

HEALTH PLAN OF SAN JOAQUIN			
Subject: Reporting of Infectious Disease to Public Health			
Department: Medical Management			Policy #: QA 03
Applies to: All Business Lines			Scope: QI
Effective Date: 2/96	Revised Date: 4/19/06, 6/08	Approved by: Medical Director	

POLICY

- A Health Care Providers are responsible for reporting certain communicable diseases, as defined by Title 17, Section 2500, to the San Joaquin County Health Department using the Confidential Morbidity Report Card. (Attachment A)
- B Health Plan of San Joaquin (HPSJ) providers and staff will follow the recommendations of the Centers for Disease Control and Prevention (CDC) and San Joaquin County Public Health Department, in the reporting of cases or suspected cases of any of the communicable diseases.

PROCEDURE

A Provider

- 1 Health Plan of San Joaquin Providers will follow the recommendations of the Center for Disease Control and Prevention (CDC) and the local San Joaquin County Public Health Department in the reporting of cases or suspected cases of any of the communicable diseases.
- 2 Data reported includes patient name, address, phone number, date of birth, date of onset, date of diagnosis and attending physician. The provider sends the confidential morbidity report card to the local health department, who will forward the information to the California Department of Health Services. The provider will retain a copy of the report. (*Individual patient information is kept strictly confidential as required by California law.*)
- 3 Providers can access the CMR report from the Public Health web site at www.co.san-joaquin.ca.us/phs/disease_control_reporting.htm.

B Health Plan Utilization Management Department

- 1 The Utilization Management Department during review of authorization requests, or, conducting In Patient Hospital review will follow the standard reporting process, noted below in section 4.5, when a diagnosis or suspicion of an infectious disease is present.
 - a) A copy of the CMR report will be electronically filed in the patient file. Information will be kept strictly confidential as required by California Law.
- 2 The HPSJ Quality Improvement nurse will review contracted providers' policies and procedures on reporting of communicable diseases during the facility audit process. HPSJ can generate communicable disease encounter reports for comparison with those on file in the providers office for compliance rate validation—Failure of provider compliance with CDC guidelines will result in recommendation to the QIUMC of a peer review evaluation.

3 Process for reporting of suspicious communicable disease

- a) Reports should be submitted by mail, telephone or FAX depending on the disease category listed below in the tables, using the standard Confidential Morbidity Report (CMR) – Attachment A. or can be downloaded from the Public Health Website, www.co.san-joaquin.ca.us/phs/disease_control_reporting.htm
- b) Patient consent is NOT needed to report cases or suspected cases, or to supply additional information requested by Public Health.
- c) Mail CMR to:
 - San Joaquin County Public Health Services (SJCPHS)
Morbidity Department
P.O. Box 2009
Stockton, Calif. 95201-2009
 - Telephone Appropriate Report to: (209) 468-3822
 - Fax Appropriate Report to: (209) 468-8222, Attention: Morbidity
 - HIV/AIDS are NOT to be sent via FAX. Send in a sealed and taped envelope marked “confidential”.
For HIV or AIDS Case Reporting forms or assistance:
SJCPHS
AIDS Surveillance Coordinator
PO Box 2009
Stockton, Calif. 95201-2009
Phone: (209) 468-3475
- d) Community acquired infections are monitored for appropriate isolation and transmission potential. Patients admitted with infections that may have resulted from hospitalization at another facility are called to the attention of that facility’s infection control department.
- e) Results of focused surveillance reports are forwarded to the QIUMC and the Peer Review Committees.
- f) The following diseases are reportable in the time frames and methods indicated below:

Report Immediately by Telephone

Anthrax	Plague, Human or Animal
Botulism (Infant, Food borne, Wound)	Rabies, Human or Animal
Brucellosis	Scombroid Fish Poisoning
Cholera	Smallpox (Variola)
Ciguatera Fish Poisoning	Tularemia
Dengue	Varicella (deaths only)
Diarrhea of Newborn (Outbreaks)	Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
Diphtheria	Yellow Fever
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	Occurrence of any unusual Disease

Escherichia coli 0157:H7 Infection	Outbreaks of any disease (Including diseases not listed in §2500). Specify if institutional and/or open community.
Hantavirus Infections	
Hemolytic Uremic Syndrome	
Meningococcal Infections	
Paralytic Shellfish Poisoning	

- g) Report immediately by telephone when two (2) or more cases or suspected cases of food borne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations)
- h) Report by FAX, telephone, or mail within one (1) working day, using the CMR form, of identification (designated by a + in regulations):

Amebiasis	Pertussis (Whooping Cough)
Anisakiasis	Poliomyelitis, Paralytic
Babesiosis	
Campylobacteriosis	Psittacosis
Colorado Tick Fever	Q Fever
Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology	Relapsing Fever
Cryptosporidiosis	Salmonellosis (Other than Typhoid Fever)
Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	Shigellosis
Food borne Disease	Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
<i>Haemophilus influenzae</i> Invasive Disease	Swimmer's Itch (Schistosomal Dermatitis)
Hepatitis A Hepatitis B (specify acute case or chronic) Hepatitis C (specify acute case or chronic) Hepatitis D (Delta) Hepatitis, other, acute	Syphilis
Listeriosis	Trichinosis
Lymphocytic Choriomeningitis	Tuberculosis
Malaria	Typhoid Fever, Cases and Carriers
Meningitis, Specify Etiology; Viral, Bacterial, Fungal, Parasitic	<i>Vibrio</i> Infections
	Water-associated Disease
	Yersiniosis

Report within seven (7) calendar days using the CMR form.

Acquired Immune Deficiency Syndrome (AIDS)	Lyme Disease
Chancroid	Mumps
Chlamydial Infections	Non-Gonococcal Urethritis (Excluding Laboratory Confirmed Chlamydial Infections)
Coccidiomycosis	Pelvic Inflammatory Disease
Cysticercosis	Reye's Syndrome
Echinococcosis (Hydatid Disease)	Rheumatic Fever (Acute)
Erlichiosis	Rocky Mountain Spotted Fever
Giardiasis	Rubella, German Measles
Gonococcal Infections	Rubella Syndrome, Congenital
Hepatitis, Viral	Tetanus
Kawasaki Syndrome	Toxic Shock Syndrome
Legionellosis	Toxoplasmosis
Leprosy (Hansen's Disease)	Typhus Fever
Leptospirosis	

Reportable Non communicable Diseases/Conditions §2500(j)(2):

Alzheimers Disease and Related Conditions

Cancer (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix)

Disorders Characterized by Lapses of Consciousness

REFERENCE

A Title 17, Section 2500

B Department of Labor, OSHA, FR 1989, Section 54.23042

C San Joaquin County Public Health Department Communicable Disease Reporting

Created by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date
2/96	S. Steely 3/14/02	S. Steely 12/29/03	S. Steely 8/24/04	M. Jordan RN 4/2006	J. Scott 6/12/08