

**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 <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans.		Parent or Guardian (of minors)		Medical Record Number
Patient's Street Address			City	State	ZIP	County
						Phone ( ) -
Age	Age Type <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> Days	Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander		Ethnic Origin <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Was patient hospitalized for this disease? (>24 hours) <input type="checkbox"/> Yes <input type="checkbox"/> No Date / /	Did patient die from this disease? <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient is associated with (check all that apply): <input type="checkbox"/> Child Care (child, household contact, or worker in child care) <input type="checkbox"/> School (student or worker) <input type="checkbox"/> College/University (student or worker) <input type="checkbox"/> Food Service (food worker) <input type="checkbox"/> Health Care (health care worker) <input type="checkbox"/> Correctional Facility (inmate or worker) <input type="checkbox"/> Long Term Care Facility (resident or worker) <input type="checkbox"/> Military (active military, dependent, or recent retiree) <input type="checkbox"/> Travel (outside continental United States in last 30 days)					In what geographic location was the patient MOST LIKELY exposed? <input type="checkbox"/> In patient's county of residence <input type="checkbox"/> Outside county, but within NC - County: _____ <input type="checkbox"/> Out of state - State/Territory: _____ <input type="checkbox"/> Out of USA - Country: _____ <input type="checkbox"/> Unknown	

**CLINICAL INFORMATION**

Is/was patient symptomatic for this disease? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	If a sexually transmitted disease, give specific treatment details
If yes, symptom onset date (mm/dd/yyyy): / /	1. Date patient treated:(mm/dd/yyyy) _____
SPECIFY SYMPTOMS:	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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Initial Source of Report to Public Health:	Outbreak setting: <input type="checkbox"/> Household/Community (specify index case): _____
<input type="checkbox"/> Health Care Provider (specify):	<input type="checkbox"/> Restaurant/Retail <input type="checkbox"/> Assisted living facility
<input type="checkbox"/> Hospital	<input type="checkbox"/> Child Care <input type="checkbox"/> Adult day care
<input type="checkbox"/> Private clinic/practice	<input type="checkbox"/> Long term care <input type="checkbox"/> School
<input type="checkbox"/> Health Department	<input type="checkbox"/> Healthcare setting <input type="checkbox"/> Prison
<input type="checkbox"/> Correctional facility	<input type="checkbox"/> Adult care home
<input type="checkbox"/> Laboratory	Name of facility _____
<input type="checkbox"/> Other	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](http://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: