Georgia Department of Public Health

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. For the latest information from the Department of Public Health (DPH), visit our website at: **dph.georgia.gov**

District Health Office Contact Information

Northwest Health District
Epidemiology Section
1309 Redmond Road
Rome, GA 30165-1391
Phone (706) 295-6656
FAX (706) 802-5342

North Georgia Health District
Infectious Disease Department
100 West Walnut Ave., Suite 92
Dalton, GA 30720-8417
Phone (706) 272-2342
FAX (706) 272-2929

North Health District
1280 Athens Street
Gainesville, GA 30507-7000
Phone (770) 535-5743
FAX (770) 535-5958

Cobb and Douglas Public Health
Center for Health Assessment
1650 County Services Pkwy., SW
Marietta, GA 30008-4010
Phone (770) 514-2432
FAX (770) 514-2313

Fulton Health District
Fulton County Department of
Health and Wellness
Office of Epidemiology
99 Jesse Hill Jr. Dr., SE
Atlanta, GA 30303-3030
Phone (404) 730-1391
FAX (404) 730-1326

Clayton County Board of
Health District
Administrative Office
1117 Battlecreek Road
Jonesboro, GA 30236-2407
Phone (678) 610-7199
FAX (770) 603-4873

East Metro Health District
Office of Infectious Diseases
2570 Riverside Parkway
P.O. Box 897
Lawrenceville, GA 30046-0897
Phone (770) 339-4260
After hours (404) 323-1910
FAX (770) 339-5971

DeKalb Health District
Office of Infectious Diseases
445 Winn Way
P.O. Box 987
Decatur, GA 30031-1701
Phone (404) 508-7851
FAX (404) 508-7813

LaGrange Health District
122 Gordon Commercial Dr.
Suite A
LaGrange, GA 30240-5740
Phone (706) 845-4035
FAX (706) 845-4038

South Central Health District
2121-B Bellevue Road
Dublin, GA 31021-2998
Phone (478) 275-6545
FAX (478) 275-6575

North Central Health District
Infectious Disease Unit Supervisor
811 Hemlock Street
Macon, GA 31201-2198
Phone (478) 751-6214
FAX (478) 752-1710

East Central Health District
1916 North Leg Rd. Bldg. B
Augusta, GA 30909-4437
Phone (706) 667-4260
FAX (706) 667-4792

West Central Health District
Epidemiology Unit
2100 Comer Ave.
P.O. Box 2299
Columbus, GA 31902-2299
Phone (706) 321-6300
FAX (706) 321-6155

South Health District
Epidemiology
325 West Savannah Ave.
Valdosta, GA 31601-5901
Phone (229) 333-5290
FAX (229) 259-5003
Toll Free 866-801-5360

Southwest Health District
1109 N. Jackson Street
Albany, GA 31701-2022
Phone (229) 430-4599
FAX (229) 430-7853

Coastal Health District
Epidemiology
24 Oglethorpe Professional Blvd.
P.O. Box 14257
Savannah, GA 31406
PHONE (912) 644-5232
FAX (912) 644-5230

Southeast Health District
Office of Infectious Diseases
1115 Church Street, Suite C
Waycross, GA 31501-3525
Phone (912) 285-6022
FAX (912) 338-5309

Northeast Health District
Epidemiology Section
220 Research Drive
Athens, GA 30605-2738
Phone (706) 583-2868
FAX (706) 369-5640

State Contact Information

Department of Public Health
2 Peachtree Street, N.W.
14th Floor
Atlanta, GA 30303-3142
Phone (404) 657-2588
FAX (404) 657-2608

Legal Authority: O.C.G.A. §§ 31-12-2, 31-22-7;DHR Rules and Regulations, Notification of Disease, Chapter 290-5-3 and Chapter 290-9-8.

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. 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 DPH, Department 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)

7. For Birth Defects, DO NOT USE THIS FORM,
   Refer to the Georgia Birth Defects Reporting and Information System (GBDRIS) Reporting Guidelines (available at: http://health.state.ga.us/epi/mch/birthdefects/gbdris/publications.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 Georgia HIV/AIDS Confidential Case Report Form (available at: http://health.state.ga.us/epi/hivaids or by calling 1-800-827-9769) and mail in an envelope marked CONFIDENTIAL to:

   Georgia Department of Public Health, Epidemiology Section
   P.O. Box 2107
   Atlanta, GA 30301

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)

Disease/Condition _____ Medical Record Number _____

PATIENT DEMOGRAPHICS

Patient's Name

Last Name First Name MI

Patient's Address

Street

City State Zip+4 County

( ) _____ ( ) _____ ( ) _____

Patient's Home Phone Patient's Work Phone Patient's Other Phone

Date of Birth / /

Age

Age Type: ☐ Yrs ☐ Mos ☐ Weeks ☐ Days ☐ Unk

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Sex: ☐ Male ☐ Female ☐ Unknown

Race: ☐ Asian ☐ Black/African-American ☐ Native American or Alaska Native ☐ Multiracial ☐ Native Hawaiian or Pacific Islander ☐ Other ☐ Unknown ☐ White

CLINICAL INFORMATION

Illness Onset Date / /

	Y	N	UNK		Y	N	UNK
Hospitalized	☐	☐	☐	Outpatient	☐	☐	☐
Emergency Rm	☐	☐	☐				

Died? Y ☐ N ☐ UNK ☐
Date of Death: / /

If hospitalized, complete:

Hospital Name	Admit Date	Discharge Date

LABORATORY INFORMATION

Report Hepatitis information in Viral Hepatitis box below

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

ADDITIONAL INFORMATION

	Yes	No	UNK
Pregnant	☐	☐	☐
Nursing Home or other Chronic Care Facility	☐	☐	☐
Child In Daycare	☐	☐	☐
Daycare Worker	☐	☐	☐
Prisoner/Detainee	☐	☐	☐
Food Handler	☐	☐	☐
Health Care Worker	☐	☐	☐
Outbreak Related	☐	☐	☐
Travel in Last 4 Weeks	☐	☐	☐

*VIRAL HEPATITIS Test Results

Date of test(s) _____

		Pos	Neg	UNK
Hepatitis A	Total anti-HAV	☐	☐	☐
	IgM anti-HAV	☐	☐	☐
Hepatitis B	HBsAg	☐	☐	☐
	Total anti-HBc	☐	☐	☐
	IgM anti-HBc	☐	☐	☐
Hepatitis C	anti-HCV (EIA)	☐	☐	☐
	anti-HCV signal to cut-off ratio	_____		
	RIBA	☐	☐	☐
	HCV RNA (PCR, bDNA)	☐	☐	☐
All	ALT(SGPT) _____ AST (SGOT) _____			

REPORTER INFORMATION

Report Date / /

Reporter Name _____

Reporter Phone ( ) _____

Reporter Institution _____

Physician Name _____

Physician Phone ( ) _____

☐ Need More 3095 Forms

☐ Entered into SENDSS

Comments/Symptoms/Treatment:

Local Use Only

☐ Additional form completed

Name: _____

State Use Only