

# CALIFORNIA PUBLIC HEALTH LAWS AND REGULATIONS RELATED TO SEXUALLY TRANSMITTED CHLAMYDIAL INFECTION

## Reporting Requirements for Health Care Providers

- Within seven (7) days of identification, health care providers must report any known or suspected cases of chlamydia infection to the local health officer for the jurisdiction where the patient resides. A suspected case is defined as any patient presumptively treated for chlamydia in whom the test result is not available or a test was not done.
- Reporting Form: Confidential Morbidity Report (PM 110, 1/90). Information that the health care provider must report includes: patient's name, address, phone number, date of birth, race/ethnicity, gender, pregnancy status if female, date of diagnosis, site of infection, treatment status, and provider name, address, and phone number, and date of report.
- After a health care provider has confirmed a chlamydia case and has discovered from the patient the suspected source of infection and any intimate contacts who may have acquired the disease from the patient, if, within 10 days of identification of these people, the provider does not have satisfactory evidence that they are each under the care of a provider, the health care provider who discovered the original case is required to report the additional person(s) to the health officer. In this case, the reporting provider's name will be kept confidential.
- If any potentially infectious chlamydia case lapses from treatment for a period of more than 10 days after the appointed treatment time, and if the health care provider is made aware of this lapse, the provider must report that patient to the local health jurisdiction for violating isolation (see section 2.1 in explanatory document).
- Whenever it is discovered by a health care provider that the source of a chlamydia case is a prostitute, the provider is required to report that source and all information that can be obtained, to the health officer in an urgent manner.

## Confirmation of Diagnosis

- Health care providers who attend and/or report a chlamydia case may be asked by the local health officer to submit specimens to a DHS-approved laboratory for examination.

## Patient Instruction

- Health care providers for patients with chlamydia are required to provide the patient with health education, both verbally and by furnishing written materials, which describes how to prevent further spread of the infection and emphasizes the seriousness of the disease and the importance of treatment.
- Health education literature is available from the State and local health jurisdictions.

## **Follow-up of Sexual Contacts**

- Health care providers are expected to follow-up with each chlamydia case to try to ascertain the source of infection and to discover any sexual/intimate contacts to whom the patient may have transferred the disease. For chlamydia, providers should focus on all sexual partners in the 60 days prior to the chlamydia diagnosis.
- The provider shall collaborate with the patient to bring in his/her partners for examination and, when necessary, treatment.

## **Patient-Delivered Partner Therapy**

- Health care providers who diagnose a sexually transmitted chlamydial infection may prescribe or dispense antibiotics to that patient's sexual partner(s) without having to examine the partner(s).

## **Minor Consent**

- Minors 12 years of age and above may consent to diagnosis and treatment of chlamydia without consent from a parent or guardian.

## **Laboratory Reporting**

- Within one working day from the time the laboratory notifies the provider of the result, laboratories are required to report positive tests for chlamydia infection to the local health officer of the jurisdiction where the health care provider is located.
- The information that laboratories are required to report includes the date the specimen was obtained, the patient identification number, the specimen identification number, the test result and the date of the positive test result, the name, address, telephone number (if known), gender and age or date of birth of the person from whom the specimen was obtained, and the name, address, and telephone number of the health care provider who submitted the test.

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RELATED TO SEXUALLY TRANSMITTED DISEASES**

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**1     Reporting of Sexually Transmitted Diseases**

Within seven days of diagnosis, physicians and other health care providers are required to report known or suspected cases of chlamydia to the local health officer in the county in which the patient resides. Partners are also required to be reported, unless they have received adequate care, as are patients who are non-compliant with treatment. Cases are to be reported using Confidential Morbidity Report forms, which require providers to include within their reports a variety of important identifying, demographic and clinical information about each case patient. All reportable disease data are confidential, and reports of sexually transmitted diseases have an additional confidentiality protection in law which mandates that their information cannot be used except in situations when it is required for the protection of the public health. Laboratories must also report a variety of positive test results to the local health officer to supplement health care provider case reports. Chlamydia is among the sexually transmitted diseases required to be reported by laboratories, as are gonorrhea and syphilis.

The fact that a disease is required to be reported by a laboratory *does not* obviate the requirement for health care providers to report cases of that disease.

### 1.1 Who is required to report

“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...to report to the local health officer for the jurisdiction where the patient resides...”

*California Code of Regulations, Title 17 §2500(b)*

“‘Health care 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.”

