



## Request for Infectious Diseases Branch Surveillance Data

Please fill and print out requester information below.

Requester name:	Requester title:
Organization:	
Mailing Address:	
Telephone number (include area code):	FAX number (include area code):
E-mail address:	
Date of request:	Desired completion date:

Return completed form (pages 1, 2, and 3) to:

California Department of Public Health  
 Center for Infectious Diseases  
 Division of Communicable Disease Control  
 Infectious Diseases Branch  
 Surveillance and Statistics Section  
 P.O. Box 997377, MS 7306  
 Sacramento, CA 95899-7377

Email: [IDB-SSS@cdph.ca.gov](mailto:IDB-SSS@cdph.ca.gov)

Phone: (916) 552-9720

FAX: (916) 552-9725

**Please allow minimum of ten working days for completion of data request.**

- Please refer to pages 4 and 5 for instructions on how to complete your data request.
- For Public Records Act Requests, please call the California Department of Public Health (CDPH) Press Office at (916) 440-7259, or email [cdphpress@cdph.ca.gov](mailto:cdphpress@cdph.ca.gov).



### Detailed Description of Data / Assistance Requested

1. Disease name(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Time period requested (month and/or year):

From \_\_\_\_\_ To \_\_\_\_\_

Cumulative for specific periods

By year

By other grouping (please specify below):

\_\_\_\_\_

3. Demographic categories (check all that apply):

Race/Ethnicity

Gender

Age groups

Other (specify below):

\_\_\_\_\_

7. Special Instructions:

\_\_\_\_\_

4. Geographic area(s) requested:

Statewide

Jurisdiction:

\_\_\_\_\_

5. Purpose of data request (check all that apply):

Advocacy

Program planning

Grant application

Report/journal article

Internal use only

Research

Presentation

Other purpose (specify):

\_\_\_\_\_

6. Delivery method:

Email

FAX

Mail

## Surveillance and Statistics Section

**By submitting this data request, I agree to the following provisions:**

1. Protecting the confidentiality of surveillance information is our foremost concern. The release of surveillance data containing individually identifying information is strictly prohibited. The terms and conditions for the release of data must be consistent with applicable laws.
2. We reserve the right to suppress data to maintain patient confidentiality. Data tables will not contain potentially identifying information, small cell values, or information on small population subgroups.
3. All publications using the data provided must acknowledge CDPH. The following is a suggested citation: California Department of Public Health, Infectious Diseases Branch, Surveillance and Statistics Section, provisional infectious diseases data provided per Data Request, <date>.
4. The dissemination of any interpretations or findings based upon the data provided must be accompanied by the following disclaimer: The authorized release of infectious diseases data by the California Department of Public Health, Infectious Diseases Branch, Surveillance and Statistics Section should not be construed as an endorsement of any analyses, interpretations, or conclusions reached by the author(s).
5. The data provided will be used only for the purposes stated in the data request form.
6. The data are provisional. Local Health Jurisdictions can modify or delete past case reports at any time, even months or years after they are initially reported due to the dynamic nature of the reporting surveillance system.
7. Data should not be released to a third party who is not listed on the request form. The third party should be referred directly to California Department of Public Health, Infectious Diseases Branch, Surveillance and Statistics Section.
8. Research proposal involving human subjects may require approval of the California Health and Human Services Agency, Committee for the Protection of Human Subjects (CPHS), 2020 West El Camino, Suite 1100, Sacramento, CA 95833, telephone: (916) 326-3661, email: [cphs-mail@oshpd.ca.gov](mailto:cphs-mail@oshpd.ca.gov), or visit the [CPHS website](#).
9. Requesters agree not to use de-identified data to determine the identity of individuals. Attempt to do so is a violation of the federal Privacy Act, 5 U.S.C. and the HIPAA Rule.
10. Computer or paper files must be protected under lock and key and/or by encryption.

Signature	Type or print name of the requester	Date
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**Note: If you email this form to expedite the process, you are still required to print, sign, and fax or mail the first three pages accordingly.**

Required by Civil Code Section for Use in  
Request for Infectious Diseases Branch Surveillance Data Form

**PRIVACY STATEMENT (CA CIVIL CODE SECTION 1798.17)**

THE INFORMATION COLLECTED ON THIS FORM IS USED TO PROCESS YOUR REQUEST FOR INFECTIOUS DISEASES BRANCH SURVEILLANCE DATA. THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND ON FILE AT THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, INFECTIOUS DISEASES BRANCH. ALL INFORMATION REQUESTED ON THE FORM IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST, AND NOT SUPPLYING THE INFORMATION MAY CAUSE A DELAY IN THE PROCESSING OF YOUR REQUEST, OR DENIAL OF YOUR REQUEST. ANY INFORMATION PROVIDED MAY BE DISCLOSED TO THE CALIFORNIA STATE AUDITOR, THE CALIFORNIA OFFICE OF HEALTH INFORMATION INTEGRITY, THE CALIFORNIA OFFICE OF INFORMATION SECURITY AND PRIVACY PROTECTION, OR TO OTHER STATE AND FEDERAL AGENCIES AS REQUIRED BY LAW.

