

NOTIFIABLE DISEASE/ CONDITION REPORTING

All Georgia physicians, laboratories, and other health care providers are required by law to report patients with the following conditions.

REPORT IMMEDIATELY	
To Report Immediately Call: District Health Office or 1-866-PUB-HLTH (1-866-782-4584)	
any cluster of illnesses	novel influenza A virus infections
animal bites	pertussis
▶ anthrax	▶ plague
all acute arboviral infections*	poliomyelitis
▶ botulism	▶ Q fever
▶ brucellosis	rabies (human & animal)
cholera	severe acute respiratory syndrome (SARS)
diphtheria	shiga toxin positive tests
<i>E. coli</i> O157	<i>S. aureus</i> with vancomycin MIC ≥ 4µg/ml
<i>Haemophilus influenzae</i> (invasive) ⁺	▶ smallpox
hantavirus pulmonary syndrome	syphilis (adult)
hemolytic uremic syndrome (HUS)	syphilis during pregnancy
hepatitis A (acute)	tuberculosis
measles (rubeola)	latent TB infection in children <5 years old
▶ melioidosis	▶ tularemia
meningitis (specify agent)	▶ viral hemorrhagic fevers
meningococcal disease (invasive)	
▶ Potential agent of bioterrorism. + Invasive = isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.	
REPORT WITHIN 1 MONTH	
Birth Defects, including fetal deaths of at least 20 weeks gestational age and children under age 6. Information for reporting birth defects is available at dph.georgia.gov/birth-defects-reporting .	
Healthcare-associated Infections (HAIs) For facilities required to report HAI data to CMS via NHSN. Report in accordance with the NHSN protocol. Reporting requirements and information available at dph.georgia.gov/notifiable-hai-reporting	
Neonatal Abstinence Syndrome (NAS) Information for reporting NAS is available at dph.georgia.gov/nas .	
REPORT WITHIN 6 MONTHS	
Benign brain and central nervous system tumors	
Cancer	
Report forms and reporting information for tumors and cancer is available at dph.georgia.gov/georgia-comprehensive-cancer-registry .	

REPORT WITHIN 7 DAYS	
AIDS [#]	– anti-HCV(+) or HCV RNA detected children ages <3 years
acute flaccid myelitis	hepatitis D (Delta virus present with HBsAg); acute and chronic
anaplasmosis	hepatitis E (acute)
aseptic meningitis	influenza-associated death (all ages)
babesiosis	legionellosis
blood lead level (all)	leptospirosis
campylobacteriosis	listeriosis ^{***}
Carbapenem-resistant Enterobacteriaceae (CRE): Enterobacter species, Escherichia coli, and Klebsiella species	leprosy or Hansen's disease (Mycobacterium leprae)
chancroid	Lyme disease
Chlamydia trachomatis (genital infection)	lymphogranuloma venereum
Creutzfeldt-Jakob Disease (CJD), suspected cases, under age 55	malaria
cryptosporidiosis	maternal deaths (during pregnancy or within 1 year of end of pregnancy) ^{##}
cyclosporiasis	mumps
ehrlichiosis	psittacosis
giardiasis	Rocky Mountain spotted fever
gonorrhea	rubella (including congenital)
HIV infection [#]	salmonellosis
Perinatal HIV exposure [#]	shigellosis
hearing impairment (permanent under age 5) ^{##}	streptococcal disease, Group A or B (invasive) ^{**}
hepatitis B	Streptococcus pneumoniae (invasive) ^{**}
– acute hepatitis B	– report with antibiotic-resistance information
– chronic HBsAg(+) or HBV DNA detected infections	tetanus
– HBsAg(+) pregnant women	toxic shock syndrome
– Perinatal HBV exposure	typhoid
hepatitis C (past or present)	Varicella (Chickenpox)
– anti-HCV(+)	Vibrio infections
– HCV RNA detected	yersiniosis
– HCV genotype detected	
– anti-HCV(+) or HCV RNA detected pregnant women	
REPORT CASES ELECTRONICALLY THROUGH THE STATE ELECTRONIC NOTIFIABLE DISEASE SURVEILLANCE SYSTEM AT http://sendss.state.ga.us	
* California serogroup virus diseases (including: California encephalitis, Jamestown Canyon, Keystone, La Crosse, Snowshoe hare, Trivittatus virus), Chikungunya Virus Disease, Eastern equine encephalitis virus disease, Powassan virus disease, St. Louis encephalitis virus disease, West Nile virus disease, Western equine encephalitis virus disease, Zika Virus Disease	
** Invasive = isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.	
*** L. monocytogenes isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid, or other normally sterile site; or from placenta or products of conception in conjunction with fetal death or illness. Infant mortality is reportable to Vital Records.	
REPORTING FOR OTHER CONDITIONS:	
# Report forms and reporting information for HIV/AIDS available by phone (1-800-827-9769) OR online (dph.georgia.gov/georgias-hiv-aids-epidemiology-surveillance-section).	
For mailing HIV/AIDS reports, please use double envelopes marked "confidential", addressed to Georgia Department of Public Health Epidemiology Section, P.O. Box 2107, Atlanta, GA 30301	
## Report forms and reporting information for maternal deaths and hearing impairment (permanent, under age 5) available at dph.georgia.gov/documents/forms-surveys-and-documents .	

