

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.

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 <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans. | | Parent or Guardian (of minors) | | Patient Identifier SSN |
| 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"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Unknown <input type="checkbox"/> Native Hawaiian or Pacific Islander | | Ethnic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | Was patient hospitalized for this disease? (>24 hours) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Did patient die from this disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is the patient pregnant? <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? ☐ 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) _____ 2. Date patient treated:(mm/dd/yyyy) _____
 Medication _____ Medication _____
 Dosage _____ Dosage _____
 Duration _____ 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:

Contact Person/Title: _____
 Phone: () - Fax: () -

Health Care Provider for this disease (if not reporting physician):

Contact Person/Title: _____
 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

DISEASE/CONDITION NC DISEASE CODE

A-G

| | |
|---|-----|
| ANTHRAX | 3 |
| BOTULISM, <i>FOODBORNE</i> | 10 |
| BOTULISM, <i>INTESTINAL (INFANT)</i> | 110 |
| BOTULISM, <i>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 |
| HEMORRHAGIC FEVER VIRUS INFECTION | 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 |
| NOVEL INFLUENZA VIRUS INFECTION | 75 |

O-U

| | |
|--|-----|
| Ophthalmia neonatorum..... | 345 |
| Pertussis (Whooping Cough)..... | 47 |
| PLAGUE | 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 |
| SMALLPOX | 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 |
| TULAREMIA | 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

DISEASE/CONDITION NC DISEASE CODE

A-G

| | |
|--|-----|
| 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.