SAN BERNARDINO COUNTY

Department of Public Health
Communicable Disease Section

Communicable Disease Update

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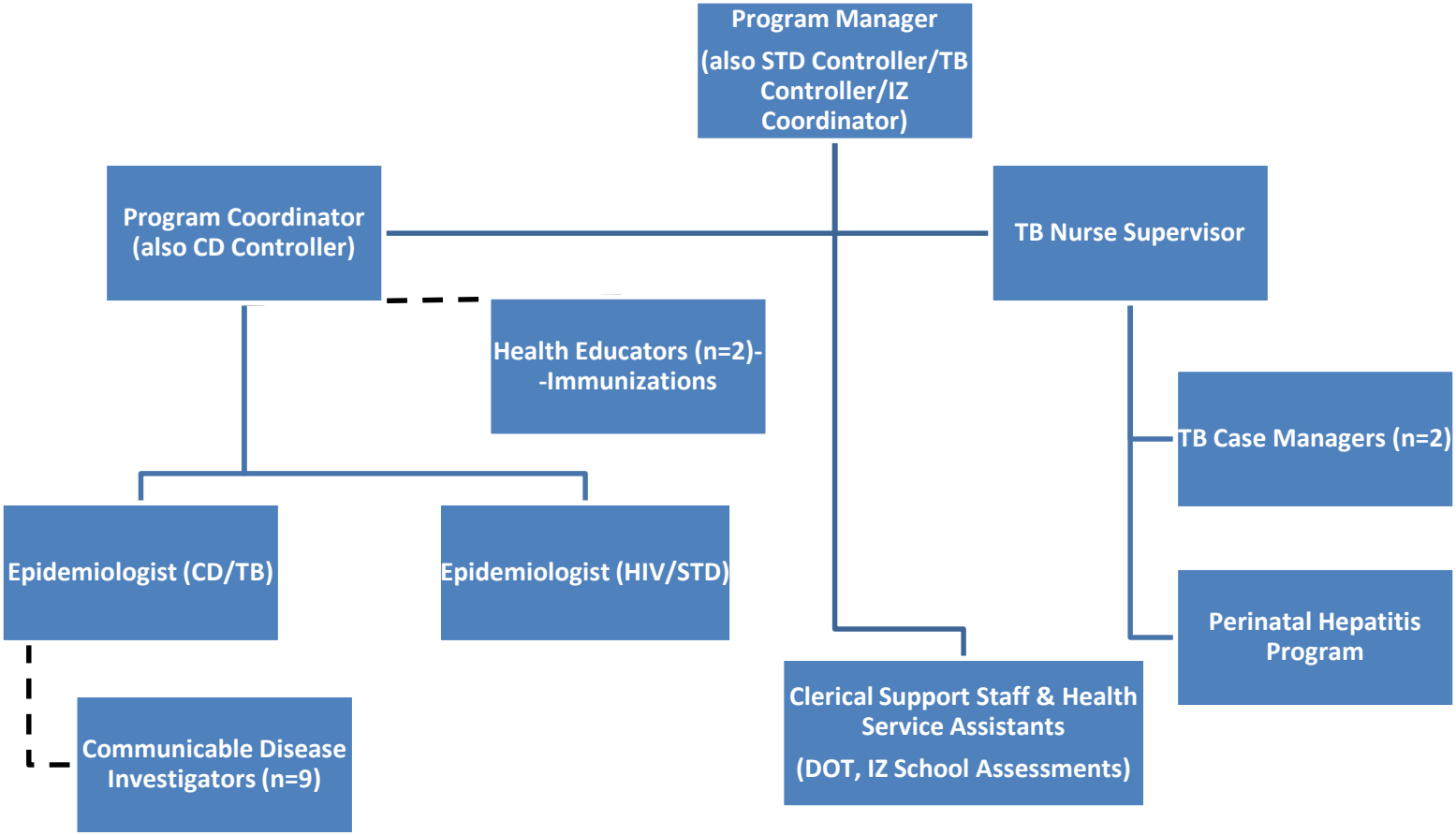
Communicable Disease Investigator

Objectives

- Highlight current trends for emerging diseases in San Bernardino County.
- Identify two conditions that must be reported to public health immediately.

Communicable Disease Section



Title 17: California Code of Regulations

- §2500, §2593, §2641.5- 2643.20, and §2800-2812 Reportable Diseases and Conditions*
  - 'It is the duty of every health care provider….to report to the health officer… of an individual having or suspected to be suffering from one of the conditions listed'
  - This is required of '[an] administrator of health facilities… who may know of a case… is responsible for administrative procedures to report'
- Providers use the Confidential Morbidity Report (CMR) to report to the health department.

Reportable Conditions

Reportable IMMEDIATELY by calling (800) 722-4794 and CalREDIE

Anthrax, human or animal
Botulism, (infant, food borne, wound)
Brucellosis, human
Cholera
Dengue
Diphtheria
Escherichia-coli 0157
STEC (including E-coli 0157)
Flavivirus Infection of Undetermined Species
Hemolytic Uremic Syndrome
Influenza, novel strains (human)
HIV, acute infection
Measles (Rubeola)
Meningococcal Infections
Novel Virus Infection with Pandemic Potential
Plague, human or animal
Rabies, human or animal
Seafood Poisoning
-Ciguatera
-Domoic Acid
-Paralytic Shellfish
-Scombroid
Smallpox (Variola)
Tularemia, human
Viral Hemorrhagic Fevers, human or animal (e.g. Crimean-Congo, Ebola, Lassa, and Marburg)
Yellow Fever
Zika Virus Infection

Occurrence of **Any unusual disease Outbreaks** of any disease (including diseases not listed in §2500) Specify if institutional and/or open community)

Reportable Conditions

✆ Reportable within ONE DAY by phone, fax, or CalREDIE

Amebiasis
Babesiosis
Campylobacteriosis
Chickenpox (Varicella) outbreaks, hospitalizations and deaths
Cryptosporidiosis
Encephalitis, Specify Etiology: bacterial, fungal, parasitic, viral
†Foodborne Disease
Haemophilus Influenzae, (Invasive <5 yrs. of age)
Hantavirus
Hepatitis A - acute
Listeriosis
Malaria
Meningitis, Specify Etiology: bacterial, fungal, parasitic, viral
Pertussis
Poliovirus infection
Psittacosis
Q. Fever
Relapsing Fever
Salmonellosis
Shigellosis
Staph Infections (ICU/death)
Streptococcal Infections (outbreaks of any kind and individuals cases in food handlers/dairy workers)
Syphilis
Trichinosis
Tuberculosis
Typhoid Fever, Cases and Carriers
Vibrio Infections
West Nile Virus
Yersiniosis

† 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

Reportable Conditions

FAX ✆ ✉ Reportable within 7 CALENDAR DAYS by phone, fax, or CalREDIE

Brucellosis, animal (except Brucella canis)
Chancroid
Chikungunya
Chlamydia (including LVG)
Coccidioidomycosis
Creutzfeldt - Jakob disease (all TSE's)
Cyclosporiasis
Cysticercosis or taeniasis
Ehrlichiosis/Anaplasmosis
Giardiasis
Gonococcal Infections
Hepatitis B, acute and chronic
Hepatitis C, acute and chronic
Hepatitis D (Delta), acute and chronic
Hepatitis E, acute infection
HIV (reporting procedure below)
Influenza deaths, lab confirmed
Cases (age 0-64yrs)
Legionellosis
Leprosy (Hansen's disease)
Leptospirosis
Lyme disease
Mumps
Respiratory Syncytial Virus (RSV)
Rickettsial Diseases (includes typhus)
Rocky Mountain Spotted Fever
Rubella (German measles)
Rubella Syndrome, Congenital
Tetanus
Tularemia, animal

How to Report

Provider Reporting Procedures

Electronically via CalREDIE: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CalREDIE-Provider-Portal.aspx

Phone: Business hours (800) 722-4794
After hours (909) 356-3805

Fax: (909)-387-6377

Mail: San Bernardino County Public Health
ATTN: Communicable Disease Section
351 N. Mountain View Ave Rm 104
San Bernardino, CA 92415

SAN BERNARDINO COUNTY

*AIDS/HIV Mail Reporting MUST be traceable or courier service only; double envelope AND marked confidential

How to Report

State of California—Health and Human Services Agency — California Department of Public Health

CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Use this form for reporting all conditions except Tuberculosis and conditions reportable to DMV.

