



Ambulatory Care Network

HEALTH SERVICES • LOS ANGELES COUNTY
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**Policy &
Procedure
Number**

ACN

CD-01.017

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Approved By: ACN P&P

TITLE: Communicable Disease Reporting to Public Health

DIVISION: Ambulatory Care Network

SERVICE AREA/ UNIT: Clinical Areas

1.0 PURPOSE:

Reporting of designated diseases and conditions to the Public Health Department is necessary in order for the Public Health Programs to provide effective surveillance, control and prevention of infectious diseases that pose a threat to the public.

“Delay or failure to report communicable disease has contributed to serious consequences in the past and, since 1997, is a misdemeanor punishable by a fine of not less than \$50 or 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.” Los Angeles County, Department of Health Services, Public Health Department, Acute Communicable Disease Control Unit, 2004.

2.0 POLICY:

Reportable communicable diseases identified in patients in the Ambulatory Care Network (ACN) are to be reported to the Public Health Department per Title 17 CCR State regulations and per the protocols outlined below. Reports are to be made by the Laboratory and by Health Care Providers, including Physicians, Nurse Practitioners, and Podiatrists, or their designees. Confidentiality of reports is to be maintained at all times.

3.0 PROCEDURE:

3.1 Reportable Diseases

3.1.1 The Los Angeles County (LAC) Department of Public Health (DPH) list of Reportable Diseases and Conditions are to be reported by health care Providers per the **"Urgency Reporting Requirements"** noted at the top of the list.

3.1.2 Laboratories are required to report the list of diseases outlined on the Laboratory Report List (separate list for laboratories). **Dual reporting** by the Health Care Provider and the Laboratory is **mandated** for the diseases listed in their respective lists.

3.1.3 The LAC DPH periodically updates the lists of reportable diseases. The most current lists may be accessed at www.publichealth.lacounty.gov or obtained

by contacting the LAC DPH Acute Communicable Disease Control Unit at 213-240-7941.

3.2 Laboratory Requirements

- 3.2.1 Confirmed reportable diseases per CCR, Title 17, Section 2505 identified by the HDHS Laboratory are to be reported to the DPH within one working day of the time the laboratory notifies the provider of the test results.
- 3.2.2 The Laboratory must report to the Health Care Provider (Physician, Nurse Practitioner, Podiatrist, Dentist) any findings which lead to the diagnosis of diseases or conditions listed in the CCR, Title 17 Sections, 2500, 2502, and 2503.

3.3 Health Care Providers Requirements

3.3.1 Who is to Report?

- a. Health Care Providers, including Physicians, Nurses Practitioners, and Podiatrists, Dentists, knowing of a confirmed, presumptive or suspected case of a communicable disease, outbreak, or unusual occurrence are required to report it to the designated Public Health Department, within the mandated time requirements per the California Code Regulations (Section 2500, CCR, Title 17, Sections 2500, 2502, 2503).
- b. Other Health Care Workers and Administrators knowing of a confirmed, presumptive or suspected case of a communicable disease, outbreak, or unusual occurrence are required to report it to the provider and/or to the Infection Prevention Nurse for determination of reporting to the DPH.

3.3.2 Reporting Forms

- a. The appropriate Confidential Morbidity Report (CMR) Public Health forms are to be used for reporting as required for the specific disease and designated in the Los Angeles County Communicable Disease Reporting Manual. Forms may be accessed at www.publichealth.lacounty.gov.
- b. Reports to the LAC DPH may be made by telephone, fax (except HIV/AIDS), mail or electronic transfer on computer, on the specified CMR forms (CMR, STD, TB, HIV, AIDS/Adults, AIDS/Pediatrics).

3.3.3 Who Initiates Reporting?

- a. The Physician, Nurse Practitioner, Podiatrist or Dentist is to initiate the reporting form and include the information indicated on the specified form, e.g.:
 - i. Provider Name
 - ii. Patient Name
 - iii. Patient MRN
 - iv. Diagnosis, presumptive or confirmed as indicated
 - v. Date of onset and diagnosis
 - vi. Specimen collected, Date
 - vii. Lab results
 - viii. Risk factors
 - ix. Occupation

- x. Treatment (for STD's)
- b. If the ordering provider is not available at the time the lab report results are received in the clinic the provider scheduled to review lab results for absent providers is responsible for reporting the communicable disease to the DPH.

