total	5	0	0	0	5	13
Tuberculosis	1	0	0	0	1	7
West Nile Fever	0	0	0	0	0	0
W. Nile Virus Neuroinvasive	0	0	1	0	1	0



San Luis Obispo County
 Public Health Department
 P.O. Box 1489
 San Luis Obispo, CA 93406

Adult Immunization Record and History

PATIENT NAME (Last Name, First Name, Middle Initial)			NUMBER		
BIRTHDATE	<input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY NUMBER	PRACTICE NAME/ADDRESS		
KNOWN REACTIONS TO VACCINES/ALLERGIES					

If a combination vaccine (e.g., HepB + HepA) is used, record dose in each section.

VACCINE <i>Circle one</i>	DATE GIVEN*	MANUFACTURER AND LOT NUMBER	ADMINIS-TERED BY	SITE** VIS I.D.†	VACCINE	DATE GIVEN*	MANUFACTURER AND LOT NUMBER	ADMINIS-TERED BY	SITE** VIS I.D.†
Tdap/Td				<i>IM</i>	MMR 1				SC
Tdap/Td				<i>IM</i>	MMR 2				SC
Tdap/Td				<i>IM</i>	Meningo-coccal				SC
Tdap/Td				<i>IM</i>					
Pneumo. Poly.				<i>IM or SC</i>	Varicella 1				SC
					Varicella 2				SC
HepA 1				<i>IM</i>	<input type="checkbox"/> Check here if patient had chickenpox disease and does not need vaccine.				
HepA 2				<i>IM</i>	TRAVEL/OTHER VACCINES				
HepB 1				<i>IM</i>					
HepB 2				<i>IM</i>					
HepB 3				<i>IM</i>					
Annual FLU				<i>IM</i>					
Annual FLU				<i>IM</i>					
Annual FLU				<i>IM</i>					
Annual FLU				<i>IM</i>					
Annual FLU				<i>IM</i>	Travel/Other Vaccines continued on back				
Annual FLU				<i>IM</i>					
Annual FLU				<i>IM</i>					
Annual FLU				<i>IM</i>					
Annual FLU				<i>IM</i>					

* **Date Given** is the date you gave the patient the Vaccine Information Statement (VIS) and you administered the vaccine. If you are recording a vaccine given elsewhere, record date dose was given, write in "elsewhere" or "transcribed," and/or name of provider.

** **Site:** Abbreviations are LD=left deltoid or left outer upper arm, RD=right deltoid or right outer upper arm. (See over for illustrations.) Recommended route indicated by italics. Most adult vaccines are given IM (intramuscular) in the deltoid. MMR, Varicella, and Meningococcal vaccines are given SC (subcutaneous) in the fatty tissue of outer upper arm. Pneumococcal Polysaccharide can be given either IM or SC.

† **VIS**—Vaccine Information Statement. Each VIS has an issue date in the lower corner; record the VIS issue date here. The VIS should be given to the patient before each dose of vaccine is administered; they are required by law for Td, HepB, MMR, and Varicella. Each VIS can be downloaded from www.cdc.gov/nip/publications/VIS.

Influenza continued on back

CONFIDENTIAL MORBIDITY REPORT

NOTE: For STD, Hepatitis, or TB, complete appropriate section below. Special reporting requirements and reportable diseases on back.

DISEASE BEING REPORTED:

Patient's Last Name <input style="width: 95%;" type="text"/>		Social Security Number <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>		Ethnicity (✓ one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	
First Name/Middle Name (or initial) <input style="width: 95%;" type="text"/>		Birth Date Month <input style="width: 25%;" type="text"/> Day <input style="width: 25%;" type="text"/> Year <input style="width: 25%;" type="text"/>		Age <input style="width: 25%;" type="text"/>	
Address: Number, Street <input style="width: 95%;" type="text"/>				Apt./Unit Number <input style="width: 95%;" type="text"/>	
City/Town <input style="width: 95%;" type="text"/>		State <input style="width: 25%;" type="text"/>	ZIP Code <input style="width: 40%;" type="text"/>		
Area Code <input style="width: 25%;" type="text"/>	Home Telephone <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	Estimated Delivery Date Month <input style="width: 25%;" type="text"/> Day <input style="width: 25%;" type="text"/> Year <input style="width: 25%;" type="text"/>	
Area Code <input style="width: 25%;" type="text"/>	Work Telephone <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>	Patient's Occupation/Setting <input type="checkbox"/> Food service <input type="checkbox"/> Day care <input type="checkbox"/> Correctional facility <input type="checkbox"/> Health care <input type="checkbox"/> School <input type="checkbox"/> Other _____		<input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> White: _____ <input type="checkbox"/> Other: _____	

