All Georgia physicians, laboratories, and other health care providers are required by law to report patients with conditions of public health concern listed on the reverse of the enclosed form 3095. Both lab-confirmed and clinical diagnoses are reportable within the time intervals specified.

Reporting enables appropriate public health follow-up for your patients, helps identify outbreaks, and provides a better understanding of disease trends in Georgia. For the latest information from the DHR, Division of Public Health, visit their web site at: www.health.state.ga.us
NOTIFIABLE DISEASE/CONDITION REPORT FORM

All Georgia physicians, laboratories, and other health care providers are required by law to report patients with conditions of public health concern listed on the reverse of the enclosed form 3095. Both lab-confirmed and clinical diagnoses are reportable within the time interval specified.

Reporting enables appropriate public health follow-up for your patients, helps identify outbreaks, and provides a better understanding of disease trends in Georgia. For the latest information from the DHR, Division of Public Health, visit their web site at: www.health.state.ga.us.

Instructions:

1. Report cases for all diseases, except those noted below, electronically through the State Electronic Notifiable Disease Surveillance System at: http://sendss.state.ga.us

   OR

   Complete reverse of this Notifiable Disease/Condition Report Form and mail, in an envelope marked CONFIDENTIAL, to: District Health Office (see cover for contact information)

   OR

   Fax to: District Health Office (see cover for contact information).

2. Fill out the form as completely and as timely as possible, including laboratory submissions.

3. Include treatment information for sexually transmitted diseases.

4. Report symptoms and tests needed to establish the diagnosis for viral hepatitis and Lyme disease and other tick-borne diseases.

5. If you mail the form, photocopy the form as your record of reported disease/condition.

6. Report a suspect case of hearing impairment (under age 5) by completing the Children 1st Screening and Referral Form. Report a confirmed case of hearing impairment (under age 5) by completing the Surveillance of Hearing Impairment in Infants and Young Children Form (both forms available at: http://health.state.ga.us/programs/unhs/reporting.asp)


8. For Cancer and Benign Brain Tumor, DO NOT USE THIS FORM, Refer to the GCCR Policy and Procedure Manual (available at: http://health.state.ga.us/programs/gccr/reporting.asp)

   AND

   Call the Georgia Comprehensive Cancer Registry at 404-463-8919 for how and what to report.

9. For HIV infections and AIDS, DO NOT USE THIS FORM, Complete the CDC form 50.42A (available at: http://health.state.ga.us/epi/aidsunit.shtml or by calling 1-800-827-9769) and mail in an envelope marked CONFIDENTIAL to:

   Attention: Roger Davis
   Georgia Division of Public Health, Epidemiology Branch
   2 Peachtree St. NW, 14th floor – Office 460
   Atlanta, GA 30303-3189
**GEORGIA NOTIFIABLE DISEASE/CONDITION REPORT FORM**

**REPORT CASES BY MAIL, FAX OR PHONE TO DISTRICT HEALTH OFFICE**
OR TO SENDSS (http://sendss.state.ga.us)

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Medical Record Number</th>
</tr>
</thead>
</table>

**PATIENT DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Patient’s Name</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Age Type</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient’s Address</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
<td>Hispanic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip+4</th>
<th>County</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient’s Phone</th>
<th>Phone Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

**CLINICAL INFORMATION**

<table>
<thead>
<tr>
<th>Illness Onset Date</th>
<th>Hospitalized</th>
<th>Emergency Rm</th>
<th>Outpatient</th>
<th>Y</th>
<th>N</th>
<th>UNK</th>
</tr>
</thead>
</table>

If hospitalized, complete:

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Admit Date</th>
<th>Discharge Date</th>
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</table>

**LABORATORY INFORMATION**

*Report Hepatitis information in Viral Hepatitis box below*

<table>
<thead>
<tr>
<th>Specimen Collection Date</th>
<th>Test Name (ex. Culture, IFA, IGM, EIA)</th>
<th>Specimen Type (ex. Stool, Blood, CSF)</th>
<th>Result (ex. +/-, titer, Presumptive)</th>
<th>Species / Serotype</th>
<th>Lab Name</th>
</tr>
</thead>
</table>

**ADDITIONAL INFORMATION**

<table>
<thead>
<tr>
<th>Pregnant</th>
<th>Nursing Home or other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test</th>
<th>Hepatitis A</th>
<th>Hepatitis B</th>
<th>Hepatitis C</th>
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</thead>
<tbody>
<tr>
<td>Total anti-HAV</td>
<td>IgM anti-HAV</td>
<td>Total anti-HBc</td>
<td>IgM anti-HBc</td>
</tr>
<tr>
<td>HBsAg</td>
<td>anti-HCV (EIA)</td>
<td>anti-HCV signal to cut-off ratio</td>
<td>RIBA</td>
</tr>
</tbody>
</table>

**VIRAL HEPATITIS**

<table>
<thead>
<tr>
<th>Test Results</th>
<th>Date of test(s)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test</th>
<th>Pos</th>
<th>Neg</th>
<th>UNK</th>
</tr>
</thead>
</table>

**REPORTER INFORMATION**

<table>
<thead>
<tr>
<th>Report Date</th>
<th>Report Date</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Reporter Name</th>
<th>Reporter Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reporter Institution</th>
<th>Physician Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physician Phone</th>
<th>Local Use Only</th>
<th>State Use Only</th>
</tr>
</thead>
</table>

Additional form completed

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
</table>

Need More 3095 Forms

Entered into SENDSS
### Notifiable Disease/Condition Reporting

All Georgia physicians, laboratories, and other health care providers are required by law to report patients with the following conditions. Both lab-confirmed and clinical diagnoses are reportable within the time interval specified below.

