



# KERN HEALTH SYSTEMS

<b>KERN HEALTH SYSTEMS</b>					
<b>POLICY AND PROCEDURES</b>					
SUBJECT: Condition/Disease Reporting				POLICY #: 3.29-P	
DEPARTMENT: Utilization Management					
Effective Date: 1997-08	Review/Revised Date: 08/31/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

\_\_\_\_\_  
 Douglas A. Hayward  
 Chief Executive Officer

Date \_\_\_\_\_

\_\_\_\_\_  
 Chief Medical Officer

Date \_\_\_\_\_

\_\_\_\_\_  
 Chief Operating Officer

Date \_\_\_\_\_

\_\_\_\_\_  
 Chief Health Services Officer

Date \_\_\_\_\_

\_\_\_\_\_  
 Director of Health Services

Date \_\_\_\_\_

### **POLICY:**

It shall be the duty of every Kern Health Systems (KHS) 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 reportable diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides. KHS professional licensed staff will report identified communicable diseases or inform the PCP of the requirement following County guidelines.

### **PROCEDURES:**

#### **1.0 COMMUNICABLE DISEASE REPORTING GUIDELINES<sup>1</sup>**

After diagnosing a member as having a reportable disease or condition, the provider or designee should follow the instructions given on the *Confidential Morbidity Report (CMR)* for specific reporting guidelines. (See Attachment A). Reports must be made within the specified timeframe for the diseases/conditions listed in the table below. In addition to the listed conditions/diseases, the occurrence of any unusual disease or outbreaks of any disease must be reported immediately.

<b>Disease/Condition</b>	<b>Reporting Timeframe</b>
Anaplasmosis/Ehrlichiosis	7 days
Anthrax, human or animal	Immediately
Babesiosis	1 day
Botulism (Infant, Foodborne, Wound, Other)	Immediately
Brucellosis, animal	7 days
Brucellosis, human	Immediately
Campylobacteriosis	1 day
Chancroid	7 days
Chikungunya Virus Infection	1 day
Cholera	Immediately
Ciguatera Fish Poisoning	Immediately
Coccidioidomycosis	7 days
Coronavirus Disease 2019 (COVID-19)	Immediately
Creutzfeldt-Jakob Disease and other Transmissible Spongiform Encephalopathies	7 days
Cryptosporidiosis	1 day
Cyclosporiasis	7 days
Cysticercosis or taeniasis	7 days
Dengue	1 day
Diphtheria	Immediately
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	Immediately
Ehrlichiosis	7 days
Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	1 day
Escherichia coli: shiga toxin producing (STEC) including E. Coli O157	Immediately
Flavivirus infection of undetermined species	Immediately
Foodborne Disease	1 day. When two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness, they should be reported immediately by telephone.
Giardiasis	1 days <sup>3</sup>
Gonococcal Infections	7 days. See <i>KHS Policy and Procedure #3.17 - STD Treatment</i> .
Haemophilus influenzae, Invasive Disease (cases <15 years of age)	1 day

