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DEPARTMENT OF HEALTH & SOCIAL SERVICES
Public Health Services Division



SOLANO
COUNTY

SOLANO
PUBLIC
HEALTH



November 2019

Dear Healthcare Provider Partners,

This letter is intended to inform our healthcare provider partners of the statutory/mandatory, voluntary and meaningful use reporting requirements in Solano County.

Solano Public Health (SPH) is the Public Health Authority in Solano County. All healthcare providers operating in Solano County must report and submit appropriate data, except for Cancer Case Incidents, to SPH through the Solano County Population and Public Health Hub (PPHealth Hub) router for data that are electronically available and via fax or mail for those that are not electronically available. The PPHealth Hub will route appropriate data to the respective regional, state and federal reporting systems. Cancer Case Incident reports may be submitted via the PPHealth Hub or directly to the California Cancer Registry.

Statutory/Mandatory Reporting to Solano Public Health:

Reporting is crucial for disease surveillance, prevention and control and for the early detection of disease outbreaks. The California Health and Safety Code Section 124130 and the California Code of Regulations (CCR), Title 17, Sections 2500, 2504, 2593, 2643.5, 2810 and 2812 outline the diseases and conditions that are reportable by healthcare providers^{i,ii} and health facility administratorsⁱⁱⁱ to the local public health authority.

The California Department of Public Health (CPDH), in consultation with the California Conference of Local Health Officers, recently updated Title 17 section 2500 of the California Code of Regulations. Section 2500 specifies the list of diseases and conditions that healthcare providers must report to the local health department within the specified timeframe. The updated 2500 diseases and condition list is posted on the Solano County Public Health website at

http://www.solanocounty.com/depts/ph/info_for_healthcare_providers/public_health_reporting.asp

The Section 2500 changes, which went into effect October 1, 2019, are summarized below.

Changes to List of Reportable Diseases and Conditions

The following have been **removed** and are no longer required to be reported to the local health department:

- **Amebiasis**
- ***Chlamydia trachomatis* infections**, including lymphogranuloma venereum (LGV). Note that *Chlamydia trachomatis* infections will continue to be reported by laboratories.
- **Streptococcal Infections** (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)

The following have been **added** and are now required to be reported to the local health department:

- **Human Immunodeficiency Virus (HIV) infection, any stage** - *report within seven (7) calendar days*
- **Middle East Respiratory Syndrome (MERS)** - *report immediately by telephone*
- **Paratyphoid Fever** - *report within one working day*

The following have been **reworded** for clarity:

- Hepatitis B (specify acute case or chronic) reworded to **Hepatitis B (specify acute, chronic, or perinatal)**
- Hepatitis C (specify acute case or chronic) reworded to **Hepatitis C (specify acute, chronic, or perinatal)**
- Human Immunodeficiency Virus (HIV) infection, stage 3 (AIDS) reworded to **Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS)**
- Influenza, novel strains (human) reworded to **Influenza due to novel strains (human)**
- Respiratory syncytial virus (only report a death in a patient less than five years of age) reworded to **Respiratory syncytial virus-associated death in laboratory-confirmed cases less than five years of age**
- Syphilis reworded to **Syphilis (all stages, including congenital)**

The following have a **change in reporting requirement**:

- **Dengue virus infection** now required to be reported within one working day of identification (previously immediately reportable)
- **Escherichia coli: shiga toxin producing (STEC) including E. coli 0157** now required to be reported within one working day of identification (previously immediately reportable)
- **Influenza-associated deaths** in laboratory confirmed cases now only reportable in persons less than 18 years of age (previously ages 0-64)
- **Yellow Fever** now required to be reported within one working day of identification (previously immediately reportable)
- **Zika virus infection** now required to be reported within one working day of identification (previously immediately reportable)

Changes to Content of Reports

The following **changes** have been made to **what information must be reported**:

- Sex changed to **Gender**
- **Pregnancy status** now required to be reported (if known)
- Complications of gonorrhea or chlamydia infections no longer included

Changes to Definitions

Several of the definitions of Section 2500 have been updated. These include the definition for Case, Drug susceptibility testing, Epidemiologically-linked case, Foodborne disease, Foodborne disease outbreak, Laboratory findings, Outbreak, Sexually Transmitted Diseases, Suspected case, and Waterborne disease outbreak.

In addition to the above changes and statutory requirements, Solano Public Health has the following mandatory reporting requirement:

- Laboratory results per CCR Title 17, Sections 2500, 2505, 2643.10 and 2643.5 from CLIA-waived devices including point-of-care diagnostic tests in ambulatory settings.

Voluntary Reporting to Solano Public Health:

To provide a better understanding of the magnitude of the health issues facing our county and to better target intervention and resource allocation, Solano Public Health is making the following voluntarily reportable and is strongly encouraging their submission:

- Positive laboratory results for Human Papillomavirus (HPV);

- De-identified negative laboratory results for all diseases per CCR Title 17, Sections 2500, 2505, 2643.10 and 2643.5.

Meaningful Use Reporting to Solano Public Health:

Solano Public Health understands that electronic submission of timely, high quality data requires allocation of scarce resources; therefore, SPH has taken steps to align statutory/mandatory and voluntary reporting with HITECH Meaningful Use incentives.

Reporting directly to State or Regional systems does not qualify EPs, EHs, and CAHs for Meaningful Use unless an exemption has been obtained directly from SPH. See the California Public Health Electronic Reporting Capacity matrix at: <http://hie.cdph.ca.gov/lhj-matrix.html>.

For Meaningful Use, SPH has updated its “Declaration of Readiness” to receive and process the following data from all partners, including Eligible Professionals (EPs), Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs):

- Stage 2 and Stage 3 Meaningful Use 2014 Edition, 2015 Edition and 2015-2017 Edition
- Immunization updates and bi-directional queries (QBP/RSP)
- Syndrome Surveillance from all settings, including ambulatory/outpatient
- Electronic Laboratory Reports
- Electronic Case Reporting
- Public Health Reporting Registries

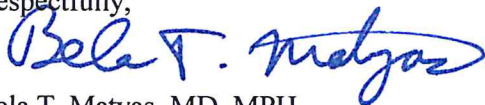
Solano Public Health and the healthcare community recognize the importance of analyzing, interpreting and sharing data collected through other means, including questionnaires and other instruments, that may or may not be incorporated into electronic medical records. To capture these and identify other health-related issues that impact the community, Solano Public Health has declared the following as public health registries under Meaningful Use:

- Electronic Community Health Observations (ECHO). This includes community health indicator data, social determinants of health data, child developmental data, behavioral health data, and elderly risk screening data.
- Cancer Data of Community Interest (CDCI). This includes Cancer Case Incident, electronic pathology results and cancer screening data sets.

Please feel free to call our Communicable Disease Program at 707-784-8001 for communicable disease questions or email the epidemiology unit at SPHReporting@SolanoCounty.com for questions regarding reporting.

Thank you for your timely and complete reporting and for keeping our residents and communities healthy!

Respectfully,



Bela T. Matyas, MD, MPH

ⁱ 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 in CCR section 2500, 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 in CCR section 2500 may make such a report to the local health officer for the jurisdiction where the patient resides.

ⁱⁱ Healthcare 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. “Infection control practitioner” means any person designated by a hospital, nursing home, clinic, or other health care facility as having responsibilities which include the detection, reporting, control and prevention of infections within the institution.

ⁱⁱⁱ The administrator of each 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.