Reporting enables appropriate public health follow-up for your patients, helps identify outbreaks, and provides a better understanding of disease trends in Georgia. For the latest information from the DHR, Division of Public Health, visit their web site at: www.health.state.ga.us

---

#### To Report Immediately

- any cluster of illnesses 
- animal bites 
- anthrax 
- all acute arboviral infections:  
  - Eastern Equine Encephalitis (EEE) 
  - LaCrosse Encephalitis (LAC) 
  - St. Louis Encephalitis (SLE) 
  - West Nile Virus (WNV) 
- botulism 
- brucellosis 
- cholera 
- diphtheria 
- E. coli O157:H7 
- Haemophilus influenzae (invasive)* 
- hantavirus pulmonary syndrome 
- hemolytic uremic syndrome (HUS) 
- hepatitis A (acute) 
- measles (rubeola) 
- meningitis (specify agent) 
- meningococcal disease 
- pertussis 
- plague 
- poliomyelitis 
- Q fever 
- rabies (human & animal) 
- severe acute respiratory syndrome (SARS) 
- shiga toxin positive tests 
- S. aureus with vancomycin MIC ≥ 4µg/ml 
- smallpox 
- syphilis (congenital & adult) 
- tuberculosis 
- latent TB infection, under age 5 
- tularemia

#### To Report Within 7 Days

- AIDS (see below, to report) 
- aseptic meningitis 
- campylobacteriosis 
- chancroid 
- Chlamydia trachomatis (genital infection) 
- Creutzfeldt-Jakob Disease (CJD), suspected cases, under age 55 
- cryptosporidiosis 
- cyclosporiasis 
- ehrlichiosis 
- giardiasis 
- gonorrhea 
- HIV (see below, to report) 
- hearing impairment (permanent, under age 5)† 
- hepatitisis B 
  - acute hepatitis B 
  - newly identified HBsAg+ carriers** 
  - HBsAg+ pregnant women 
  - hepatitis C virus infection (past or present) 
  - influenza-associated death (under age 18) 
- lead blood level ≥ 10µg/dL

#### To Report Within 1 Month

- birth defects§ 
- maternal death##

(Report electronically or call Maternal & Child Health Epidemiology Section, 404-657-6448)

#### To Report Within 4-6 Months

- benign brain and central nervous system tumors 
- cancer (Refer to the web site http://health.state.ga.us/programs/gccr/reporting.asp)

### Poster Key

- Potential agent of bioterrorism. 
- Invasive = isolated from blood, bone, CSF, joint, pericardial fluid, peritoneal fluid, or pleural fluid. 
  - Hearing impairment is reportable to the Children 1st Program (http://health.state.ga.us/epi/disease/hearing.asp). 
- HBsAg+ = hepatitis B surface antigen positive. 
- L. monocytogenes isolated from any site. Infant mortality is reportable to Vital Records. 
- Resulting in severe illness or death 
- Maternal deaths during pregnancy or within one year of birth are reportable to Maternal and Child Epidemiology (http://health.state.ga.us/epi/mch/publications.asp). 
- Birth defects are reportable to the Georgia Birth Defects Reporting and Information System (http://health.state.ga.us/epi/disease/birthdefects.asp).

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To Report HIV & AIDS

Complete the CDC form 50.42A (available at http://health.state.ga.us/epi/aidsunit.shtml or by calling 1-800-827-9769) and mail in an envelope marked CONFIDENTIAL to: Georgia Division of Public Health, Epidemiology Branch 2 Peachtree St. NW, 14th floor - Office 460 Atlanta, GA 30303-3189

---

To Report Immediately

Call: District Health Office  
(See cover for contact information) or  
1-866-PUB-HLTH (1-866-782-4584)

---

To Report Within 7 Days

Report cases electronically through the State Electronic Notifiable Disease Surveillance System at http://sendss.state.ga.us or Complete reverse of this Notifiable Disease Report Form and mail in an envelope marked CONFIDENTIAL or fax to: District Health Office (See cover for contact information)

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To Report Within 1 Month

birth defects§ 
maternal death##

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To Report Within 4-6 Months

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cancer (Refer to the web site http://health.state.ga.us/programs/gccr/reporting.asp)

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REPORT WITHIN 4-6 MONTHS

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