Disease/Condition	Reporting Timeframe
Hantavirus Infections	Immediately
Hemolytic Uremic Syndrome	Immediately
Hepatitis A	1 day <sup>2</sup>
Hepatitis B (specify acute case or chronic)	7 days
Hepatitis C (specify acute case or chronic)	7 days
Hepatitis D (specify acute case or chronic )	7 days
Hepatitis, E (acute)	7 days
Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS)	7 days. (See <i>KHS Policy and Procedure #3.18 - Confidential HIV Testing</i> )
Influenza (deaths <18years of age)	7 days
Influenza, novel strains (human)	Immediately
Legionellosis	7 days
Leprosy (Hansen Disease)	7 days
Leptospirosis	7 days
Listeriosis	1 day
Lyme Disease	7 days
Malaria	1 day
Measles (Rubeola)	Immediately <small>Error! Bookmark not defined.</small>
Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	1 day
Meningococcal Infections	Immediately
Middle East Respiratory Syndrome (MERS)	Immediately
Mumps	7 days
Novel Coronavirus Infection	Immediately
Novel Virus Infection with Pandemic Potential	Immediately
Paralytic Shellfish Poisoning	Immediately
Paratyphoid Fever	1 day
Pertussis (Whooping Cough)	Immediately <small>Error! Bookmark not defined.</small> 1 day <sup>2</sup>
Plague, Human or Animal	Immediately
Poliovirus Infection	Immediately
Psittacosis	1 day
Q Fever	1 day
Rabies, Human or Animal	Immediately
Relapsing Fever	1 day
Respiratory Syncytial Virus-associated deaths in laboratory-confirmed cases less <5 years of age	7 days
Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus	7 days
Rocky Mountain Spotted Fever	7 days
Rubella (German Measles)	7 days
Rubella Syndrome, Congenital	7 days
Salmonellosis (Other than Typhoid Fever)	1 day
Scombroid Fish Poisoning	Immediately
Shiga toxin (defecated in feces)	Immediately
Shigellosis	1 day

Disease/Condition	Reporting Timeframe
Smallpox (Variola)	Immediately
Syphilis	1 day. See <i>KHS Policy and Procedure #3.17 - STD Treatment</i>
Tetanus	7 days
Trichinosis	1 day
Tuberculosis	1 day <sup>2</sup>
Tularemia, animal	7 days
Tularemia, human	Immediately
Typhoid Fever, Cases and Carriers	1 day
Varicella (hospitalization and deaths only)	1 day
Vibrio Infections	1 day
Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)	Immediately
West Nile Virus Infection	1 day
Yellow Fever	1 day
Yersiniosis	1 day
Zika Virus Infection	1 day
Occurrence of any unusual disease	Immediately
Outbreaks of any disease (including disease not listed in §2500)	Immediately

### 1.1 Conditions to be Reported Immediately

Reports for conditions/diseases to be reported immediately should be made by calling the Other Communicable Disease desk at **(661)321-3000 or after hours call (661) 324-6551 and ask for the Health Officer on call.** For outbreaks of any disease the report should specify institutional and/or open community.

### 1.2 Conditions to be Reported Within One Working Day

Reports for conditions/diseases to be reported within one day should be made by mailing/faxing a report or by telephoning within one working day of identification of the case or suspected case.

### 1.3 Conditions to be Reported Within Seven (7) Calendar Days

Reports for conditions/diseases to be reported with seven days should be made by mailing/faxing a report or by telephoning within seven calendar days of the identification of the case or suspected case.

## 2.0 NON-COMMUNICABLE DISEASE/CONDITION REPORTING GUIDELINES

The following diseases/conditions should be reported within seven (7) calendar days from the time of identification:

- A. Alzheimer's Disease and Related Conditions
- B. Disorders Characterized by Lapses of Consciousness
- C. Pesticide-related illness or injury (known or suspected)
- D. Cancer, including benign and borderline brain tumors (except basal squamous skin cancer unless occurring on genitalia and carcinoma in-situ and CIN III of cervix)

### **3.0 FOLLOW-UP PROCEDURES**

The provider must notify the staff who were in contact with these patients/members and recommend follow-up procedures.

### **4.0 INTERNAL DOCUMENTATION**

Copies of all reporting documents related to KHS staff reports are kept on file in the KHS Utilization Management Department.

### **ATTACHMENTS:**

- Attachment A: *Confidential Morbidity Reports (CMR)*

### **REFERENCE:**

---

<sup>1</sup> **Revision 2020-07:** Routine review by Chief Health Services Officer and Director of Health Education & Cultural and Linguistics. **Revision 2015-09:** Policy updated by Health Education and Disease Management Manager. New Morbidity Reports added. **Revision 2005-02:** Routine review. **Revision 2002-01:** Revisions made to comply with Emergency Regulations R-58-00E (Disease Reporting to Assess Potential Bioterrorism Events). Name change from Communicable Disease Reporting. Combined all conditions/diseases listed into one table. Changes were not marked if the information was simply moved into the table. **Revision 2000-06:** Routine revision.

