



# PHYSICIANS' BULLETIN

## EMERGENCY REGULATIONS ADOPTED FOR THE REPORTING OF BIOTERRORISM DISEASES

County Public Health Services rely heavily on information reported by San Diego physicians for routine and outbreak-related disease occurrences. The current threat of bioterrorism (BT) further elevates this critical role of health care providers, who are now required to IMMEDIATELY report smallpox (variola), varicella deaths, and specific communicable or unusual diseases that might be due to a BT agent.

The California Department of Health Services (CDHS) recently amended the California Code of Regulations (Title 17) concerning reportable diseases and conditions. CDHS and the Centers for Disease Control and Prevention (CDC) currently identify seven (7) potential BT agents for intensive surveillance and immediate reporting: anthrax, botulism, brucellosis, plague, smallpox, tularemia, and viral hemorrhagic fever agents (e.g., Ebola). These agents were selected because of their ability to be weaponized and delivered to a target area with potentially devastating consequences.

Emergency regulation amendments became effective November 5, 2001, which make these conditions IMMEDIATELY reportable to local health departments by local health care providers and laboratories. Similar regulations are being adopted in all fifty states.

- Effective November 5, 2001, the California Code of Regulations (Section 2500, et seq. of Title 17, Public Health) is amended to provide for IMMEDIATE reporting of anthrax, botulism, brucellosis, plague, smallpox, tularemia, and viral hemorrhagic fevers. See back page of this bulletin for a complete listing of reportable diseases and conditions and urgency reporting requirements.
- To download a copy of the revised faxable Confidential Morbidity Report form, visit [www.emansandiego.com](http://www.emansandiego.com) under "Report a Communicable Disease".
- San Diego county physicians are encouraged to subscribe to the local Emergency Medical Alert Network (EMAN) to receive electronic disease alerts and health surveillance information. Visit [www.emansandiego.com](http://www.emansandiego.com) to download a faxable application form.

### REMINDER

Health care providers should promptly report all reportable diseases and conditions to the Epidemiology Division of the Health and Human Services Agency at: (619) 515-6620, Monday-Friday 8:00 AM to 5:00 PM. FAX (619) 515-6644. (858) 565-5255, Evenings & Weekends.

## GUIDELINES FOR EVALUATION OF POTENTIAL INHALATION ANTHRAX CASES

In light of recently identified anthrax cases in the US, patients presenting to physicians' offices with flu-like symptoms may be concerned that they have anthrax. Epidemiological, clinical, radiographic, and microbiological criteria may be used to distinguish influenza from anthrax.

An up-to-date awareness of local and national influenza and anthrax epidemiology is important. To date (December 7, 2001) NO human or environmental specimens in San Diego County have tested positive for *Bacillus anthracis*.

Initial symptoms associated with recent inhalation anthrax cases include fever, chills, sweats, fatigue, malaise, minimal or nonproductive cough, nausea or vomiting, and dyspnea. Chest discomfort, myalgia and headache are also frequently noted. Coryza and rhinorrhea are not typical of inhalation anthrax but occur frequently with influenza and other viral

respiratory infections. If exposure history and/or symptoms suggest possible inhalation anthrax, obtain chest X-rays and blood cultures. All inhalation anthrax cases that occurred as of November 8, 2001 (n=10) had abnormal chest X-rays, including mediastinal widening, pleural effusions, and/or pulmonary infiltrates. Blood cultures obtained prior to antibiotic therapy on all recent inhalation anthrax patients (n=7) grew *B. anthracis*, all within 24 hours. Nasal cultures neither predict nor diagnose inhalation anthrax and are not recommended outside of epidemiologic studies.

For a thorough review of recent US cases of anthrax visit [www.cdc.gov/ncidod/EID/vol7no6/jernigan.htm](http://www.cdc.gov/ncidod/EID/vol7no6/jernigan.htm). For general information on bioterrorism, visit [www.bt.cdc.gov](http://www.bt.cdc.gov).

### LABORATORY

Health care providers should contact the laboratory they normally use for bacteriology testing for information regarding anthrax testing. The San Diego County Public Health Laboratory offers confirmatory testing for anthrax. For information and instructions on specimen collection and submission, call the Public Health Laboratory at (619) 692-8500.

The Physicians' Bulletin is published on an as needed basis by the County of San Diego Health and Human Services Agency to provide updated information on health issues of concern to San Diego County's medical community.

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## Title 17, California Code of Regulations (CCR), §2500 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 conditions 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 health officer.
- **§2500(a)(14)** "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)]

- ☎ = Report **immediately** by **telephone** (designated by a ♦ in regulations).
- † = Report **immediately** by **telephone** when **two (2) 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).
- FAX ☎ ☒ = Report by **FAX, telephone, or mail within one (1) working day of identification** (designated by a + in regulations).
- ☒ = All other diseases/conditions should be reported by FAX, telephone, or mail within seven (7) calendar days of identification.

