

COMMUNICABLE DISEASE REPORTING

Title 17, California Code of Regulations, §2500, requires that known or suspected cases of any of the diseases or conditions listed below are to be reported to the local health jurisdiction within the specified time frame:

REPORT IMMEDIATELY BY PHONE

During Business Hours: (661) 321-3000

After Hours: (661) 241-3255 (Ask for Health Officer On Call)

Anthrax Botulism (Specify Infant, Foodborne, Wound, Other) Brucellosis, Human Cholera Ciguatera Fish Poisoning Diphtheria Domoic Acid Poisoning (Amnesic Shellfish Poisoning) -	Flavivirus Infection of Undetermined Species Foodborne Disease (2 or More Cases) Hemolytic Uremic Syndrome Influenza due to novel Strains (Human) Measles (Rubeola) Meningococcal Infections Middle Eastern Respiratory Syndrome (MERS) Novel Coronavirus Infection Novel Virus Infection with Pandemic Potential Paralytic Shellfish Poisoning Plague (Specify Human or Animal)	Rabies (Specify Human or Animal) Scrombroid Fish Poisoning Shiga Toxin (Detected in Feces) Smallpox (Variola) Tularemia, human Viral Hemorrhagic Fever (Crimean-Congo, Ebola, Lassa, and Marburg Viruses) Occurrence of any unusual disease Outbreaks of any disease
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Immediately report the occurrence of any unusual disease OR outbreaks of any disease.

REPORT BY PHONE, FAX, MAIL WITHIN ONE (1) WORKING DAY

Phone: (661) 321-3000

Fax: (661) 868-0261

Mail: 1800 Mt Vernon Ave, Bakersfield CA 93306

Conditions may also be reported electronically via the California Reportable Disease Information Exchange (CalREDIE)

Babesiosis Campylobacteriosis <i>Candida auris</i> , colonization or infection **NEW Chickenpox (Outbreak, Hospitalization and Death) Chikungunya Virus Infection Coronavirus Disease 2019 (COVID-19) **update Cryptosporidiosis Dengue Virus Infection Encephalitis (Specify Viral, Bacterial, Fungal, Parasitic) <i>Escherichia coli</i> : Shiga Toxin producing (STEC), including <i>E. coli</i> O157 Foodborne Disease (Individual Case)	<i>Haemophilus Influenzae</i> Invasive Disease, all serotypes (Cases <5 Years of Age) Hantavirus Infection Hepatitis A, Acute Infection Listeriosis Malaria Meningitis (Specify Viral, Bacterial, Fungal, or Parasitic) Monkeypox or orthopox virus infection **NEW Paratyphoid Fever Pertussis (Whooping Cough) Poliovirus Infection Psittacosis	Q Fever Relapsing Fever Salmonellosis (Other than Typhoid Fever) Shigellosis Syphilis (all stages, including congenital) Trichinosis Tuberculosis (TB) Typhoid Fever (Case or Carrier) <i>Vibrio</i> Infections West Nile Virus Infection Yellow Fever Yersiniosis Zika Virus Infection
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REPORT BY PHONE, FAX, OR MAIL WITHIN SEVEN (7) CALENDAR DAYS