*California Code of Regulations, Title 17 §2500(a)(14)*

### 1.2 What sexually transmitted diseases are reportable

- AIDS
- Chancroid
- Chlamydial infections
- Gonococcal infections
- Non-gonococcal urethritis (Excluding laboratory confirmed chlamydia infections)
- Pelvic Inflammatory Disease (PID)
- Syphilis

*California Code of Regulations, Title 17 §2500(j)*

### 1.3 When to report

<b>Disease or condition</b>	<b>When to report</b>
AIDS Chancroid Chlamydial infections Gonococcal infections Non-gonococcal urethritis Pelvic inflammatory disease	Within <b>seven (7) calendar days</b> of the time of identification of the case or <i>suspected case</i>
Syphilis	Within <b>one (1) working day</b> of identification of the case or <i>suspected case</i>

*California Code of Regulations, Title 17 §2500(j)*

### 1.4 What to include in the report

“Each report ...shall include all of the following information, if known:

- name of the disease or condition being reported;
- the date of onset;
- the date of diagnosis;
- the name, address, telephone number, occupation, race/ethnic group, Social Security number, sex, age, and date of birth for the case or suspected case;
- complications of...chlamydia infections;

- the date of death if death has occurred; and
- the name, address and telephone number of the person making the report.”

*California Code of Regulations, Title 17 §2500(d)(1) and (2)*

“Confidential Morbidity Report forms, PM 110 (1/90), are available from the local health department for reporting as required...”

*California Code of Regulations, Title 17 §2500(e)*

## **1.5 Confidentiality of reports**

“Information reported pursuant to this section is acquired in confidence and shall not be disclosed by the local health officer except as authorized by these regulations, as required by state or federal law, or with the written consent of the individual to whom the information pertains or the legal representative of the individual.”

*California Code of Regulations, Title 17 §2500(f)*

“Reports Confidential. Reports of examinations, cases, investigations and all records thereof made under the regulations for the control of venereal diseases shall be confidential and not open to public inspection and no part thereof divulged, except as may be necessary for the preservation of the public health.”

*California Code of Regulations, Title 17 §2636(b)*

## **1.6 Reporting by laboratories**

“The [sexually transmitted] diseases to which this section applies are:

- Chlamydial infections
- Gonorrhea
- Syphilis”

*California Code of Regulations, Title 17 §2505(e)*

“To assist the local health officer, the laboratory director, or the laboratory director’s designee, of a clinical laboratory [or] an approved public health laboratory...in which a laboratory examination of any specimen derived from the human body...yields microscopical, cultural, immunological, serological, or other evidence suggestive of [a laboratory-reportable] disease... shall report such finding to the health office of the local health jurisdiction where the health care provider who first submitted the specimen is located within one working day from the time that the laboratory notifies that health care provider or other person authorized to receive the report.”

*California Code of Regulations, Title 17 §2505(a)*

“Each notification to the local health officer shall be in writing and give the date the specimen was obtained, the patient identification number, the specimen accession number or other unique specimen identifier, the laboratory findings for the test performed, the date that any positive laboratory findings were identified, the name, gender, address, telephone number (if known) and age or date of birth of the person from whom the specimen was obtained, and the name, address, and telephone number of the health care provider for whom such examination or test was performed. A legible copy of a laboratory report containing all of the above information will satisfy the purpose of this regulation.”

*California Code of Regulations, Title 17 §2505(c)*

## **2 Patient Management**

Health care providers and health officers have additional specific authority and responsibilities for managing patients with sexually transmitted diseases, including chlamydia. Patients diagnosed with chlamydia and other sexually transmitted diseases are automatically considered to be in isolation and, should they fail to comply with treatment, are required to be reported to the local health department. In addition, local health officers can require patients with chlamydia and other sexually transmitted diseases to submit laboratory specimens for diagnosis and follow up. Finally, providers are required to educate patients with diagnosed sexually transmitted diseases about the transmission of the disease and how to protect their partners.

### **2.1 Isolation and reporting of violation of isolation**

“Any person who presents himself (or herself) to any physician or person for treatment or diagnosis of any venereal disease except late syphilis shall be considered to be in modified isolation. \* The requirements of this isolation shall be considered fulfilled if the patient remains under adequate and proper treatment until the completion of the course of treatment, except in instances in which, because of occupation, suspicion of prostitution, or other reason, the health officer deems more strict isolation necessary to safeguard other persons.”

*California Code of Regulations, Title 17 §2636(i)*

“Whenever any person while in the infectious or potentially infectious stage of a venereal disease, lapses from treatment for a period of more than 10 days after the time appointed for such treatment, the said diseased person shall be deemed to have violated the requirements of isolation, and the physician or person in attendance upon such case shall report the same at once to the local health department.”

