REPORTABLE DISEASES AND CONDITIONS
Title 17, California Code of Regulations (CCR), § 2500

It is 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. “Health care provider” encompasses physicians (surgeons, osteopaths, oriental medicine practitioners), veterinarians, podiatrists, physician assistants, registered nurses (nurse practitioners, nurse midwives, school nurses), infection control professionals, medical examiners/coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case.

Note: This list is specific to Los Angeles County and differs from state and federal reporting requirements ★

Report Immediately by telephone (for both confirmed and suspected cases)
Report by telephone within 1 working day from identification
Report by electronic transmission (including FAX), telephone or mail within 1 working day from identification
Report by electronic transmission (including FAX), telephone or mail within 7 calendar days from identification
Mandated by and reportable to the Los Angeles County Department of Public Health
For TB reporting questions: contact the TB Control Program (213) 745-0800 or visit www.publichealth.lacounty.gov/tb/healthpro.htm
For HIV/STD reporting questions: contact the Division of HIV and STD Programs. HIV (213) 351-8516, STDs (213) 368-7441
www.publichealth.lacounty.gov/dhp/ReportCase.htm

For laboratory reporting: www.publichealth.lacounty.gov/lab/index.htm For veterinary reporting: www.publichealth.lacounty.gov/vet/index.htm

REPORTABLE COMMUNICABLE DISEASES

- Amebiasis
- Anaplasmosis
- Anthrax, human or animal
- Babesiosis
- Botulism: infant, foodborne, or wound
- Brucellosis, animal; except infections due to Brucella canis
- Brucellosis, human
- Campylobacteriosis
- Carbapenem-Resistant Enterobacteriaceae (CRE), including Klebsiella sp., E. coli, and Enterobacter sp., in acute care hospitals or skilled nursing facilities ★ ±
- Chancroid ★
- Chickenpox (Varicella), only hospitalized cases, or one case in a high-risk setting ★
- Chlamydia trachomatis infection, including lymphogranuloma venereum (LGV) ★
- Cholera
- Ciguatera Fish Poisoning
- Coccidioidomycosis
- Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
- Cryptosporidiosis
- Cyclosporiasis
- Cysticercoosis or Taeniasis
- Dengue Virus Infection
- Diphtheria
- Domic Acid (Amnesic Shellfish) Poisoning
- Ehrlichiosis
- Encephalitis, specify etiology: viral, bacterial, fungal or parasitic
- Escherichia coli, shiga toxin producing (STEC) including E. coli O157
- Flavivirus infection of undetermined species
- Foodborne Disease
- Foodborne Outbreak; 2 or more suspected cases from separate households with same assumed source
- Giardiasis
- Gonococcal Infection
- Haemophilus influenzae, invasive disease only, all serotypes, less than 5 years of age
- Hantavirus Infection
- Hemolytic Uremic Syndrome
- Hepatitis A, acute infection
- Hepatitis B, specify acute or chronic
- Hepatitis C, specify acute or chronic
- Hepatitis D (Delta), specify acute or chronic
- Hepatitis E, acute infection
- Human Immunodeficiency Virus (HIV) infection, stage 3 (AIDS) ★ (§2641.30-2643.20)
- Human Immunodeficiency Virus (HIV), acute infection ★ (§2641.30-2643.20)
- Influenza deaths, confirmed cases only, all ages
- Influenza, novel strains, human
- Legionellosis
- Leprosy (Hansen’s Disease)
- Leptospirosis
- Listeriosis
- Lyme Disease
- Malaria
- Measles (Rubella)
- Meningitis, specify etiology: viral, bacterial, fungal, or parasitic
- Meningococcal Infection
- Mumps
- Myelitis, acute flaccid ★
- Novel virus infection with pandemic potential
- Paralytic Shellfish Poisoning
- Pertussis (Whooping Cough)
- Plague, human or animal
- Poliovirus Infection
- Poliomyelitis
- Q Fever
- Rabies, human or animal
- Relapsing Fever
- Respiratory Syncytial Virus, deaths less than 5 years only
- Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses
- Rocky Mountain Spotted Fever
- Rubella (German Measles)
- Rubella Syndrome, Congenital
- Salmonellosis, other than Typhoid Fever
- Scabies, only outbreaks of 2 or more cases, any type
- Scombroid Fish Poisoning
- Shiga Toxin, detected in feces
- Shigellosis
- Smallpox (Variola)
- Streptococcal Infection, outbreaks any type
- Streptococcal Infection, individual case in a food handler or dairy worker
- Streptococcal Infection, Invasive Group A, including Streptococcal Toxic Shock Syndrome and Necrotizing Fasciitis; do not report individual cases of pharyngitis or scarlat fever. ★
- Streptococcus pneumoniae, invasive ★
- Syphilis ★
- Tetanus
- Trichinosis
- Tuberculosis ★
- Tularemia, animal
- Tularemia, human
- Typhoid Fever, cases and carriers
- Vibrio Infection
- Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
- West Nile Virus (WNV) Infection
- Yellow Fever
- Yersiniosis
- Zika Virus Infection
- OCCURRENCE OF ANY UNUSUAL DISEASE
- OUTBREAKS OF ANY DISEASE, including diseases not listed above. Specify if in an institution and/or the open community.

REPORTABLE NON-COMMUNICABLE DISEASES OR CONDITIONS

- Alzheimer’s Disease and Related Conditions (CCR § 2802, § 2806, § 2810)
- Disorders Characterized by Lapses of Consciousness (CCR § 2806, § 2810)
- Pesticide-Related Illnesses (Health and Safety Code §105200)

To report a case or outbreak of any disease, contact the Communicable Disease Reporting System
Tel: (888) 397-3993 or (213) 240-7821 • Fax: (888) 397-3778 or (213) 482-5508
Health Professionals Reporting Webpage: www.publichealth.lacounty.gov/clinicians/report