Phone: (661) 321-3000

Fax: (661) 868-0261

Mail: 1800 Mt Vernon Ave, Bakersfield CA 93306

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Anaplasmosis Brucellosis, Animal (except <i>Brucella canis</i>) Chancroid Coccidioidomycosis Creutzfeldt-Jacob Disease (CJD) and Other Transmissible Spongiform Encephalopathies (TSE) Cyclosporiasis Cysticercosis or Taeniasis Ehrlichiosis Giardiasis	Gonococcal Infection Hepatitis B (Specify Acute, Chronic, or perinatal) Hepatitis C (Specify Acute, Chronic, or perinatal) Hepatitis D (Delta) (Specify Acute or Chronic) Hepatitis E, Acute Infection Influenza-associated deaths in lab-confirmed cases less than 18 years of age Legionellosis Leprosy (Hansen Disease) Leptospirosis Lyme Disease	Mumps Respiratory Syncytial Virus – associated deaths in lab confirmed cases <5 Years of Age) Rickettsial Diseases (non-Rocky Mountain Spotted Fever), Including Typhus and Typhus-like Illness Rocky Mountain Spotted Fever Rubella (German Measles) Rubella Syndrome, Congenital Tetanus Tularemia, Animal
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REPORT WITHIN SEVEN (7) CALENDAR DAYS BY TRACEABLE MAIL OR PERSON-TO-PERSON TRANSFER (COURIER)

Human Immunodeficiency Virus (HIV) infections, any stage

Human Immunodeficiency Virus (HIV)infection, progression to stage 3 (AIDS)

COMMUNICABLE DISEASE REPORTING

Title 17, California Code of Regulations (CCR), § 2500

Urgency Reporting Requirements

= Report immediately by telephone

= Report by electronic transmission (CalREDIE), fax, telephone, or mail within 1 working day from identification

= Report by electronic transmission (CalREDIE), fax, telephone, or mail within 7 calendar days from identification

= Report by traceable mail or person-to-person transfer (courier) within 7 calendar days from identification

