August 27, 2019

Dear Public Health Colleagues,

The California Department of Public Health, in consultation with the California Conference of Local Health Officers, recently updated Title 17 sections 2500 and 2505 of the California Code of Regulations. This letter is to inform you of these changes and to remind you of the reporting requirements outlined in these sections. These changes, which go into effect October 1, 2019, are summarized below.

Section 2500
Section 2500 specifies that healthcare providers must report all cases of the listed conditions to the local health department within the specified timeframe. The updated 2500 condition list is posted on the Division of Communicable Disease Control website and can be found here: Reportable Diseases and Conditions. The changes to this section are described below.

Changes to List of Reportable Conditions

- The following conditions have been removed and are no longer required to be reported to the local health department:
  - Amebiasis
  - Chlamydia trachomatis infections*, including lymphogranuloma venereum (LGV)
  - Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)

- The following conditions have been added and are now required to be reported to the local health department:
  - Human Immunodeficiency Virus (HIV) infection, any stage – report within seven (7) calendar days
  - Middle East Respiratory Syndrome (MERS) – report immediately by telephone
  - Paratyphoid Fever – report within one working day

- The following conditions have been reworded for clarity:
  - Hepatitis B (specify acute case or chronic) reworded to Hepatitis B (specify acute, chronic, or perinatal)
  - Hepatitis C (specify acute case or chronic) reworded to Hepatitis C (specify acute, chronic, or perinatal)

*will continue to be reported by laboratories
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- Human Immunodeficiency Virus (HIV) infection, stage 3 (AIDS) reworded to Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS)
- Influenza, novel strains (human) reworded to Influenza due to novel strains (human)
- Respiratory syncytial virus (only report a death in a patient less than five years of age) reworded to Respiratory syncytial virus-associated deaths in laboratory-confirmed cases less than five years of age
- Syphilis reworded to Syphilis (all stages, including congenital)

- The following conditions have a change in reporting requirement:
  - Dengue virus infection now required to be reported within one working day of identification (previously immediately reportable)
  - Escherichia coli: shiga toxin producing (STEC) including E. coli O157 now required to be reported within one working day of identification (previously immediately reportable)
  - Influenza-associated deaths in laboratory confirmed cases now only reportable in persons less than 18 years of age (previously ages 0-64)
  - Yellow Fever now required to be reported within one working day of identification (previously immediately reportable)
  - Zika virus infection now required to be reported within one working day of identification (previously immediately reportable)

Changes to Content of Reports
- The following changes have been made to what information must be reported:
  - Sex changed to gender
  - Pregnancy status now required to be reported (if known)
  - Complications of gonorrhea or chlamydia infections no longer included

Changes to Definitions
- Several of the definitions of Section 2500 have been updated. These include the definition for Case, Drug susceptibility testing, Epidemiologically linked case, Foodborne disease, Foodborne disease outbreak, Laboratory findings, Outbreak, Sexually Transmitted Diseases, Suspected case, and Waterborne disease outbreak.

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 and can be found here: Reportable Diseases and Conditions. The changes to this section are described below.

Changes to List of Reportable Results
- The following diseases have been added to subsection (e)(2): laboratory results suggestive of these diseases must now be reported to the local health department within one working day.
  - Carbapenem-resistant Enterobacteriaceae (Carbapenemase-producing)
  - Influenza
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- Latent Tuberculosis Infection identified by a positive laboratory test (including positive interferon gamma release assays)
- Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

  - The following diseases have been removed from subsection (e)(2)
    - *Entamoeba histolytica* (not *E. dispar*)

  - The following diseases have been reworded for clarity
    - *Mycobacterium tuberculosis* now Tuberculosis, including *Mycobacterium tuberculosis* complex
    - *Neisseria meningitidis* (sterile site isolate) now *Neisseria meningitidis* (sterile site isolate or eye specimen)

*Changes to Isolate and Specimen Submissions*

  - The following specimen has been added:
    - *Neisseria meningitidis* eye specimens

  - The following specimens have been removed:
    - Measles immunoglobulin M (IgM)-positive sera

  - The requirements for the following specimen has been changed:
    - Submission of HIV-1/2 antigen or antibody reactive sera or plasma now upon request from CDPH (previously required for all specimens)

  - The following changes apply to *Mycobacterium tuberculosis* complex:
    - If *Mycobacterium tuberculosis* complex is identified by molecular testing but no culture isolate is available, a specimen available to the laboratory must be submitted to the local health officer, public health laboratory or CDPH.
    - Results of molecular assays for drug resistance must be reported.
    - Resistant cultures must be submitted as soon as available (previously no timeframe).

*Changes to Reporting Requirements*

  - Laboratories must report initial findings, as well as any subsequent findings.
  - Molecular and pathologic testing included in types of testing.
  - Negative results must be reported when requested by CDPH or the local health officer.
  - Reporting and isolate/specimen submission is now based on where the patient resides (previously where healthcare provider was located). If patient residence is unknown, the report must be submitted to the local health officer where provider is located.
  - Laboratories must report to the state electronic reporting system (CalREDIE) or a local electronic reporting system that is linked to the state electronic reporting system. Fax is no longer a routine reporting option. Laboratories must report by other means if requested by CDPH or the local health officer.
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  o Reports must be submitted in a format specified by CDPH.
  o Animal specimens no longer limited to only rabies and plague.

*Changes to Content of Reports*
  o All test requisitions must now include pregnancy status and patient address.
  o All laboratory reports must now include specimen site, diagnosis code, and pregnancy status.
  o Age no longer required; instead laboratory reports must contain Date of Birth.

Sincerely,

[Signature]

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