

**North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch**



Public Health
HEALTH AND HUMAN SERVICES

ATTENTION HEALTH CARE PROVIDERS:

Please report relevant clinical findings about this disease event to the local health department.

Confidential Communicable Disease Report—Part 1

NAME OF DISEASE / CONDITION

Patient's Last Name First Middle Suffix Maiden/Other Alias

Birthdate (mm/dd/yyyy) Sex M F Trans. Parent or Guardian (of minors) Medical Record Number

Patient's Street Address City State ZIP County Phone

Age Age Type Years Months Weeks Days
 Race (check all that apply): White Black/African American American Indian/Alaska Native Native Hawaiian or Pacific Islander
 Ethnic Origin Asian Other Unknown Hispanic Non-Hispanic
 Was patient hospitalized for this disease? (>24 hours) Yes No Date _____
 Did patient die from this disease? Yes No
 Is the patient pregnant? Yes No

Patient is associated with (check all that apply):
 Child Care (child, household contact, or worker in child care) Correctional Facility (inmate or worker)
 School (student or worker) Long Term Care Facility (resident or worker)
 College/University (student or worker) Military (active military, dependent, or recent retiree)
 Food Service (food worker) Travel (outside continental United States in last 30 days)
 Health Care (health care worker)
 In what geographic location was the patient MOST LIKELY exposed?
 In patient's county of residence
 Outside county, but within NC - County: _____
 Out of state - State/Territory: _____
 Out of USA - Country: _____
 Unknown

CLINICAL INFORMATION

Is/was patient symptomatic for this disease? Y N U
 If yes, symptom onset date (mm/dd/yyyy): _____
 SPECIFY SYMPTOMS: _____
 If a sexually transmitted disease, give specific treatment details
 1. Date patient treated:(mm/dd/yyyy) _____ Medication _____ Dosage _____ Duration _____
 2. Date patient treated:(mm/dd/yyyy) _____ Medication _____ Dosage _____ Duration _____

DIAGNOSTIC TESTING

Provide lab information below and fax copy of lab results and other pertinent records to local health department.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name—City/State

Reporting Physician/Practice: _____ Health Care Provider for this disease (if not reporting physician): _____
 Contact Person/Title: _____ Contact Person/Title: _____
 Phone: _____ Fax: _____ Phone: _____ Fax: _____

LOCAL HEALTH DEPARTMENT USE ONLY

Initial Date of Report to Public Health: _____ Is the patient part of an outbreak of this disease? Yes No
 Initial Source of Report to Public Health:
 Health Care Provider (specify):
 Hospital Assisted living facility
 Private clinic/practice Restaurant/Retail Child Care Adult day care
 Health Department Long term care School
 Correctional facility Healthcare setting Prison
 Laboratory Adult care home
 Other
 Name of facility _____
 Address of facility _____

Diseases and Conditions Reportable in North Carolina

Physicians must report these diseases and conditions to the county local health department, according to the **North Carolina Administrative Code: 10A NCAC 41A.0101 Reportable Diseases and Conditions** (see below). Contact information for local health departments can be accessed at www.ncalhd.org/directors. If you are unable to contact your local health department, call the 24/7 pager for N.C. Communicable Disease Branch (919) 733-3419.

For diseases and conditions required to be reported within 24 hours, the initial report shall be made by telephone to the local health department, and the written disease report be made within 7 days. The reporting rules and disease report forms can be accessed at: <http://epi.publichealth.nc.gov/cd/report.html>

Diseases in ***BOLD ITALICS*** should be reported immediately to local health department.

Reportable to Local Health Department Within 24 Hours

DISEASE/CONDITION

A-G

ANTHRAX.....
BOTULISM, FOODBORNE.....
BOTULISM, INTESTINAL (INFANT).....
BOTULISM, WOUND.....
 Campylobacter infection.....
 Chancroid.....
 Chikungunya.....
 Cholera.....
 Cryptosporidiosis.....
 Cyclosporiasis.....
 Diphtheria.....
 E.coli infection, shiga toxin-producing.....
 Foodborne disease: Clostridium perfringens.....
 Foodborne: staphylococcal.....
 Foodborne disease: other/unknown.....
 Foodborne poisoning: ciguatera.....
 Foodborne poisoning: mushroom.....
 Foodborne poisoning: scombroid fish.....
 Gonorrhea.....
 Granuloma inguinale.....

