

Office of Origin: Hospital Epidemiology and Infection Prevention (HEIP)

I. PURPOSE

The purpose of this policy is to outline communication procedures for UCSF Health locations, programs, and personnel as outlined in the Infection Control Manual. It ensures timely and effective reporting of reportable diseases and conditions to local health authorities, including the San Francisco Department of Public Health (SFPDH) and California Department of Health (CDPH)) and in compliance with regulatory requirements.

II. REFERENCES:

- UCSF Health: [Aerosol Transmissible Disease Exposure Control Plan EOC Policy 3.1.2](#)
- [Title 17, section 2500 \(b\) of the California Code of Regulations](#)
- [Report a disease to the San Francisco Department of Public Health](#)
- [CDPH All Facilities Letter \(AFL\) 23-08, Requirements to Report Outbreaks and Unusual Infectious Disease Occurrences](#)

III. POLICY

UCSF Medical Center personnel will utilize established communications methods for notifying, querying and communicating with UCSF locations, programs and personnel as well as the county health department in the jurisdiction where the patient lives and the San Francisco Department of Public Health (SFPDH), when indicated.

IV. PROCEDURES

A. Internal communication

1. Urgent communications will require verbal confirmation over telephone or in person, although communications may be initiated by any means available (e.g., email, voicemail, text, etc.). As related to laboratory communications to healthcare providers, a list of critical and subcritical values and appropriate communication methods are available through the following [link](#).
2. Non-urgent patient-related messages may be made by APeX InBasket messaging (most reliable for providers), email, and/or voice mail. Telephone or in-person verbal confirmation is not required.
3. Non-urgent, non-patient-related messages may be made by any means available.

B. External reporting

Public Health Department Reportable Diseases and Conditions

1. According to [Title 17, section 2500\(b\) of the California Code of Regulations](#), every health care provider who knows about a case or suspects a case of any of the reportable diseases or conditions must report to the local health officer for the jurisdiction where the patient lives. At UCSF Medical Center, reporting responsibilities lie with Clinical Laboratory Scientists in the Microbiology and Immunology Laboratories; Hospital Epidemiology and Infection Prevention (HEIP); and/or physicians and nurses working in acute care areas and clinics.

The Confidential Morbidity Report (CMR) form and guidelines for reporting diseases and conditions, including a list of applicable diseases, from the SFPDH are available at this [link](#). The reporting healthcare provider is responsible for completing the CMR form as completely as possible and submitting it to the county where the patient resides as required by Title 17, California Code of Regulations (CCR).

2. Outbreaks and unusual infectious disease occurrences should be reported in accordance with [CDPH AFL 23-08](#).
3. Reporting System
 - A. Reporting by telephone or mail:
 - i. Diseases identified as “Report Immediately by Telephone” are of urgent

concern to community health officials and must be reported by telephone,

pager, or electronically to the San Francisco Communicable Disease Control Unit, SFPDPH, by anyone caring for the patient within one hour based on clinical suspicion, laboratory confirmation or clinical diagnosis. Clinical Laboratory Scientists electronically send reportable diseases to the SFPDPH and CDPH via the CalREDIE reporting system.

- ii. See the contact table for notification in C. below.
- iii. Potential bioterrorism agents are indicated by an asterisk (*). Those identified through laboratory testing are reported via telephone by a Clinical Laboratory Scientist. Diseases identified as “Within One Working Day of Identification” are of major concern and must be reported by FAX, telephone, or electronically system within one business day of identification of the illness or organism to the San Francisco Communicable Disease Control Unit, SFPDPH. Clinical Laboratory Scientists electronically send reportable diseases to the SFPDPH and CDPH via the CalREDIE reporting system.
- iv. Foodborne illnesses occurring in two or more cases from different households, and suspected to have the same source of illness, are to be reported within one working day. (See contact table for notification in v. below.) Those identified through laboratory testing are reported via FAX by a Clinical Laboratory Scientist.
- v. Report any patients with confirmed or probable active TB within one working day of identification. For inpatients, all confirmed or probable TB cases must be reported to SFPDPH TB Control, regardless of the patient’s county of residence. For outpatients, report confirmed or probable TB cases directly to the health department in the patient’s county of residence.
- vi. Other reportable conditions listed, such as Acquired Immunodeficiency Syndrome (AIDS) from HIV infection, Alzheimer’s Disease and related conditions, disorders characterized by lapses of consciousness, and Cancer (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix) must be reported by telephone, FAX or mail within 7 calendar days to assure that reporting has been accomplished. (See contact table for notification in C. below.)

B. A Confidential Morbidity Report (CMR) form (“SFPDPH Reportable Diseases”) should be filled out by the healthcare provider and submitted via FAX or mail, form can be found [here](#).

C. Contact phone numbers for notification:

San Francisco Department of Public Health Reportable Unit	Phone	FAX
Communicable Disease Control Unit	(415) 554-2830	(415) 554-2848
HIV Office	(628) 217-6335	NONE
STD Clinic	(628) 217-6653	(628) 217-6603
Tuberculosis Clinic	(628) 206-8524 or (628) 206- 3398 for urgent reports after hours, call (415) 918-5735 to page the on-call physician	(628) 206-4565
Animal Bites (mammals only)	(415) 554-9422	(415) 864-2866

D. Documentation of telephone or fax report:

- i. The person reporting the communicable disease or reportable condition should note in the patient's progress note that a report was made to the local health authority.
- ii. For diseases identified through laboratory testing, the Clinical Laboratory Scientist will enter a note with the test result that says "Reported by Lab to Public Health. Physician reporting also required."
- iii. Laboratory reporting by mail:
Clinical Laboratory Scientists in the Microbiology Laboratory or the Immunology Laboratory report laboratory test results by mail with the required demographic information for any patient with a laboratory-confirmed or suspected reportable communicable disease. The Laboratory report with appropriate demographic information is to be mailed to:

San Francisco Department of Public Health
101 Grove Street, Room 408,
San Francisco, CA 94102

C. Tuberculosis (TB) Discharge Planning Documentation

The TB Discharge Planning form must be completed by the discharging provider and faxed to SFDPH TB Control and the DPH of the patient's discharging destination at least 48 hours prior to the anticipated discharge of any patient with suspected or confirmed TB, or any patient being treated for active TB. The form is located [here](#).

D. Participation in the California Emerging Infections Program (CEIP)

UCSF reports selected culture results to the California Emerging Infections Program the request of the CEIP.

E. Reporting to Referral Hospitals

Discharge Planning, Case Management and Nursing report infections of epidemiological significance to receiving institutions. Case Management will notify receiving facilities of patients identified with MDRO and other lab results requiring precautions ([see IC 1.1, Standard and Transmission Based Precautions](#), Appendix). [CDPH: Healthcare facility transfer form](#).

HISTORY OF POLICY Reviewed: 10/95, 1/04, 2/08, 2/11, 02/16, 02/17, 2/21, 10/24

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