DISEASE BEING REPORTED

Patient Name - Last Name | First Name | MI

Home Address: Number, Street | Apt./Unit No.

City | State | ZIP Code

Home Telephone Number | Cell Telephone Number | Work Telephone Number

Email Address | Primary Language ☐ English ☐ Spanish ☐ Other:

Birth Date (mm/dd/yyyy) | Age ☐ Years ☐ Months ☐ Days | Gender ☐ Male ☐ Female ☐ M to F Transgender ☐ F to M Transgender ☐ Other:

Pregnant? ☐ Yes ☐ No ☐ Unknown | Est. Delivery Date (mm/dd/yyyy) | Country of Birth

Occupation or Job Title | Occupational or Exposure Setting (check all that apply): ☐ Food Service ☐ Day Care ☐ Health Care ☐ Correctional Facility ☐ School ☐ Other (specify):

Date of Onset (mm/dd/yyyy) | Date of First Specimen Collection (mm/dd/yyyy) | Date of Diagnosis (mm/dd/yyyy) | Date of Death (mm/dd/yyyy)

Reporting Health Care Provider | Reporting Health Care Facility

Address: Number, Street | Suite/Unit No.

City | State | ZIP Code

Telephone Number | Fax Number

Submitted by | Date Submitted (mm/dd/yyyy)

Laboratory Name | City | State | ZIP Code

Ethnicity (check one) ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Unknown

Race (check all that apply) ☐ African-American/Black ☐ American Indian/Alaska Native ☐ Asian (check all that apply) ☐ Asian Indian ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Hmong ☐ Japanese ☐ Korean ☐ Laotian ☐ Thai ☐ Vietnamese ☐ Other (specify): ☐ Pacific Islander (check all that apply) ☐ Native Hawaiian ☐ Guamanian ☐ Samoan ☐ Other (specify): ☐ White ☐ Other (specify): ☐ Unknown

REPORT TO:

San Bernardino County
Department of Public Health
Communicable Disease Section
351 N. Mountain View Ave. #104
San Bernardino, CA 92415
Phone: (800) 722-4794
Fax: (909) 387-6377

(Obtain additional forms from your local health department.)

SEXUALLY TRANSMITTED DISEASES (STDs)

Gender of Sex Partners (check all that apply) ☐ Male ☐ Female ☐ Unknown ☐ M to F Transgender ☐ F to M Transgender ☐ Other:

STD TREATMENT ☐ Treated in office ☐ Given prescription — Drug(s), Dosage, Route | Treatment Began (mm/dd/yyyy) | ☐ Untreated ☐ Will treat ☐ Unable to contact patient ☐ Patient refused treatment ☐ Referred to:

If reporting Syphilis, Stage: ☐ Primary (lesion present) ☐ Secondary ☐ Early latent < 1 year ☐ Latent (unknown duration) ☐ Late latent > 1 year ☐ Late (tertiary) ☐ Congenital

Neurosyphilis? ☐ Yes ☐ No ☐ Unknown

Syphilis Test Results | Titer
☐ RPR ☐ Pos ☐ Neg
☐ VDRL ☐ Pos ☐ Neg
☐ FTA-ABS ☐ Pos ☐ Neg
☐ TP-PA ☐ Pos ☐ Neg
☐ EIA/CLIA ☐ Pos ☐ Neg
☐ CSF-VDRL ☐ Pos ☐ Neg
☐ Other:

If reporting Chlamydia and/or Gonorrhea: Specimen Source(s) (check all that apply) ☐ Cervical ☐ Pharyngeal ☐ Rectal ☐ Urethral ☐ Urine ☐ Vaginal ☐ Other:

