

**Practicing physicians** are mandated to report a number of conditions to their local Department of Health Services (DHS); the list of reportable conditions in California has been recently updated and can be found at [www.cdph.ca.gov/HealthInfo/Pages/ReportableDiseases.aspx](http://www.cdph.ca.gov/HealthInfo/Pages/ReportableDiseases.aspx). Compliance is less than ideal, despite potential sanctions against physicians for not reporting. Of importance to note is that some of the conditions must be reported within the hour of diagnosis, others within a day, and the rest within a week. Guidance is provided by the icons (phone, fax, etc.) that precede the diagnosis on the list.

In San Diego County, [www.sdepi.org](http://www.sdepi.org) provides the listing of reportable diseases, as well as forms for communicable and noncommunicable diseases, and a separate form for tuberculosis use. Do not assume that your laboratory will report for you; it remains the responsibility of the physician to report these diseases to the County. The DHS would rather have duplicates than lapses in reporting.

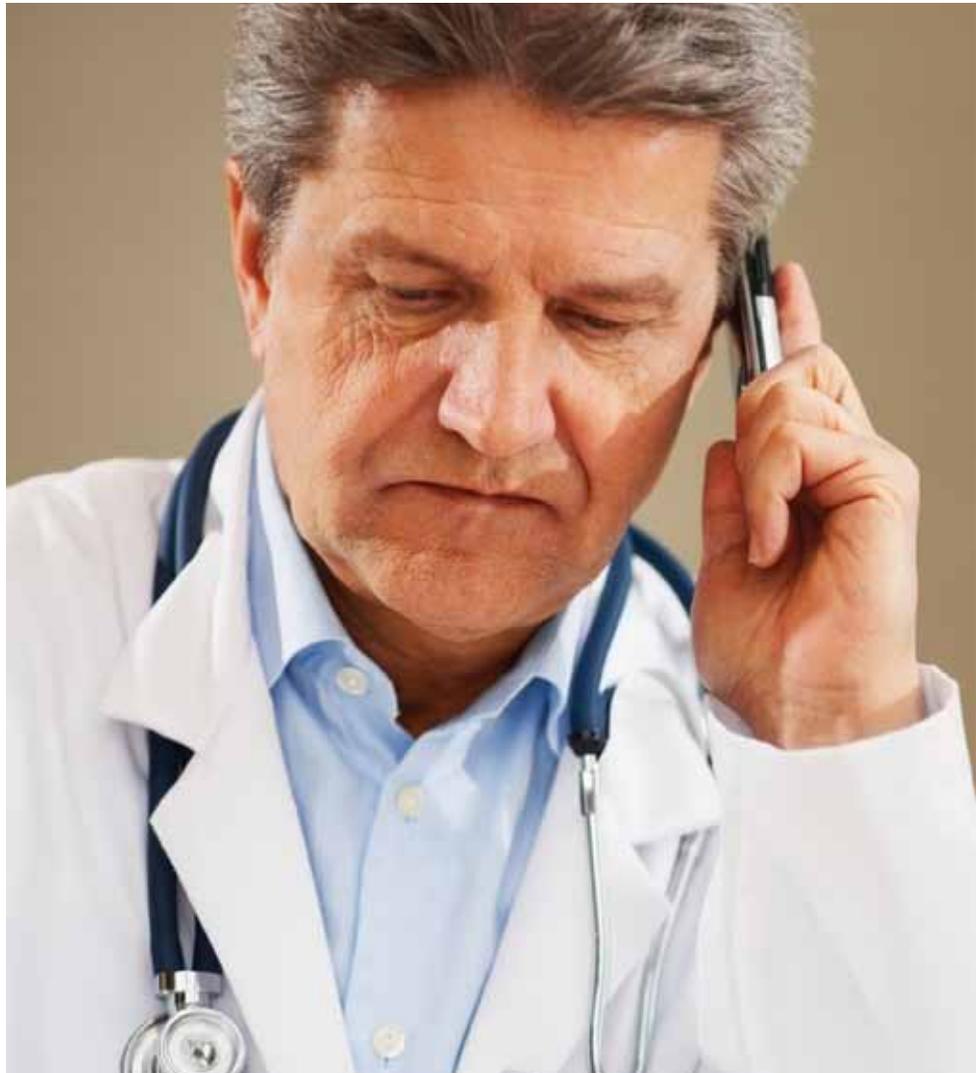
The noninfectious diseases that must be reported to DHS include lapses of consciousness, cancers, and pesticide-related illnesses. Lead poisoning is reported by laboratories, but DHS would welcome physician reporting as well. Compliance with reporting of noncommunicable disease has been even more problematic. This is at least partially due to the impaired understanding of the mandate and (unfounded) concerns about the protections afforded to reporting physicians.

