

**Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20,  
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 condition 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 officer.
- **§ 2500(a)(15)** "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)]**

- ⓪ ! = 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).
- ⓪ = Report by telephone within one working day of identification (designated by a + in regulations).
- FAX ⓪ ☒ = Report by electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).
- WEEK = All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

**REPORTABLE COMMUNICABLE DISEASES §2500(j)**

Disease Name	Urgency	Disease Name	Urgency
Anaplasmosis	WEEK	Listeriosis	FAX ⓪ ☒
Anthrax, human or animal	⓪ !	Lyme Disease	WEEK
Babesiosis	FAX ⓪ ☒	Malaria	FAX ⓪ ☒
Botulism (Infant, Foodborne, wound, Other)	⓪ !	Measles (Rubeola)	⓪ !
Brucellosis, animal (except infections due to <i>Brucella canis</i> )	WEEK	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ⓪ ☒
Brucellosis, human	⓪ !	Meningococcal Infections	⓪ !
Campylobacteriosis	FAX ⓪ ☒	Middle East Respiratory Syndrome (MERS)	⓪ !
<i>Candida auris</i> , colonization or infection	⓪	Monkeypox or orthopox virus infection	⓪
Chancroid	WEEK	Mumps	WEEK
Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)	FAX ⓪ ☒	Novel Coronavirus Infection	⓪ !
Chikungunya Virus Infection	FAX ⓪ ☒	Novel Virus Infection with Pandemic Potential	⓪ !
Cholera	⓪ !	Paralytic Shellfish Poisoning	⓪ !
Ciguatera Fish Poisoning	⓪ !	Paratyphoid Fever	FAX ⓪ ☒
Coccidioidomycosis	WEEK	Pertussis (Whooping Cough)	FAX ⓪ ☒
Coronavirus Disease 2019 (COVID-19)	⓪	Plague, human or animal	⓪ !

Disease Name	Urgency	Disease Name	Urgency
Influenza-associate deaths in laboratory-confirmed cases less than 18 years of age	WEEK	Yellow Fever	FAX ☉ ☐
Influenza due to novel strains (human)	☉ !	Yersiniosis	FAX ☉ ☐
Legionellosis	WEEK	Zika Virus Infection	FAX ☉ ☐
Leprosy (Hansen Disease)	WEEK	OCCURRENCE of ANY UNUSUAL DISEASE	☉ !
Leptospirosis	WEEK	OUTBREAKS of ANY DISEASE (Including diseases not listed in §2500). Specify if institutional and/or open community.	☉ !

**HIV REPORTING BY HEALTH CARE PROVIDERS §2641.30-2643.20**

Human Immunodeficiency Virus (HIV) infection at all stages is reportable by traceable mail, person-to-person transfer, or electronically within seven calendar days. For complete HIV-specific reporting requirements, see Title 17, CCR, §2641.30-2643.20 and the California Department of Public Health's HIV Surveillance and Case Reporting Resource page ([https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_case\\_surveillance\\_resources.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_resources.aspx))

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

Disorders Characterized by Lapses of Consciousness (§2800-2812)

Pesticide-related illness or injury (known or suspected cases)\*\*

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)\*\*\*

**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 & 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](http://www.ccrca.org)