3.3.4 Who Completes and Submits the Report?

- a. The Nursing and/or clerical staff completes the report form with the following information and submits it to the designated Public Health.
 - i. Patient demographic information
 - ii. Clinic name, address and phone number

3.3.5 STD Reporting

- a. On receipt of an STD lab result (and confirmatory test if RPR is positive, e.g., TPPA) the Health Care Provider is to review medical records for evidence of STD treatment or Pelvic Inflammatory Disease (PID) or Urethritis.
- b. If the patient **has** received the appropriate treatment, the Health Care Provider is to initiate the STD CMR report form and document the treatment on the report form. If PID or Urethritis is present with a negative lab report these are also to be reported to public health on STD CMR form. **Provider may write order to Nurse to complete the CMR form.**
- c. The STD CMR report form is then to be completed and submitted, regardless of treatment status, by fax or mail, to the STD Program Office by Nursing/clerical staff and CMR form is to be included in the patient's medical record.
- d. If the patient **has not** received the appropriate treatment, the Health Care Provider is responsible to ensure that the patient is contacted per clinic protocol for abnormal lab results.
- e. Once the patient has received appropriate treatment, the final updated STD CMR report form is to be completed by the provider and submitted to the STD Public Health Program office by Nursing /clerical staff.
- f. If Lab result is not returned, e.g., lost specimen or missing report, follow up with lab is indicated and testing and reporting sequence is to be re-initiated. If PID or Urethritis were diagnosed initially, an STD CMR form is to be generated and submitted to STD Program Office. CMR is to be marked as "Specimen lost", etc.

3.3.6 HIV/AIDS Reporting

- a. **HIV/AIDS Reporting:** HIV/AIDS reporting to the DPH for all ACN patients with HIV positive lab results by the Laboratory **and** by the provider.
 - i. The dual reporting by the Laboratory and the provider/clinic is mandated. Report forms are to be submitted to the LAC DPH HIV Epidemiology Unit.
- b. HIV/AIDS reporting forms are **NOT** to be faxed.

3.3.7 Urgency Reporting Requirements

- a. List of Reportable Disease and Conditions lists the urgency reporting requirements for each disease and condition. The Report/CMR will be reported as designated accordingly. Each form contains the fax and phone numbers for each designated Public Health Department.

☎ 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

± Report electronically via the **National Healthcare Safety Network** (<https://www.cdc.gov/nhsn/index.html>) if enrolled. If not enrolled, use the LAC DPH **CRE Case Report Form** (<http://publichealth.lacounty.gov/acd/Diseases/EpiForms/CRERepSNF.pdf>)

3.3.8 Documentation and Recordkeeping

- a. Documentation is to be made in the medical record of the reporting to the DPH e.g., "CMR faxed/sent to Public Health," or complete information of a telephone report and follow up actions as indicated. Written CMR report forms are to be either faxed or mailed. The CMR is to be included in the patient's medical record.

3.4 Infection Prevention Nurse Reporting

- 3.4.1 The facility staff, per the specific request of a Health Care Providers, other health care workers or Administrator, will report a communicable disease (confirmed or presumptive) or outbreak to the appropriate agencies as listed in Section 3.3 above. In addition, the facility staff will inform ACN Infection Prevention Nurse.

3.5 Outbreak Reporting


- 3.5.1 Outbreaks, unusual incidences or occurrences of communicable diseases not included in the list of reportable diseases (e.g., caused by a transmissible infectious agent or microbial toxins, and any disease potentially caused by bioterrorism activity) are to be reported to either the local Public Health Department or the LAC DPH Acute Communicable Disease Control Unit and State Agencies as required. Reporting is to be performed by the Provider, the Infection Prevention Nurse, the local ACN Administrator, or their designees.

4.0 SOURCES AND REFERENCE:

- 4.1 California Code of Regulations, Title 17, Chapter 4, Sections 2500, 2502, 2503 and 2505
- 4.2 Communicable Disease Control Manual, 2003, Departmental Rules, Regulations and Control Procedures
- 4.3 County of Los Angeles Department of Health Services

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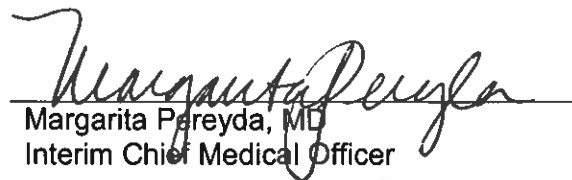
Approvals:



Quentin O'Brien
Interim Chief Executive Officer

9/13/2019

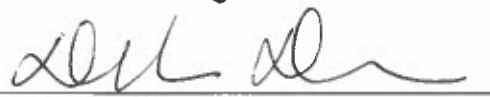
Date



Margarita Pareyda, MD
Interim Chief Medical Officer

9/3/2019

Date



Debra Duran, RN
Chief Nursing Officer

9/9/19

Date

P&P History

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9/13/2018	ACN		DRAFT	
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