Symptoms? ☐ Yes ☐ No ☐ Unknown

Partner(s) Treated? ☐ Yes, treated in this clinic ☐ Yes, Meds/Prescription given to patient for their partner(s) ☐ Yes, other: ☐ No, instructed patient to refer partner(s) for treatment ☐ No, referred partner(s) to: ☐ Unknown

If reporting Pelvic Inflammatory Disease: (check all that apply) ☐ Gonococcal PID ☐ Chlamydial PID ☐ Other/Unknown Etiology PID

VIRAL HEPATITIS

Diagnosis (check all that apply) ☐ Hepatitis A ☐ Hepatitis B (acute) ☐ Hepatitis B (chronic) ☐ Hepatitis B (perinatal) ☐ Hepatitis C (acute) ☐ Hepatitis C (chronic) ☐ Hepatitis D ☐ Hepatitis E

Is patient symptomatic? ☐ Yes ☐ No ☐ Unknown

Suspected Exposure Type(s) ☐ Blood transfusion, dental or medical procedure ☐ IV drug use ☐ Other needle exposure ☐ Sexual contact ☐ Household contact ☐ Perinatal ☐ Child care ☐ Other:

ALT (SGPT) Result: ___ Upper Limit: ___
AST (SGOT) Result: ___ Upper Limit: ___
Bilirubin result: ___

		Pos	Neg
Hep A	anti-HAV IgM	☐	☐
Hep B	HBsAg	☐	☐
	anti-HBc total	☐	☐
	anti-HBc IgM	☐	☐
	anti-HBs	☐	☐
	HBeAg	☐	☐
	anti-HBe	☐	☐
	HBV DNA:		
Hep C	anti-HCV	☐	☐
	RIBA	☐	☐
	HCV RNA (e.g., PCR)	☐	☐
Hep D	anti-HDV	☐	☐
Hep E	anti-HEV	☐	☐

Remarks:

CDPH 110a (07/15) (for reporting all conditions except Tuberculosis and conditions reportable to DMV) Page 1 of 2

Fax: 909.387.6377

- http://www.sbcounty.gov/uploads/dph/publichealth/documents/CMRcdph0110a.pdf

How to Report

State of California—Health and Human Services Agency

California Department of Public Health

CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Use this form for reporting all conditions except Tuberculosis and conditions reportable to DMV.

DISEASE BEING REPORTED → Syphilis

Patient Name - Last Name	First Name	MI
Doe	Jane	

Home Address: Number, Street	Apt./Unit No.
1234 North Pole	

City	State	ZIP Code
San Bernardino	CA	92415

Home Telephone Number	Cell Telephone Number	Work Telephone Number
(909) 000-0000		

Email Address:

Primary Language: ■ English ☐ Spanish ☐ Other: _____

Birth Date (mm/dd/yyyy)	Age	
01/01/1976		☐ Years ☐ Months ☐ Days

Gender: ☐ Male ■ Female ☐ M to F Transgender ☐ F to M Transgender ☐ Other: _____

Pregnant?	Est. Delivery Date (mm/dd/yyyy)	Country of Birth
■ Yes ☐ No ☐ Unknown	08/20/2020	

Occupation or Job Title:

Occupational or Exposure Setting (check all that apply): ☐ Food Service ☐ Day Care ☐ Health Care ☐ Correctional Facility ☐ School ☐ Other (specify): _____

Ethnicity (check one)

■ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Unknown

Race (check all that apply)

- ☐ African-American/Black
- ☐ American Indian/Alaska Native
- ☐ Asian (check all that apply)
  - ☐ Asian Indian ☐ Hmong ☐ Thai
  - ☐ Cambodian ☐ Japanese ☐ Vietnamese
  - ☐ Chinese ☐ Korean ☐ Other (specify): _____
  - ☐ Filipino ☐ Laotian
- ☐ Pacific Islander (check all that apply)
  - ☐ Native Hawaiian ☐ Samoan
  - ☐ Guamanian ☐ Other (specify): _____
- ■ White
- ☐ Other (specify): _____
- ☐ Unknown

