

REPORTABLE ILLNESSES AND OUTBREAKS

POLICY: Reportable communicable diseases and outbreaks will be reported to the SF Department of Public Health Communicable Disease Control Unit within 24 hours of center's knowledge.

PURPOSE: To protect the children, staff, and families from communicable disease. To comply with the law, Title 17 CA Code of Regulations, childcare licensing, and center's policies and procedures. To access health information per center's policies and may include enforcement of Health Insurance Portability and Accountability Act [HIPAA \(CDC,2022\)](#).

PROCEDURE:

1. Some diseases must be reported to the Public Health Department even if there just 1 case per title 17 laws. Other diseases only have to be reported to Public Health if there is an OUTBREAK of 2 or more cases at the childcare center from different households.
2. The Health Advocate or designee will review and acquire an updated list of reportable diseases at least annually by visiting [SF Disease Prevention and Control](#) . Click on the Confidential Morbidity Report (CRM) Form for the most up to date list of diseases.

Confidential Morbidity Report (CMR) Form/ Reportable Diseases and Conditions

- [Confidential Morbidity Report \(CMR\) Form](#) List of reportable diseases and conditions, as well as timeframes for reporting, are found on page 2 of the form – Effective February 2022
- [Confidential Morbidity Report \(CMR\) Form – February 2022 "What's New?"](#)



3. The updated list will be placed in the policy and procedure manual. A copy of the list will be shared with each parent upon enrollment of their child.
4. As soon as center becomes aware of a communicable disease exposure and reportable disease case OR an outbreak in the center:
 - a. Call the SF Department of Public Health Communicable Disease Control Unit at **415-554-2830**.
 - b. Provide the Public Health Department with:
 - Name of the reportable disease
 - Child's name

San Francisco Department of Public Health
Child Care Health Program
333 Valencia St. 3rd Floor, San Francisco, CA, 94103

- Age
 - Address and home telephone
 - Parent's name
 - Doctor's name (if known)
 - Date of onset of symptoms (if known)
 - Caller's name and title
 - Center's name, address and telephone.
 - Last day child was at the center
 - Respond to the investigator's inquiry
- c. Review and follow instructions from the Health Department and from the licensing office, and per center policy.
5. Any outbreak of 2 or more communicable illnesses (from different households) in the center will be reported in the same manner. The Health Department will provide further instructions on actions to take.
- a. Immediately start a log, or use a template (example on next page)
- Reportable disease
 - Children's names
 - Classroom
 - Onset date of symptoms
 - Date of diagnosis
 - Date/s of attendance in the center (Exposure dates)
 - Treatment received
 - Date excluded from the center
 - Date returned to class
- b. Follow up on each case per center's policy or as instructed by the Public Health Department. Document your investigation.
- c. After notifying the Health Department, be sure to notify Community Care Licensing, center leadership, and your CCHP Nurse Consultant.

The center may create a log to track current outbreak. This log might be requested by the SFDPH Communicable Disease unit. See sample below:

Reporting Facility:				Contact Person:				Phone Number:				Date:								
Street Address:				Setting of Exposure (school, childcare center, etc.): _____																
County:				Estimated Number of Exposed: Students _____				Employees _____												
Demographics				Case Location		Symptoms				Outcome		Notes								
Ex	Name (Last, First)	Student or Employee (S/E)		Sex (M/F)	Age	Grade	Homeroom Number	Teacher/Instructor	Symptom Onset Date (MM/DD/YY) and Time (including AM or PM)	Nausea (Y/N)	Vomiting (Y/N)	Diarrhea (≥3 loose stools within 24 hours) (Y/N)	Bloody Diarrhea (Y/N)	Abdominal Cramps (Y/N)	Fever (Y/N)	Date of Last Diarrhea or Vomit (MM/DD/YY) and Time (including AM or PM)	Medical Visit (Y/N)	Stool Specimen (Y/N)	Additional Comments (e.g. other symptoms, exposure details, etc.)	
		S	E																	
	Doe, Jane	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F	11	5	D-129	Smith	09/17/16 10:10 AM	Y	Y	N	N	Y	N	9/19/2016 1:30PM	Y	Y	Sibling is also ill; stool sent to Kaiser	
1																				
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Return to: _____																				

Reference:

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Norovirus-School-Toolkit.pdf>