REPORTABLE DISEASES

<ul style="list-style-type: none"> <input type="checkbox"/> Anaplasmosis Anthrax, human or animal <input checked="" type="checkbox"/> Babesiosis Botulism; infant, foodborne, or wound <input type="checkbox"/> Brucellosis, animal; except infections due to <i>Brucella canis</i> Brucellosis, human <input checked="" type="checkbox"/> Campylobacteriosis <input checked="" type="checkbox"/> <i>Candida auris</i>, colonization or infection <input type="checkbox"/> Chancroid <input checked="" type="checkbox"/> Chickenpox (Varicella), only hospitalizations, deaths, and outbreaks (≥3 cases, or one case in a high-risk setting) <input checked="" type="checkbox"/> Chikungunya Virus Infection Cholera Ciguatera Fish Poisoning <input type="checkbox"/> Coccidioidomycosis <input checked="" type="checkbox"/> Coronavirus Disease 2019 (COVID-19) <input type="checkbox"/> Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE) <input checked="" type="checkbox"/> Cryptosporidiosis <input type="checkbox"/> Cyclosporiasis <input type="checkbox"/> Cysticercosis or Taeniasis <input checked="" type="checkbox"/> Dengue Virus Infection Diphtheria Domoic Acid (Amnesic Shellfish) Poisoning <input type="checkbox"/> Ehrlichiosis <input checked="" type="checkbox"/> Encephalitis, specify etiology: viral, bacterial, fungal, or parasitic <input checked="" type="checkbox"/> <i>Escherichia coli</i>, shiga toxin producing (STEC) including E. coli O157 Flavivirus infection of undetermined species <input checked="" type="checkbox"/> Foodborne Disease Foodborne Outbreak; 2 or more suspected cases from separate households with same source 	<ul style="list-style-type: none"> <input type="checkbox"/> Giardiasis <input type="checkbox"/> Gonococcal Infection <input checked="" type="checkbox"/> <i>Haemophilus influenzae</i>, invasive disease only, all serotypes, less than 5 years of age <input checked="" type="checkbox"/> Hantavirus Infection Hemolytic Uremic Syndrome <input checked="" type="checkbox"/> Hepatitis A, acute infection <input type="checkbox"/> Hepatitis B, (Specify Acute, Chronic, or perinatal) <input type="checkbox"/> Hepatitis C, (Specify Acute, Chronic, or perinatal) <input type="checkbox"/> Hepatitis D (Delta), specify acute or chronic <input type="checkbox"/> Hepatitis E, acute infection <input type="checkbox"/> Human Immunodeficiency Virus (HIV) Infection progression to stage 3 (AIDS) (§2641.30-2643.20) <input type="checkbox"/> Human Immunodeficiency Virus (HIV), acute infection (§2641.30-2643.20) <input type="checkbox"/> Influenza deaths, laboratory confirmed cases only, under the age of 18 Influenza due to novel strains, human <input type="checkbox"/> Legionellosis <input type="checkbox"/> Leprosy (Hansen's Disease) <input type="checkbox"/> Leptospirosis <input checked="" type="checkbox"/> Listeriosis <input type="checkbox"/> Lyme Disease <input checked="" type="checkbox"/> Malaria Measles (Rubeola) <input checked="" type="checkbox"/> Meningitis, specify etiology: viral, bacterial, fungal, or parasitic Meningococcal Infection Middle Eastern Respiratory Syndrome, (MERS) <input checked="" type="checkbox"/> Monkeypox or orthopox virus infection <input type="checkbox"/> Mumps Novel Coronavirus Infection Novel virus infection with pandemic potential Paralytic Shellfish Poisoning <input checked="" type="checkbox"/> Paratyphoid Fever 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Pertussis (Whooping Cough) Plague, human or animal <input checked="" type="checkbox"/> Poliovirus Infection <input checked="" type="checkbox"/> Psittacosis <input checked="" type="checkbox"/> Q Fever Rabies, human or animal <input type="checkbox"/> Relapsing Fever <input type="checkbox"/> Respiratory Syncytial Virus, deaths less than 5 years of age only <input type="checkbox"/> Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus- like Illnesses <input type="checkbox"/> Rocky Mountain Spotted Fever <input type="checkbox"/> Rubella (German Measles) <input type="checkbox"/> Rubella Syndrome, Congenital <input checked="" type="checkbox"/> Salmonellosis, other than Typhoid Fever Scombroid Fish Poisoning Shiga Toxin, detected in feces <input checked="" type="checkbox"/> Shigellosis Smallpox (Variola) <input checked="" type="checkbox"/> Syphilis (all stages, including congenital) <input type="checkbox"/> Tetanus <input checked="" type="checkbox"/> Trichinosis <input checked="" type="checkbox"/> Tuberculosis <input type="checkbox"/> Tularemia, animal Tularemia, human <input checked="" type="checkbox"/> Typhoid Fever, cases and carriers <input checked="" type="checkbox"/> <i>Vibrio</i> Infection Viral Hemorrhagic Fevers, human or animal (e.g. Crimean-Congo, Ebola, Lassa, and Marburg viruses) <input checked="" type="checkbox"/> West Nile Virus (WNV) Infection <input checked="" type="checkbox"/> Yellow Fever <input checked="" type="checkbox"/> Yersiniosis <input checked="" type="checkbox"/> Zika Virus Infection OCCURRENCE OF ANY UNUSUAL DISEASE OUTBREAKS OF ANY DISEASE, including diseases not listed above. Specify if occurring in an institution and/or the open community.
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REPORTABLE NON-COMMUNICABLE DISEASES OR CONDITIONS

<input type="checkbox"/> Cancer, including benign and borderline brain tumors (§2593)	<input type="checkbox"/> Disorders Characterized by Lapses of Consciousness (§2800-2812)	<input checked="" type="checkbox"/> Pesticide-Related Illnesses or Injury (Health and Safety Code §105200)
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To report a case or outbreak of any disease, contact the Kern County Public Health Services Department:

Phone: (661) 321-3000	Fax: (661) 868-0261	Mail: 1800 Mt. Vernon Ave., Bakersfield, CA 93306
After Hours: (661) 241-3255		
(Ask for Public Health Staff Member On Call)		

Conditions may also be reported electronically via the California Reportable Disease Information Exchange (CalREDIE)

Failure to report is a misdemeanor (Health and Safety Code §120295) and is a citable offense under the Medical Board of California's Citation and Fine Program (Title 16, CCR § 1364.10 and 1364.11). Failure to report is a citable offense and subject to civil penalty (Health and Safety Code §105200).