H-N

Haemophilus influenzae, invasive disease.....
 Hemolytic-uremic syndrome (HUS).....
HEMORRHAGIC FEVER VIRUS INFECTION.....
 Hepatitis A.....
 Hepatitis B, acute.....
 HIV/AIDS.....
 HIV.....
 AIDS.....
 Influenza virus infection causing death.....
 Listeriosis.....
 Measles (rubeola).....
 Meningococcal disease, invasive.....
 Middle East respiratory syndrome (MERS).....
 Monkeypox.....
NOVEL INFLUENZA VIRUS INFECTION.....

O-U

Ophthalmia neonatorum.....
 Pertussis (Whooping Cough).....
PLAGUE.....
 Poliomyelitis, paralytic.....
 Rabies, human.....
 Rubella.....
 Salmonellosis.....
 S. aureus with reduced susceptibility to vancomycin.....
 SARS coronavirus infection.....
 Shigellosis.....
SMALLPOX.....
 Syphilis.....
 primary.....
 secondary.....
 early latent.....
 late latent.....
 late with clinical manifestations.....
 congenital.....
 Tuberculosis.....
TULAREMIA.....
 Typhoid Fever, acute.....

V-Z

Vaccinia.....
 Vibrio infection, other than cholera & vulnificus.....
 Vibrio vulnificus.....
 Zika.....

Reportable to Local Health Department Within 7 Days

DISEASE/CONDITION

A-G

Brucellosis.....
 Chlamydial infection—laboratory confirmed.....
 Creutzfeldt-Jakob Disease.....
 Dengue.....
 Ehrlichiosis, HGA (human granulocytic anaplasmosis).....
 Ehrlichiosis, HME (human monocytic or e. chaffeensis).....
 Ehrlichiosis, unspecified.....
 Encephalitis, arboviral, WNV.....
 Encephalitis, arboviral, LAC.....
 Encephalitis, arboviral, EEE.....
 Encephalitis, arboviral, other.....

H-N

Hantavirus infection.....
 Hepatitis B, carriage.....
 Hepatitis B, perinatally acquired.....
 Hepatitis C, acute.....
 Legionellosis.....
 Leprosy.....
 Leptospirosis.....
 Lyme disease.....
 Lymphogranuloma venereum.....
 Malaria.....
 Meningitis, pneumococcal.....
 Mumps.....
 Non-gonococcal urethritis.....

O-Z

Pelvic inflammatory disease.....
 Psittacosis.....
 Q fever.....
 Rocky Mountain Spotted Fever.....
 Rubella, congenital syndrome.....
 Streptococcal infection, Group A, invasive.....
 Tetanus.....
 Toxic shock syndrome, non-streptococcal.....
 Toxic shock syndrome, streptococcal.....
 Trichinosis.....
 Typhoid, carriage (Salmonella typhi).....
 Yellow fever.....

You may be contacted by the local health department for additional information about this case. Medical record information relevant to the investigation and/or control of a communicable disease is exempt from the HIPAA Privacy Rule (see 45 CFR 164.512(a)) and is permitted as an exception to confidentiality of records in NC State Law GS § 130 A-130.

North Carolina General Statute:

§130A-135. Physicians to report.

A physician licensed to practice medicine who has reason to suspect that a person about whom the physician has been consulted professionally has a communicable disease or communicable condition declared by the Commission to be reported, shall report information required by the Commission to the local health director of the county or district in which the physician is consulted.

North Carolina Administrative Code:

10A NCAC 41A.0101 Reportable Diseases and Conditions

(a) The following named diseases and conditions are declared to be dangerous to the public health and are hereby made reportable within the time period specified after the disease or condition is reasonably suspected to exist: