

**Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5--2643.20, and §2800-2812 requires that healthcare providers report known or suspected cases of disease or condition, listed below, to the jurisdiction in which the patient resides \***

<p><b>REPORT IMMEDIATELY BY PHONE</b>                  During Business hours: (831) 454 - 4114 After hours: (831) 471 - 1170</p>		
<ul style="list-style-type: none"> <li>• Anthrax, human or animal</li> <li>• Botulism (Infant, Foodborne, Wound, Other)</li> <li>• Brucellosis, human</li> <li>• Cholera</li> <li>• Ciguatera Fish Poisoning</li> <li>• Diphtheria</li> <li>• Domoic Acid Poisoning (Amnesic Shellfish Poisoning)</li> <li>• Flavivirus infection of undetermined species</li> </ul>	<ul style="list-style-type: none"> <li>• Foodborne Disease (when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness)</li> <li>• Hemolytic Uremic Syndrome</li> <li>• Influenza due to novel strains (human)</li> <li>• Measles (Rubeola)</li> <li>• Meningococcal Infections</li> <li>• Middle East Respiratory Syndrome (MERS)</li> <li>• Novel Virus with Pandemic Potential</li> </ul>	<ul style="list-style-type: none"> <li>• Paralytic Shellfish Poisoning</li> <li>• Plague, Human or Animal</li> <li>• Rabies, Human or Animal</li> <li>• Scombroid Fish Poisoning</li> <li>• Shiga Toxin (detected in feces)</li> <li>• Smallpox (Variola)</li> <li>• Tularemia, human</li> <li>• Viral Hemorrhagic Fevers, human or animal (Crimean-Congo, Ebola, Lassa, and Marburg viruses)</li> <li>• Occurrence of any unusual disease</li> <li>• Outbreak of any disease (including diseases not listed in §2500)</li> </ul>
<p><b>REPORT WITHIN ONE WORKING DAY</b>                  PHONE: (831) 454 - 4114 FAX: (831) 454 - 5049</p>		
<ul style="list-style-type: none"> <li>• Babesiosis</li> <li>• Campylobacteriosis</li> <li>• Carbapenem-resistant Enterobacteriaceae (CRE)</li> <li>• Chickenpox (Varicella) (outbreaks, hospitalizations, and deaths)</li> <li>• Chikungunya Virus Infection</li> <li>• Cryptosporidiosis</li> <li>• Dengue Virus Infection</li> <li>• Encephalitis, specify etiology (Viral, Bacterial, Fungal, Parasitic)</li> <li>• Escherichia coli: Shiga toxin-producing (STEC), including E. coli O157:H7</li> <li>• Foodborne Disease</li> </ul>	<ul style="list-style-type: none"> <li>• Haemophilus influenzae, invasive disease (only in persons less than 5 years of age)</li> <li>• Hantavirus Infections</li> <li>• Hepatitis A, acute infection</li> <li>• Listeriosis</li> <li>• Malaria</li> <li>• Meningitis, specify etiology (Viral, Bacterial, Fungal, Parasitic)</li> <li>• Paratyphoid Fever</li> <li>• Pertussis (whooping cough)</li> <li>• Poliovirus Infection</li> <li>• Psittacosis</li> <li>• Q Fever</li> <li>• Relapsing Fever</li> </ul>	<ul style="list-style-type: none"> <li>• Salmonellosis (other than Typhoid Fever)</li> <li>• Shigellosis</li> <li>• Syphilis (all stages, including congenital)</li> <li>• Trichinosis</li> <li>• Tuberculosis (TB)</li> <li>• Typhoid Fever, Cases and Carriers</li> <li>• Vibrio Infections</li> <li>• West Nile Virus Infection</li> <li>• Yellow Fever</li> <li>• Yersiniosis</li> <li>• Zika Virus Infection</li> </ul>
<p><b>REPORT BY PHONE, FAX OR MAIL WITHIN 7 CALENDAR DAYS</b>                  PHONE: (831) 454 - 4114 FAX: (831) 454 - 5049                  MAIL: Attn: Communicable Disease 1060 Emeline Ave, Santa Cruz, CA 95060</p>		
<ul style="list-style-type: none"> <li>• Anaplasmosis</li> <li>• Brucellosis, animal (except infections due to Brucella canis)</li> <li>• Chancroid</li> <li>• Coccidioidomycosis</li> <li>• Creutzfeldt-Jacob Disease (CJD) and other Transmissible spongiform</li> <li>• Cyclosporiasis</li> <li>• Cysticercosis or Taeniasis</li> <li>• Ehrlichiosis</li> <li>• Giardiasis</li> <li>• Gonococcal Infections</li> </ul>	<ul style="list-style-type: none"> <li>• Hepatitis B (specify acute, chronic, or perinatal)</li> <li>• Hepatitis C (specify acute, chronic, or perinatal)</li> <li>• Hepatitis D (Delta) (specify acute case or chronic)</li> <li>• Hepatitis E, acute infection</li> <li>• Influenza, deaths in laboratory confirmed cases for persons less than 18 years old</li> <li>• Legionellosis</li> <li>• Leprosy (Hansen's Disease)</li> <li>• Leptospirosis</li> <li>• Lyme Disease</li> </ul>	<ul style="list-style-type: none"> <li>• Mumps</li> <li>• Respiratory Syncytial Virus-associated deaths in laboratory-confirmed cases less than five years of age</li> <li>• Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses</li> <li>• Rocky Mountain Spotted Fever</li> <li>• Rubella (German Measles)</li> <li>• Rubella Syndrome, congenital</li> <li>• Tetanus</li> <li>• Toxoplasmosis</li> <li>• Tularemia, animal</li> </ul>
<p><b>REPORT BY PHONE, FAX, OR TRACEABLE MAIL WITHIN 7 CALENDAR DAYS</b>                  PHONE: (831) 291 - 7031 FAX: (831) 454 - 5220</p>		
<ul style="list-style-type: none"> <li>• Human Immunodeficiency Virus (HIV), any stage</li> <li>• HIV infection, progression to stage 3 (AIDS)</li> </ul>	<p>Case reports or laboratory reports must be placed in a sealed envelope and sent via traceable mail (USPS Certified, FedEx, or UPS) marked "Confidential", with attention to:</p> <p style="text-align: center;"><i>Santa Cruz County Health Services Agency                  ATTN: Troy Toumat, HIV Surveillance Coordinator                  1060 Emeline Ave, Santa Cruz, CA 95060</i></p>	
<p><b>REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800-2812 and §2593 (b)</b>                  PHONE: (831) 454 - 4114 FAX: (831) 454 - 5049                  MAIL: Attn: Communicable Disease 1060 Emeline Ave, Santa Cruz, CA 95060</p>		
<ul style="list-style-type: none"> <li>• Disorders Characterized by Lapses of Consciousness (§2800-2812)</li> <li>• Pesticide-related illness or injury (known or suspected cases) **</li> <li>• Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the Cervix) (§2593) ***</li> </ul>		

\* 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 & Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).  
 \*\* Failure to report is a citable offense and subject to civil penalty (§250) (Health and Safety Code §105200).  
 \*\*\* The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at: www.ccrca.org