<sup>2</sup> CCR Title 17 §2500(j)

<sup>3</sup> Accelerated reporting timeframe requested by the Kern County Health Department.

# CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Use this form for reporting all conditions except Tuberculosis and conditions reportable to DMV.

## DISEASE BEING REPORTED

Patient Name - Last Name		First Name		MI	Ethnicity (check one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Unknown		
Home Address: Number, Street				Apt./Unit No.			
City			State	ZIP Code			
Home Telephone Number		Cell Telephone Number		Work Telephone Number			
Email Address			Primary Language		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		
Birth Date (mm/dd/yyyy)		Age		Gender		<input type="checkbox"/> M to F Transgender <input type="checkbox"/> Male <input type="checkbox"/> F to M Transgender <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Est. Delivery Date (mm/dd/yyyy)		Country of Birth			
Occupation or Job Title				Occupational or Exposure Setting (check all that apply): <input type="checkbox"/> Food Service <input type="checkbox"/> Day Care <input type="checkbox"/> Health Care <input type="checkbox"/> Correctional Facility <input type="checkbox"/> School <input type="checkbox"/> Other (specify): _____			

Date of Onset (mm/dd/yyyy)	Date of First Specimen Collection (mm/dd/yyyy)	Date of Diagnosis (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)
----------------------------	--	--------------------------------	----------------------------

Reporting Health Care Provider		Reporting Health Care Facility		REPORT TO:	
Address: Number, Street			Suite/Unit No.		
City		State	ZIP Code		
Telephone Number		Fax Number			
Submitted by		Date Submitted (mm/dd/yyyy)			
Kern County Public Health Services Department 1800 Mt. Vernon Ave., Bakersfield, CA 93306 Monday through Friday, 8:00 am to 5:00 pm Phone: (661) 321-3000    FAX: (661) 868-0261  On weekends, holidays, and after 5:00 pm, call (661) 324-6551 to page the health officer on call to report diseases that require immediate notification (Ⓞ! and †). (Obtain additional forms from your local health department.)					

Laboratory Name	City	State	ZIP Code
-----------------	------	-------	----------

### SEXUALLY TRANSMITTED DISEASES (STDs)

Gender of Sex Partners (check all that apply) <input type="checkbox"/> Male <input type="checkbox"/> M to F Transgender <input type="checkbox"/> Female <input type="checkbox"/> F to M Transgender <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____		STD TREATMENT <input type="checkbox"/> Treated in office <input type="checkbox"/> Given prescription		Treatment Began (mm/dd/yyyy)		<input type="checkbox"/> Untreated	
Drug(s), Dosage, Route						<input type="checkbox"/> Will treat <input type="checkbox"/> Unable to contact patient <input type="checkbox"/> Patient refused treatment <input type="checkbox"/> Referred to: _____	

<b>If reporting Syphilis, Stage:</b> <input type="checkbox"/> Primary (lesion present) <input type="checkbox"/> Secondary <input type="checkbox"/> Early latent < 1 year <input type="checkbox"/> Latent (unknown duration) <input type="checkbox"/> Late latent > 1 year <input type="checkbox"/> Late (tertiary) <input type="checkbox"/> Congenital Neurosyphilis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Syphilis Test Results</b> <input type="checkbox"/> RPR <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> VDRL <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> FTA-ABS <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> TP-PA <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> EIA/CLIA <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> CSF-VDRL <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Other: _____		<b>Titer</b> _____ _____ _____		<b>If reporting Chlamydia and/or Gonorrhea:</b> Specimen Source(s) (check all that apply) <input type="checkbox"/> Cervical <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Rectal <input type="checkbox"/> Urethral <input type="checkbox"/> Urine <input type="checkbox"/> Vaginal <input type="checkbox"/> Other: _____		<b>If reporting Pelvic Inflammatory Disease:</b> (check all that apply) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Gonococcal PID <input type="checkbox"/> Chlamydial PID <input type="checkbox"/> Other/Unknown Etiology PID  <b>Partner(s) Treated?</b> <input type="checkbox"/> Yes, treated in this clinic <input type="checkbox"/> No, instructed patient to refer partner(s) for treatment <input type="checkbox"/> Yes, Meds/Prescription given to patient for their partner(s) <input type="checkbox"/> No, referred partner(s) to: _____ <input type="checkbox"/> Yes, other: _____ <input type="checkbox"/> Unknown	
--	--	--	--	---	--	---	--	---	--