### REPORTABLE COMMUNICABLE DISEASES §2500(j)(1)

- Acquired Immune Deficiency Syndrome (AIDS)
- FAX ☎ ☒ Amebiasis
- FAX ☎ ☒ Anisakiasis
- ☎ Anthrax
- FAX ☎ ☒ Babesiosis
- ☎ Botulism (Infant, Foodborne, Wound)
- ☎ Brucellosis
- FAX ☎ ☒ Campylobacteriosis
- Chancroid
- Chlamydial Infections
- ☎ Cholera
- ☎ Ciguatera Fish Poisoning
- Coccidioidomycosis
- FAX ☎ ☒ Colorado Tick Fever
- FAX ☎ ☒ Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology
- FAX ☎ ☒ Cryptosporidiosis
- Cysticercosis
- ☎ Dengue
- ☎ Diarrhea of the Newborn, Outbreaks
- ☎ Diphtheria
- ☎ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
- Echinococcosis (Hydatid Disease)
- Ehrlichiosis
- FAX ☎ ☒ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- ☎ *Escherichia coli* O157:H7 Infection
- † FAX ☎ ☒ Foodborne Disease
- Giardiasis
- Gonococcal Infections
- FAX ☎ ☒ *Haemophilus influenzae* Invasive Disease
- ☎ Hantavirus Infections
- ☎ Hemolytic Uremic Syndrome
- Hepatitis, Viral
- FAX ☎ ☒ Hepatitis A
  - Hepatitis B (specify acute case or chronic)
  - Hepatitis C (specify acute case or chronic)
  - Hepatitis D (Delta)
  - Hepatitis, other, acute
- Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)
- Legionellosis
- Leprosy (Hansen Disease)
- Leptospirosis
- FAX ☎ ☒ Listeriosis
- Lyme Disease
- FAX ☎ ☒ Lymphocytic Choriomeningitis
- FAX ☎ ☒ Malaria
- FAX ☎ ☒ Measles (Rubeola)
- FAX ☎ ☒ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- ☎ Meningococcal Infections
- Mumps
- Non-Gonococcal Urethritis (Excluding Laboratory Confirmed Chlamydial Infections)
- ☎ Paralytic Shellfish Poisoning
- Pelvic Inflammatory Disease (PID)

- FAX ☎ ☒ Pertussis (Whooping Cough)
- ☎ Plague, Human or Animal
- FAX ☎ ☒ Poliomyelitis, Paralytic
- FAX ☎ ☒ Psittacosis
- FAX ☎ ☒ Q Fever
- ☎ Rabies, Human or Animal
- FAX ☎ ☒ Relapsing Fever
- Reye Syndrome
- Rheumatic Fever, Acute
- Rocky Mountain Spotted Fever
- Rubella (German Measles)
- Rubella Syndrome, Congenital
- FAX ☎ ☒ Salmonellosis (Other than Typhoid Fever)
- ☎ Scombroid Fish Poisoning
- FAX ☎ ☒ Shigellosis
- ☎ Smallpox (Variola)
- FAX ☎ ☒ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
- FAX ☎ ☒ Swimmer's Itch (Schistosomal Dermatitis)
- FAX ☎ ☒ Syphilis
- Tetanus
- Toxic Shock Syndrome
- Toxoplasmosis
- FAX ☎ ☒ Trichinosis
- FAX ☎ ☒ Tuberculosis
- ☎ Tularemia
- FAX ☎ ☒ Typhoid Fever, Cases and Carriers
- Typhus Fever
- ☎ Varicella (deaths only)
- FAX ☎ ☒ *Vibrio* Infections
- ☎ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
- FAX ☎ ☒ Water-associated Disease
- ☎ Yellow Fever
- FAX ☎ ☒ Yersiniosis
- ☎ **OCURRENCE of ANY UNUSUAL DISEASE**
- ☎ **OUTBREAKS of ANY DISEASE** (Including diseases not listed in §2500). Specify if institutional and/or open community.

### REPORTABLE NONCOMMUNICABLE DISEASES/CONDITIONS §2500(j)(2):

- Alzheimer's 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

### LOCALLY REPORTABLE DISEASES (If Applicable):

\* Use of this form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations, §2500 (rev. 1996). (Cancer reporting is mandated by §2593.) Failure to report is a misdemeanor (Health and Safety Code §120295, formerly §3354), punishable by a fine of not less than \$50 nor more than \$1,000, or by imprisonment for a term of not more than 90 days, or by both. Each day the violation is continued is a separate offense.