DATE OF ONSET Month <input style="width: 25%;" type="text"/> Day <input style="width: 25%;" type="text"/> Year <input style="width: 25%;" type="text"/>	Reporting Health Care Provider <input style="width: 95%;" type="text"/>		REPORT TO
DATE DIAGNOSED Month <input style="width: 25%;" type="text"/> Day <input style="width: 25%;" type="text"/> Year <input style="width: 25%;" type="text"/>	Reporting Health Care Facility <input style="width: 95%;" type="text"/>		
DATE OF DEATH Month <input style="width: 25%;" type="text"/> Day <input style="width: 25%;" type="text"/> Year <input style="width: 25%;" type="text"/>	Address <input style="width: 95%;" type="text"/>		
	City <input style="width: 40%;" type="text"/> State <input style="width: 25%;" type="text"/> ZIP Code <input style="width: 35%;" type="text"/>		
	Telephone Number (<input style="width: 25%;" type="text"/>) <input style="width: 25%;" type="text"/>	Fax (<input style="width: 25%;" type="text"/>) <input style="width: 25%;" type="text"/>	
	Submitted by <input style="width: 95%;" type="text"/>	Date Submitted Month <input style="width: 25%;" type="text"/> Day <input style="width: 25%;" type="text"/> Year <input style="width: 25%;" type="text"/>	

(Obtain additional forms from your local health department.)

SEXUALLY TRANSMITTED DISEASES (STD) Syphilis <input type="checkbox"/> Primary (lesion present) <input type="checkbox"/> Late latent > 1 year <input type="checkbox"/> Secondary <input type="checkbox"/> Late (tertiary) <input type="checkbox"/> Early latent < 1 year <input type="checkbox"/> Congenital <input type="checkbox"/> Latent (unknown duration)		Syphilis Test Results <input type="checkbox"/> RPR Titer: _____ <input type="checkbox"/> VDRL Titer: _____ <input type="checkbox"/> FTA/MHA: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> CSF-VDRL: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Other: _____																																																								
<input type="checkbox"/> Neurosyphilis		VIRAL HEPATITIS																																																								
Gonorrhea <input type="checkbox"/> Urethral/Cervical <input type="checkbox"/> PID <input type="checkbox"/> Other: _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Pos</th> <th>Neg</th> <th>Pend</th> <th>Not Done</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Hep A anti-HAV IgM</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Hep B HBsAg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Acute anti-HBc</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Chronic anti-HBc IgM</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>anti-HBs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Hep C anti-HCV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Acute PCR-HCV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Chronic</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Hep D (Delta) anti-Delta</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			Pos	Neg	Pend	Not Done	<input type="checkbox"/> Hep A anti-HAV IgM	<input type="checkbox"/> Hep B HBsAg	<input type="checkbox"/> Acute anti-HBc	<input type="checkbox"/> Chronic anti-HBc IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-HBs	<input type="checkbox"/> Hep C anti-HCV	<input type="checkbox"/> Acute PCR-HCV	<input type="checkbox"/> Chronic	<input type="checkbox"/> Hep D (Delta) anti-Delta	<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
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Suspected Exposure Type <input type="checkbox"/> Blood transfusion <input type="checkbox"/> Other needle exposure <input type="checkbox"/> Sexual contact <input type="checkbox"/> Household contact <input type="checkbox"/> Child care <input type="checkbox"/> Other: _____																																																										

TUBERCULOSIS (TB) Status <input type="checkbox"/> Active Disease <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Infected, No Disease <input type="checkbox"/> Convertor <input type="checkbox"/> Reactor	Mantoux TB Skin Test Month <input style="width: 25%;" type="text"/> Day <input style="width: 25%;" type="text"/> Year <input style="width: 25%;" type="text"/> Date Performed <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> Results: _____ mm <input type="checkbox"/> Pending <input type="checkbox"/> Not Done	Bacteriology Month <input style="width: 25%;" type="text"/> Day <input style="width: 25%;" type="text"/> Year <input style="width: 25%;" type="text"/> Date Specimen Collected <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> Source _____ Smear: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pending <input type="checkbox"/> Not done Culture: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pending <input type="checkbox"/> Not done Other test(s) _____	TB TREATMENT INFORMATION <input type="checkbox"/> Current Treatment <input type="checkbox"/> INH <input type="checkbox"/> RIF <input type="checkbox"/> PZA <input type="checkbox"/> EMB <input type="checkbox"/> Other: _____ Date Treatment Initiated Month <input style="width: 25%;" type="text"/> Day <input style="width: 25%;" type="text"/> Year <input style="width: 25%;" type="text"/>
Site(s) <input type="checkbox"/> Pulmonary <input type="checkbox"/> Extra-Pulmonary <input type="checkbox"/> Both	Chest X-Ray Month <input style="width: 25%;" type="text"/> Day <input style="width: 25%;" type="text"/> Year <input style="width: 25%;" type="text"/> Date Performed <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> <input type="checkbox"/> Normal <input type="checkbox"/> Pending <input type="checkbox"/> Not done <input type="checkbox"/> Cavitory <input type="checkbox"/> Abnormal/Noncavitory	<input type="checkbox"/> Untreated <input type="checkbox"/> Will treat <input type="checkbox"/> Unable to contact patient <input type="checkbox"/> Refused treatment <input type="checkbox"/> Referred to: _____	

