

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



ATTENTION HEALTH CARE PROVIDERS:

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

DHHS-Gaston County Department of Health & Human Services
 991 W. Hudson Blvd., Gastonia, NC 28052

Communicable Disease/Tuberculosis
 Ph: 704-853-5002 or 704-853-5007
 Fax: 704-853-5194

Sexually Transmitted Diseases HIV/AIDS
 Ph: 704-853-5006 Fax: 704-862-6113

Confidential Communicable Disease Report—Part 1

NC DISEASE CODE
 (see reverse side for code)

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

Birthdate (mm/dd/yyyy) _____ Sex M F Trans. Parent or Guardian (of minors) _____ Patient Identifier _____
 SSN _____

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 Hispanic Non-Hispanic Other Unknown
 Was patient hospitalized for this disease? (>24 hours) Yes No
 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 OR attach a copy of lab results.

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: ____/____/____
 Initial Source of Report to Public Health:
 Health Care Provider (specify):
 Hospital Private clinic/practice Health Department Correctional facility
 Laboratory Other
 Is the patient part of an outbreak of this disease?
 Yes No
 Outbreak setting:
 Restaurant/Retail (name): _____
 Household (specify index case): _____
 Child Care (name): _____
 Other (specify): _____
 Community (specify index case): _____

Diseases and Conditions Reportable in North Carolina

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:

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

Reportable to Local Health Department Within

24 Hours

<u>DISEASE/CONDITION</u>	<u>A-G</u>	<u>NC DISEASE CODE</u>
<i>ANTHRAX</i>		3
<i>BOTULISM, FOODBORNE</i>		10
<i>BOTULISM, INTESTINAL (INFANT)</i>		110
<i>BOTULISM, WOUND</i>		111
Campylobacter infection.....		50
Chancroid.....		100
Cholera.....		6
Cryptosporidiosis.....		56
Cyclosporiasis.....		63
Diphtheria.....		8
E. coli infection, shiga toxin-producing.....		53
Foodborne disease: Clostridium perfringens.....		11
Foodborne: staphylococcal.....		12
Foodborne disease: other/unknown.....		13
Foodborne poisoning: ciguatera.....		130
Foodborne poisoning: mushroom.....		131
Foodborne poisoning: scombroid fish.....		132
Gonorrhea.....		300
Granuloma inguinale.....		500
H-N		
Haemophilus influenzae, invasive disease.....		23
Hemolytic-uremic syndrome (HUS).....		59
<i>HEMORRHAGIC FEVER VIRUS INFECTION</i>		68
Hepatitis A.....		14
Hepatitis B, acute.....		15
HIV/AIDS.....		
HIV.....		900
AIDS.....		950
Influenza pediatric death (<18 years).....		73
Listeriosis.....		64
Measles (rubeola).....		22
Meningococcal disease, invasive.....		27
Monkeypox.....		72
<i>NOVEL INFLUENZA VIRUS INFECTION</i>		75
O-U		
Ophthalmia neonatorum.....		345
Pertussis (Whooping Cough).....		47
<i>PLAGUE</i>		29
Poliomyelitis, paralytic.....		30
Rabies, human.....		33
Rubella.....		36
Salmonellosis.....		38
S. aureus with reduced susceptibility to vancomycin.....		74
SARS (coronavirus infection).....		71
Shigellosis.....		39
<i>SMALLPOX</i>		69
Syphilis.....		
primary.....		710
secondary.....		720
early latent.....		730
latent, unknown duration.....		740
late latent.....		745
late with symptoms.....		750
neurosyphilis.....		760
congenital.....		790
Tuberculosis.....		TB
<i>TULAREMIA</i>		43
Typhoid Fever, acute.....		44
V-Z		
Vaccinia.....		70
Vibrio infection, other than cholera & vulnificus.....		55
Vibrio vulnificus.....		54

Reportable to Local Health Department Within

7 Days

<u>DISEASE/CONDITION</u>	<u>A-G</u>	<u>NC DISEASE CODE</u>
Brucellosis.....		5
Chlamydial infection—laboratory confirmed.....		200
Creutzfeldt-Jakob Disease.....		66
Dengue.....		7
Ehrlichiosis, HGA (human granulocytic anaplasmosis).....		571
Ehrlichiosis, HME (human monocytic or e. chaffeensis).....		572
Ehrlichiosis, unspecified.....		573
Encephalitis, arboviral, WNV.....		95
Encephalitis, arboviral, LAC.....		96
Encephalitis, arboviral, EEE.....		97
Encephalitis, arboviral, other.....		98
H-N		
Hantavirus infection.....		67
Hepatitis B, carriage.....		115
Hepatitis B, perinatally acquired.....		116
Hepatitis C, acute.....		60
Legionellosis.....		18
Leprosy (Hansen's Disease).....		19
Leptospirosis.....		20
Lyme disease.....		51
Lymphogranuloma venereum.....		600
Malaria.....		21
Meningitis, pneumococcal.....		25
Mumps.....		28
Non-gonococcal urethritis.....		400
O-Z		
PID.....		490
Psittacosis.....		31
Q fever.....		32
Rocky Mountain Spotted Fever.....		35
Rubella, congenital syndrome.....		37
Streptococcal infection, Group A, invasive.....		61
Tetanus.....		40
Toxic shock syndrome, non-streptococcal.....		41
Toxic shock syndrome, streptococcal.....		65
Trichinosis.....		42
Typhoid, carriage (Salmonella typhi).....		144
Yellow fever.....		48

Physicians must report these diseases and conditions to the local health department. 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://www.epi.state.nc.us/epi/gcdc.html>

If you are unable to contact your local health department, call the 24/7 pager for N.C. Communicable Disease Branch: (919) 733-3419

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.