YOU HAVE THE RIGHT TO REVIEW THE RECORDS WE KEEP ABOUT YOU DURING NORMAL BUSINESS HOURS. THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PRIVACY OFFICE WILL, UPON REQUEST, INFORM YOU REGARDING THE LOCATION OF YOUR RECORDS AND THE CATEGORIES OF ANY PERSONS WHO USE THE INFORMATION IN THOSE RECORDS. FOR MORE INFORMATION, CONTACT THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, PRIVACY OFFICE, USING THE FOLLOWING CONTACT INFORMATION: CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF LEGAL SERVICES, PRIVACY OFFICE, MS 0506, P.O. BOX 997377, SACRAMENTO, CALIFORNIA 95899-7377 OR PHONE 1-877-421-9634 OR BY E-MAIL AT: [Privacy@cdph.ca.gov](mailto:Privacy@cdph.ca.gov)



## Instructions for filling out Data Request Form

### Item 1: Disease Names

- a) Please refer to accompanying disease list (page 5) for detailed information on what disease categories are available for request through the Infectious Diseases Branch, Surveillance and Statistics Section (SSS).
- b) Enter disease names as shown on disease list.
- c) List contains diseases reportable to the State of California (Title 17 CCR §2500).

### Item 2: Time Period

- a) Specify both lower and upper bound for time period requested (month/year).
- b) The time period for data requests is based on the estimated onset date of cases.
- c) Please note, disease reporting requirements change:
  - Diseases that were reportable in the past may not be reportable now.
  - Diseases that are currently reportable may have not been previously reportable for a period of time.

### Item 3: Demographic Categories

- a) Demographic information for outbreaks is not available.

### Item 4: Geographic Areas

- a) There are 61 local health jurisdictions: 58 counties and the cities of Berkeley, Long Beach, and Pasadena.
- b) For additional or other information on a specific local health jurisdiction, please contact the jurisdiction directly.

### Item 5: Purpose of Data Request

- a) Check all that apply.

### Item 6: Delivery Method

- a) Results will be emailed to specified address if no method is selected.

### Item 7: Special Instructions

- a) Use this area to add any special instructions that were not covered elsewhere. SSS will do their best to address your requests.

## Surveillance and Statistics Section



Please visit the following website for available data and reports before completing the data request form: [CDPH Surveillance and Statistics Section webpage](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/SSS.aspx) (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/SSS.aspx>). 2001 - 2018 data are available under "Data Reports and Epidemiologic Summaries" on the [Section's website](#).

**Diseases**

Anaplasmosis  
 Anthrax  
 Babesiosis  
 Botulism (Foodborne, Wound, Other Non-infant)  
 Brucellosis  
 Campylobacteriosis  
 Chikungunya Virus Infection  
 Cholera  
 Ciguatera Fish Poisoning  
 Coccidioidomycosis  
 Creutzfeldt-Jakob Disease and other Transmissible Spongiform Encephalopathies  
 Cryptosporidiosis  
 Cyclosporiasis  
 Cysticercosis or Taeniasis  
 Dengue Virus Infection  
 Domoic Acid Poisoning  
 Ehrlichiosis  
 Flavivirus Infection of Undetermined Species  
 Giardiasis  
 Hantavirus Infection  
 Hemolytic Uremic Syndrome  
 Hepatitis E, acute infection  
 Legionellosis  
 Leprosy (Hansen's disease)  
 Leptospirosis

**Diseases (continued)**

Listeriosis  
 Lyme Disease  
 Malaria  
 Paralytic Shellfish Poisoning  
 Paratyphoid Fever  
 Plague (animal and human)  
 Psittacosis  
 Q Fever  
 Rabies (animal and human)  
 Relapsing Fever  
 Salmonellosis  
 Scombroid Fish Poisoning  
 Shiga toxin-producing E. coli (STEC)  
 Shigellosis  
 Spotted Fever Rickettsiosis  
 Trichinosis  
 Tularemia  
 Typhoid Fever (cases and carriers)  
 Typhus Fever  
 Vibrio Infection (non-Cholera)  
 West Nile Virus Infection  
 Yellow Fever  
 Yersiniosis  
 Zika Virus Infection

**Outbreak Only**

Foodborne disease  
 Waterborne disease

For other diseases, please check the following programs (business hours: Mon-Fri, 8am - 5pm) and websites:

Communicable Disease Emergency Response Branch [Main line: (510) 231-6861], [CDER Website](#)

Immunization Branch [Main line: (510) 620-3737], [IZB Website](#)

Infant Botulism Treatment and Prevention [Main line: (510) 231-7600], [IBTPP Website](#)

Sexually Transmitted Diseases Branch [Main line: (510) 620-3400], [STD Website](#)

Tuberculosis Control Branch [Main line: (510) 620-3000], [TBCB Website](#)

Viral & Rickettsial Diseases Laboratory Branch [Main line: (510) 307-8585], [VRDL Website](#)