### VIRAL HEPATITIS

Diagnosis (check all that apply) <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B (acute) <input type="checkbox"/> Hepatitis B (chronic) <input type="checkbox"/> Hepatitis B (perinatal) <input type="checkbox"/> Hepatitis C (acute) <input type="checkbox"/> Hepatitis C (chronic) <input type="checkbox"/> Hepatitis D <input type="checkbox"/> Hepatitis E		Is patient symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
Suspected Exposure Type(s) <input type="checkbox"/> Blood transfusion, dental or medical procedure <input type="checkbox"/> IV drug use <input type="checkbox"/> Other needle exposure <input type="checkbox"/> Sexual contact <input type="checkbox"/> Household contact <input type="checkbox"/> Perinatal <input type="checkbox"/> Child care <input type="checkbox"/> Other: _____		ALT (SGPT) Result: _____    Upper Limit: _____		AST (SGOT) Result: _____    Upper Limit: _____		Bilirubin result: _____			
				Hep A    anti-HAV IgM <input type="checkbox"/> Pos <input type="checkbox"/> Neg		Hep B    HBsAg <input type="checkbox"/> Pos <input type="checkbox"/> Neg		Hep C    anti-HCV <input type="checkbox"/> Pos <input type="checkbox"/> Neg	
				anti-HBc total <input type="checkbox"/> Pos <input type="checkbox"/> Neg		anti-HBc IgM <input type="checkbox"/> Pos <input type="checkbox"/> Neg		RIBA <input type="checkbox"/> Pos <input type="checkbox"/> Neg	
				anti-HBs <input type="checkbox"/> Pos <input type="checkbox"/> Neg		HBeAg <input type="checkbox"/> Pos <input type="checkbox"/> Neg		HCV RNA (e.g., PCR) <input type="checkbox"/> Pos <input type="checkbox"/> Neg	
				anti-HBe <input type="checkbox"/> Pos <input type="checkbox"/> Neg		HBV DNA: _____		Hep D    anti-HDV <input type="checkbox"/> Pos <input type="checkbox"/> Neg	
								Hep E    anti-HEV <input type="checkbox"/> Pos <input type="checkbox"/> Neg	

Remarks:

**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)(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 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 electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).
- = 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(i)(1)**