The California Department of Motor Vehicles' (DMV) reporting requirement, "every patient 14 years of age or older, when a physician and surgeon has diagnosed a disorder characterized by lapses of consciousness in a patient," ([dmv.ca.gov/pubs/vctop/appndxa/hlthsaf/hs103900.htm](http://dmv.ca.gov/pubs/vctop/appndxa/hlthsaf/hs103900.htm)) Title 17, section 2806, describes lapses of consciousness (LOC) as those conditions that involve:

- marked reduction of alertness or responsiveness to external stimuli
- inability to perform one or more activities of daily living, or
- impaired sensory motor functions used to operate a motor vehicle.

Examples of these conditions include:

- loss of consciousness (e.g., syncope, hypoglycemia)



## Mandated Disease Reporting Requirements

A Roadmap BY LINDA LOUISE HILL, MD, MPH



- seizures
- dementia, including Alzheimer's disease and other dementias (e.g., post-CVA, brain neoplasm)
- conditions such as sleep apnea and narcolepsy where they interfere with driving.

Physicians are protected from liability with good-faith reporting for these and other conditions they feel interfere with safe driving. In fact, physicians have had judgments against them for failure to report when drivers with these conditions had subsequent motor vehicle crashes. Physicians do not need to report former drivers who are unlikely to drive again (admitted to long-term care facility, severely impaired, coma, etc.), or when there is documentation in the chart that the patient has been reported previously and you believe they no longer operate a motor vehicle.

As stated above, to report lapses of consciousness to the DHS, the form for non-communicable diseases can also be found at [www.sdepi.org](http://www.sdepi.org). The reported cases of lapses of consciousness are forwarded by the DHS to the DMV; however, simultaneous direct reporting to the DMV will result in timelier follow-up by the DMV. To report directly to the DMV, it is best to use the DMV's Request for Driver Reexamination (DS699), which can be found at: [dmv.ca.gov/forms/ds/ds699.pdf](http://dmv.ca.gov/forms/ds/ds699.pdf), but faxing the CMR form, or even using office letterhead, is acceptable.

Lapses in consciousness should be reported only when associated with an event in a patient who has an underlying condition likely to impair driving. Therefore, while a loss of consciousness due to diabetes-associated hypoglycemia is reportable, the loss of consciousness from an injury-induced mild concussion is not. Narcolepsy associated with somnolence during driving is reportable, but recumbent-only associated sleep apnea is not. Even mild dementia is reportable, but confusion post-operative is not.

The development of a reporting system and written protocols will improve compliance in your institution. The physician making the diagnosis is responsible for the reporting, whether in the emergency department or office. However, do not assume that another physician has reported,

unless there is written documentation in the chart. Again, the DHS and DMV would rather have duplicate reporting than none at all. For example, if your epileptic patient had a seizure, was brought to the emergency department, and follows up with you the next week, you should report the incident if you don't see documentation of reporting in the emergency department records. Similarly, if a patient with dementia transfers to your care, you must report them to the DHS unless the prior records reflect notification in your state.

As mandated reporters, we are required to report lapses of consciousness, but we can reassure our patients that this does not equal the loss of one's driving privilege, as only the DMV is authorized to make this determination. The DMV wants to hear about all reportable LOC, but makes a decision on each driver after conducting a thorough investigation that will include additional medical information, usually obtained through DMV form DS 326 ([dmv.ca.gov/forms/ds/ds326.pdf](http://dmv.ca.gov/forms/ds/ds326.pdf)), and may include interviews, vision and written exams, and on-the-road testing. In patients with mild dementia, for example, the DMV may determine that they are safe to continue driving for an abbreviated period of time, with close monitoring.

Identification of age-related driving disorders (see May 2010 *San Diego Physician*) includes the screening and diagnosis of lapses of consciousness, frailty, vision deficits, and other medical conditions (e.g., use of medications that impair cognition) that influence driving abilities. AMA has provided guidelines for screening at [www.ama-assn.org/ama/pub/physician-resources/public-health/promoting-healthy-lifestyles/geriatric-health/older-driver-safety/assessing-counseling-older-drivers.page](http://www.ama-assn.org/ama/pub/physician-resources/public-health/promoting-healthy-lifestyles/geriatric-health/older-driver-safety/assessing-counseling-older-drivers.page). Of the disorders identified through this screening, only lapses of consciousness require reporting. Keeping our patients and the public safe requires attention to driving safety, including compliance with noncommunicable-disease mandated reporting laws. **SDP**

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