How to Report

SEXUALLY TRANSMITTED DISEASES (STDs)

Gender of Sex Partners
(check all that apply)

- ☐ Male
- ☐ M to F Transgender
- ■ Female
- ☐ F to M Transgender
- ☐ Unknown
- ☐ Other: _____

STD TREATMENT ■ Treated in office ☐ Given prescription

Drug(s), Dosage, Route	Treatment Began (mm/dd/yyyy)
2.4 BIC x 1	04/23/2018

☐ ***Untreated***
- ☐ Will treat
- ☐ Unable to contact patient
- ☐ Patient refused treatment
- ☐ Referred to: _____

If reporting Syphilis, Stage:
- ■ Primary (lesion present)
- ☐ Secondary
- ☐ Early latent < 1 year
- ☐ Latent (unknown duration)
- ☐ Late latent > 1 year
- ☐ Late (tertiary)
- ☐ Congenital

Neurosyphilis?
☐ Yes ■ No ☐ Unknown

Syphilis Test Results

			Titer
■ RPR	■ Pos	☐ Neg	1:16
☐ VDRL	☐ Pos	☐ Neg	
☐ FTA-ABS	☐ Pos	☐ Neg	
☐ TP-PA	☐ Pos	☐ Neg	
☐ EIA/CLIA	☐ Pos	☐ Neg	
☐ CSF-VDRL	☐ Pos	☐ Neg	
☐ Other: _____			

If reporting Chlamydia and/or Gonorrhea:

Specimen Source(s)
(check all that apply)
- ☐ Cervical
- ☐ Pharyngeal
- ☐ Rectal
- ☐ Urethral
- ☐ Urine
- ■ Vaginal
- ☐ Other: _____

Symptoms?
- ☐ Yes
- ■ No
- ☐ Unknown

If reporting Pelvic Inflammatory Disease:
(check all that apply)
- ☐ Gonococcal PID
- ☐ Chlamydial PID
- ☐ Other/Unknown Etiology PID

Partner(s) Treated?
- ☐ Yes, treated in this clinic
- ☐ Yes, Meds/Prescription given to patient for their partner(s)
- ☐ Yes, other: _____
- ☐ No, instructed patient to refer partner(s) for treatment
- ☐ No, referred partner(s) to: _____
- ■ Unknown

- http://www.sbcounty.gov/uploads/dph/publichealth/documents/CMRcdph0110a.pdf

What happens when cases are reported?

- Investigation: interview cases, clinicians
  - Risk factors, exposures
  - Cases, contacts in sensitive occupations/settings (e.g. food handlers, day care workers)
- Education
  - Information to case, contacts, public to control spread of disease in community
  - Health alerts, advisories to clinical community
- Disease control
  - Treatment, prophylaxis recommendations
  - Provide recommendations to infection control practitioners to help prevent spread of disease in healthcare & other settings
- Surveillance
  - Notify state, national public health officials, as necessary
  - Report morbidity to CDPH→CDC
  - Analyze & publish surveillance data

Cases of Public Health Importance in San Bernardino County

Disease	2015	2016	2017*
Pertussis	82	28	35
Coccidioidomycosis	36	45	100
Legionellosis	24	49	29
Shigellosis	47	45	72
West Nile virus - Asymptomatic	6	0	11
West Nile virus - Neuroinvasive	47	8	45
West Nile virus - West Nile fever	7	0	12
Zika Virus Infection	0	18	7

* Provisional numbers

Vaccine Preventable Disease Surveillance Update

Disease	2014	2015	2016	2017*
Hepatitis A	2	4	5	12
Hepatitis B, Acute	9	13	4	9
Measles (Rubeola)	1	12	0	0
Meningococcal Disease (Invasive)	1	2	1	2
Mumps	6	7	1	4
Pertussis	205	82	28	35
Varicella (Hospitalizations and Deaths)	3	3	4	1

*Provisional numbers

Questions?

We are your resource!

Communicable Disease Section

1.800.722.4794