- Acquired Immune Deficiency Syndrome (AIDS)  
(HIV infection only: see "Human Immunodeficiency Virus")
- FAX Ⓢ ☒ Amebiasis
- Ⓢ ! Anaplasmosis/Ehrlichiosis
- Ⓢ ! Anthrax, human or animal
- FAX Ⓢ ☒ Babesiosis
- Ⓢ ! Botulism (Infant, Foodborne, Wound, Other)
- Brucellosis, animal (except infections due to *Brucella canis*)
- Ⓢ ! Brucellosis, human
- FAX Ⓢ ☒ Campylobacteriosis
- Chancroid
- FAX Ⓢ ☒ Chickenpox (Varicella) (only hospitalizations and deaths)
- Chlamydia trachomatis* infections, including lymphogranuloma venereum (LGV)
- Ⓢ ! Cholera
- Ⓢ ! Ciguatera Fish Poisoning
- Coccidioidomycosis
- Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
- FAX Ⓢ ☒ Cryptosporidiosis
- Cyclosporiasis
- Cysticercosis or taeniasis
- Ⓢ ! Dengue
- Ⓢ ! Diphtheria
- Ⓢ ! Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
- FAX Ⓢ ☒ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- Ⓢ ! *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157
- † FAX Ⓢ ☒ Foodborne Disease
- Giardiasis
- Gonococcal Infections
- FAX Ⓢ ☒ *Haemophilus influenzae*, invasive disease (report an incident of less than 15 years of age)
- Ⓢ ! Hantavirus Infections
- Ⓢ ! Hemolytic Uremic Syndrome
- FAX Ⓢ ☒ Hepatitis A, acute infection
- Hepatitis B (specify acute case or chronic)
- Hepatitis C (specify acute case or chronic)
- Hepatitis D (Delta) (specify acute case or chronic)
- Hepatitis E, acute infection
- Influenza, deaths in laboratory-confirmed cases for age 0-64 years
- Ⓢ ! Influenza, novel strains (human)
- Legionellosis
- Leprosy (Hansen Disease)
- Leptospirosis
- FAX Ⓢ ☒ Listeriosis
- Lyme Disease
- FAX Ⓢ ☒ Malaria
- Ⓢ ! Measles (Rubeola)
- FAX Ⓢ ☒ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- Ⓢ ! Meningococcal Infections
- Mumps
- Ⓢ ! Paralytic Shellfish Poisoning
- Pelvic Inflammatory Disease (PID)
- FAX Ⓢ ☒ Pertussis (Whooping Cough)
- Ⓢ ! Plague, human or animal
- FAX Ⓢ ☒ Poliovirus Infection
- FAX Ⓢ ☒ Psittacosis

- FAX Ⓢ ☒ Q Fever
- Ⓢ ! Rabies, human or animal
- FAX Ⓢ ☒ Relapsing Fever
- Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses
- Rocky Mountain Spotted Fever
- Rubella (German Measles)
- Rubella Syndrome, Congenital
- FAX Ⓢ ☒ Salmonellosis (Other than Typhoid Fever)
- Ⓢ ! Scombroid Fish Poisoning
- Ⓢ ! Severe Acute Respiratory Syndrome (SARS)
- Ⓢ ! Shiga toxin (detected in feces)
- FAX Ⓢ ☒ Shigellosis
- Ⓢ ! Smallpox (Variola)
- FAX Ⓢ ☒ *Staphylococcus aureus* infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture)
- FAX Ⓢ ☒ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
- FAX Ⓢ ☒ Syphilis
- Tetanus
- Toxic Shock Syndrome
- FAX Ⓢ ☒ Trichinosis
- FAX Ⓢ ☒ Tuberculosis
- Tularemia, animal
- Ⓢ ! Tularemia, human
- FAX Ⓢ ☒ Typhoid Fever, Cases and Carriers
- FAX Ⓢ ☒ *Vibrio* Infections
- Ⓢ ! Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
- FAX Ⓢ ☒ West Nile virus (WNV) Infection
- Ⓢ ! Yellow Fever
- FAX Ⓢ ☒ Yersiniosis
- Ⓢ ! OCCURRENCE of ANY UNUSUAL DISEASE
- Ⓢ ! OUTBREAKS of ANY DISEASE (Including diseases not listed in § 2500). Specify if institutional and/or open community.

**HIV REPORTING BY HEALTH CARE PROVIDERS § 2641.5-2643.20**

Human Immunodeficiency Virus (HIV) infection is reportable by traceable mail or person-to-person transfer within seven calendar days by completion of the HIV/AIDS Case Report form (CDPH 8641A) available from the local health department. For completing HIV-specific reporting requirements, see Title 17, CCR, § 2641.5-2643.20 and <http://www.cdph.ca.gov/programs/aids/Pages/OAHIVReporting.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):**

**Giardiasis = FAX, telephone, or mail within one working day of identification ( FAX Ⓢ ☒ ).**

\* 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).