REMARKS

**Title 17, California Code of Regulations (CCR), §2500, §2593, §2641–2643, and §2800–2812
Reportable Diseases and Conditions***

§2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- **§2500(b)** 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 below, 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 to the local health officer for the jurisdiction where the patient resides.
- **§2500(c)** The administrator of each health facility, clinic or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local health officer.
- **§2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500 (h) (i)]

- ☎ = Report **immediately by telephone** (designated by a ♦ in regulations).
- † = Report **immediately by telephone** when **two or more cases** or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations).
- FAX ☎ ☒ = Report by **FAX, telephone, or mail within one working day of identification** (designated by a + in regulations).
- ☒ = All other diseases/conditions should be reported by FAX, telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(j)(1), §2641–2643

Acquired Immune Deficiency Syndrome (AIDS) (HIV infection only: see "Human Immunodeficiency Virus")		☎ Paralytic Shellfish Poisoning
FAX ☎ ☒	Amebiasis	☎ Pelvic Inflammatory Disease (PID)
FAX ☎ ☒	Anisakiasis	FAX ☎ ☒ Pertussis (Whooping Cough)
	☎ Anthrax	☎ Plague, Human or Animal
FAX ☎ ☒	Babesiosis	FAX ☎ ☒ Poliomyelitis, Paralytic
	☎ Botulism (Infant, Foodborne, Wound)	FAX ☎ ☒ Psittacosis
	☎ Brucellosis	FAX ☎ ☒ Q Fever
FAX ☎ ☒	Campylobacteriosis	☎ Rabies, Human or Animal
	Chancroid	FAX ☎ ☒ Relapsing Fever
	Chlamydial Infections	Reye Syndrome
	☎ Cholera	Rheumatic Fever, Acute
	☎ Ciguatera Fish Poisoning	Rocky Mountain Spotted Fever
	Coccidioidomycosis	Rubella (German Measles)
FAX ☎ ☒	Colorado Tick Fever	Rubella Syndrome, Congenital
FAX ☎ ☒	Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology	FAX ☎ ☒ Salmonellosis (Other than Typhoid Fever)
FAX ☎ ☒	Cryptosporidiosis	☎ Scombroid Fish Poisoning
	Cysticercosis	FAX ☎ ☒ Shigellosis
	☎ Dengue	☎ Smallpox (Variola)
	☎ Diarrhea of the Newborn, Outbreaks	FAX ☎ ☒ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
	☎ Diphtheria	FAX ☎ ☒ Swimmer's Itch (Schistosomal Dermatitis)
	☎ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	FAX ☎ ☒ Syphilis
	Echinococcosis (Hydatid Disease)	Tetanus
	Ehrlichiosis	Toxic Shock Syndrome
FAX ☎ ☒	Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	Toxoplasmosis
	☎ <i>Escherichia coli</i> O157:H7 Infection	FAX ☎ ☒ Trichinosis
† FAX ☎ ☒	Foodborne Disease	FAX ☎ ☒ Tuberculosis
	Giardiasis	☎ Tularemia
	Gonococcal Infections	FAX ☎ ☒ Typhoid Fever, Cases and Carriers
FAX ☎ ☒	<i>Haemophilus influenzae</i> Invasive Disease	Typhus Fever
	☎ Hantavirus Infections	☎ Varicella (deaths only)
	☎ Hemolytic Uremic Syndrome	FAX ☎ ☒ <i>Vibrio</i> Infections
	Hepatitis, Viral	☎ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
FAX ☎ ☒	Hepatitis A	FAX ☎ ☒ Water-associated Disease
	Hepatitis B (specify acute case or chronic)	☎ Yellow Fever
	Hepatitis C (specify acute case or chronic)	FAX ☎ ☒ Yersiniosis
	Hepatitis D (Delta)	☎ OCCURRENCE of ANY UNUSUAL DISEASE
	Hepatitis, other, acute	☎ OUTBREAKS of ANY DISEASE (Including diseases not listed in §2500). Specify if institutional and/or open community.
	Human Immunodeficiency Virus (HIV) (§2641–2643): reporting is NON-NAME (see www.dhs.ca.gov/aids)	
	Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)	
	Legionellosis	
	Leprosy (Hansen Disease)	
	Leptospirosis	
FAX ☎ ☒	Listeriosis	
	Lyme Disease	
FAX ☎ ☒	Lymphocytic Choriomeningitis	
FAX ☎ ☒	Malaria	
FAX ☎ ☒	Measles (Rubeola)	
FAX ☎ ☒	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	
	☎ Meningococcal Infections	
	Mumps	
	Non-Gonococcal Urethritis (Excluding Laboratory Confirmed Chlamydial Infections)	

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800–2812 and §2593(b)

Alzheimer's Disease and Related Conditions, and Disorders Characterized by Lapses of Consciousness
Cancer (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix)

LOCALLY REPORTABLE DISEASES (If Applicable):

* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health and Safety Code §120295) and is a citable offense under the Medical Board of California's Citation and Fine Program (Title 16, CCR, §1364).