*California Code of Regulations, Title 17 §2636(j)*

\* See Health and Safety Code § 120500: syphilis, gonorrhea, chancroid, lymphogranuloma venereum, granuloma inguinale, and chlamydia.

### **2.2 Confirmation of diagnosis**

“The local health officer may require the submission of such specimens as may be designated from cases of venereal disease for examination in a laboratory approved by the Department of Health Services. The local health officer may require any physician in attendance on a person infected with a venereal disease or suspected of being infected with a venereal disease to submit such specimen as approved by the Department of Health Services...”

*California Code of Regulations, Title 17 §2636(f)*

### **2.3 What to tell the patient**

“It shall be the duty of the physician in attendance on a person having a venereal disease, or suspected of having a venereal disease, to instruct such patient in precautionary measures for preventing the spread of the disease, the seriousness of the disease, and the necessity for treatment and prolonged medical supervision, and the physician shall, in addition, furnish approved literature on these subjects. Approved literature for distribution to patients may be secured from the State [Department of Health Services] and the local health departments free of charge.”

*California Code of Regulations, Title 17 §2636(g)*

## **2.4 Prostitutes**

“In cases in which prostitutes are named as sources of infection [for a patient diagnosed with a venereal disease], all obtainable information as to name, description, residence, etc., shall be given to the health officer [by the attending physician] at once.”

*California Code of Regulations, Title 17 §2636(h)*

## **3 Management of Exposed Sexual Partners**

Providers have certain responsibility and authority for managing the sexual partners of patients with diagnosed sexually transmitted diseases. Providers can either attempt to have their patients bring their sexual partners in for treatment, or they can refer these partners to the local health department for follow up. As a practical point, with a disease as prevalent as chlamydia, partner management falls to the diagnosing provider. A new law (Health and Safety Code §120582) allows health care providers to provide treatment for partners without an exam. In this scenario, providers may give their patients a prescription or the treatment itself and the patients are then responsible to deliver this to their partners. Additional guidance regarding patient-delivered partner therapy can be found at <http://www.ucsf.edu/castd/>.

### **3.1 Responsibility for partner management**

“The attending physician, in every case of venereal disease coming to him for treatment, shall endeavor to discover the source of infection, as well as any sexual or other intimate contacts which the patient [had while] in the communicable stage of the disease. The physician shall make an effort, through the cooperation of the patient, to bring these cases in for examination and, if necessary, treatment.

“If, within 10 days of identification, any such source of infection or any such contact has not given satisfactory evidence of being under the care of a physician, such person shall be reported to the health officer, the physician’s name being kept confidential in any investigations by the health department.”

*California Code of Regulations, Title 17 §2636(h)*

### **3.2 Patient-delivered partner therapy**

“Notwithstanding any other provision of law, a physician and surgeon who diagnoses a sexually transmitted chlamydia infection in an individual patient may prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient’s sexual partner or partners without examination of that patient’s partner or partners.

“Notwithstanding any other provision of law, a nurse practitioner..., a certified nurse-midwife..., and a physician assistant...may dispense, furnish, or otherwise provide prescription antibiotic drugs to the sexual partner or partners of a patient with a diagnosed sexually transmitted chlamydia infection without examination of that patient’s partner or partners.”

*Health and Safety Code §120582*

## **4 Special Provisions for Minors**

Several additional provisions of public health law apply to minors with sexually transmitted diseases or other sexual contact. Minors 12 years of age or older may consent to diagnosis and treatment for a sexually transmitted disease without their parents' consent. Minors who have allegedly been raped or sexually assaulted may consent to diagnosis, treatment and collection of medical evidence without their parents' consent. In the case of rape or sexual assault, providers are specifically required to report the occurrence to the police and attempt to notify the minor's parents unless a parent is suspected of being the perpetrator of the rape, in which case the minor's confidentiality is specifically protected.

### **4.1 Minor consent**

#### **4.1.1 General medical and dental consent**

"A minor [emancipated minor] may consent to the minor's medical care or dental care if all of the following conditions are satisfied:

- (1) The minor is 15 years of age or older.
- (2) The minor is living separate and apart from the minor's parents or guardian, whether with or without the consent of a parent or guardian and regardless of the duration of the separate residence.
- (3) The minor is managing the minor's own financial affairs, regardless of the source of the minor's income."

*Family Code §6922(a)*

#### **4.1.2 Parental liability related to emancipated minor medical and dental care**

"The parents or guardian are not liable for medical care or dental care provided pursuant to this section."

*Family Code §6922(b)*

### **4.2 Minor consent for sexually transmitted disease and sexual assault care**

#### **4.2.1 Diagnosis and treatment of sexually transmitted diseases**

"A minor who is 12 years old of age or older and who may have come into contact with an infectious, contagious, or communicable disease may consent to medical care related to the diagnosis or treatment of the disease, if the disease...is a related sexually transmitted disease..."

*Family Code §6926(a)*

"A minor 12 years of age or older may give consent to the furnishing of hospital, medical and surgical care related to the diagnosis and/or treatment of any of the following non-reportable sexually transmissible diseases:

- (1) Candida genitalis.
- (2) Chlamydia trachomatis.
- (3) Condyloma acuminata.
- (4) Hemophilus vaginalis (Gardnerella vaginale).

- (5) Cytomegalovirus infection.
- (6) Herpes genitalis.
- (7) Molluscum contagiosum.
- (8) Non-gonococcal urethritis, vaginitis and cervicitis.
- (9) Pediculosis (Phthirus pubis).
- (10) Scabies (Sarcoptes scabiei).
- (11) Trichomoniasis.”

*California Code of Regulations, Title 17 §5151(a)*

“The minor’s parents or guardian are not liable for payment for medical care provided pursuant to this section.”

*Family Code §6926(b)*

**4.2.2 Diagnosis and treatment of rape/sexual assault**

“A minor who is 12 years of age or older and who is alleged to have been raped may consent to medical care related to the diagnosis or treatment of the condition and the collection of medical evidence with regard to the alleged rape.”

*Family Code §6927*

“A minor who is alleged to have been sexually assaulted may consent to medical care related to the diagnosis and treatment of the condition, and the collection of medical evidence with regard to the alleged sexual assault.”

*Family Code §6928(b)*

**4.3 Reporting of sexual abuse of minors**

**Note:** As outlined in California’s child abuse reporting statute, reports can be made *either* to Children’s Protective Services or law enforcement agencies; they are required to cross-report.

<b>Age of Victim</b>	<b>Report of Abuse Required if:</b>
Under 18 years old	<ul style="list-style-type: none"> <li>1. Physical abuse (including abuse by a dating partner).</li> <li>2. Rape, sexual assault, or sexual abuse of any kind.</li> </ul>
Under 16 years old (14 or 15 years old) (These items were added to reporting requirements as of January 1, 1998.)	<ul style="list-style-type: none"> <li>1. Sexual intercourse, even if consensual, with a partner 21 years old or older (statutory rape).</li> <li>2. Sexual activity of any kind, even if consensual, with a partner 10 or more years older.</li> </ul>
Under 14 years old (13 years or less)	<ul style="list-style-type: none"> <li>1. Sexual intercourse, even if consensual, with a partner 14 years old or older (statutory rape).</li> <li>2. Sexual activity of any kind, even if consensual, with a partner 14 years old or older.</li> </ul>

*Penal Code §§ 261.5, 286, 288, 289*

The following situations **do not** require reporting:

- 1. Consensual sexual activity between minors under 14 years who are “of like age”.
- 2. Consensual sexual activity between minors aged 14 to 17 and partners aged 14 to 20.

**Note:** There is no law that requires health providers or other professionals who work with adolescents to ask the age of a patient’s sexual partner(s).

From: California District Attorneys Association and California Department of Health Services, Maternal-Child Health Branch, Domestic Violence Section. SafeNetwork. url: <http://www.safenetwork.net/teens/chart.html>.

#### **4.4 Parental responsibility for compliance of minors**

“The parents or guardians of minors suffering from a venereal disease shall be legally responsible for the compliance of such minors with the requirements of the regulations relating to the venereal diseases.”

*California Code of Regulations, Title 17 §2636(d)*

#### **4.5 Parental notification issues**

##### **4.5.1 Minor-consented general medical or dental care**

“A physician and surgeon or dentist may, with or without the consent of the minor patient, advise the minor’s parent or guardian of the treatment given or needed if the physician and surgeon or dentist has reason to know, on the basis of the information given by the minor, the whereabouts of the parent or guardian.”

*Family Code §6922(c)*

##### **4.5.2 Minor-consented STD treatment**

There is no law requiring providers to notify parents when minors consent for STD services.

##### **4.5.3 Minor-consented medical care related to sexual assault**

“The professional person providing medical treatment shall attempt to contact the minor’s parents or guardian and shall note in the minor’s treatment record the date and time the professional person attempted to contact the parent or guardian and whether the attempt was successful or unsuccessful. This subdivision does not apply if the professional person reasonable believes that the minor’s parent of guardian committed the sexual assault on the minor.”

*Family Code §6928(c)*