For more information visit dph.ga.gov/disease-reporting



SUBMISSION REQUIREMENTS FOR CLINICAL MATERIALS

The table below details notifiable diseases for which clinical materials are to be submitted to the Georgia Public Health Laboratory

DISEASES AND CONDITIONS	SUBMIT CLINICAL MATERIALS ¹
anthrax (<i>Bacillus anthracis</i>)	All reported cases
botulism (<i>Clostridium botulinum</i>)	All reported cases
brucellosis (<i>Brucella</i> spp.)	All reported cases
campylobacteriosis (<i>Campylobacter</i> spp.)	All reported cases
Carbapenem-resistant Enterobacteriaceae: <i>Enterobacter</i> species, <i>Escherichia coli</i> , <i>Klebsiella</i> species	All reported cases
cholera (<i>Vibrio cholerae</i>)	All reported cases
cyclosporiasis (<i>Cyclospora</i> spp.)	All reported cases
dengue	All reported cases
diphtheria (<i>Corynebacterium diphtheriae</i>)	All reported cases
<i>E. coli</i> O157	All reported cases
gonorrhea (<i>Neisseria gonorrhoeae</i> infections)	Send invasive ² specimens
<i>Haemophilus influenzae</i> (all invasive disease)	All reported cases
influenza (unusual case incidence, critical illness or death, suspect Novel)	All reported cases
Influenza A (unable to subtype)	All reported cases
listeriosis (<i>Listeria monocytogenes</i>)	All reported cases
malaria (<i>Plasmodium</i> spp.)	All reported cases
measles (rubeola)	All reported cases
meningococcal disease (<i>Neisseria meningitidis</i>) (all invasive disease)	All reported cases
novel influenza A virus infections	All reported cases
plague (<i>Yersinia pestis</i>)	All reported cases
poliomyelitis	All reported cases
Q fever (<i>Coxiella burnetii</i>)	All reported cases
rubella (including congenital)	All reported cases
salmonellosis, including typhoid (<i>Salmonella</i> spp.)	All reported cases
severe acute respiratory syndrome (SARS)	All reported cases
shiga toxin positive tests	All reported cases
shigellosis (<i>Shigella</i> spp.)	All reported cases
smallpox	All reported cases
tuberculosis (<i>Mycobacterium tuberculosis</i> complex); pulmonary or extrapulmonary sites of disease	All reported cases
tularemia (<i>Francisella tularensis</i>)	All reported cases
Typhoid	All reported cases
<i>Vibrio</i> spp	All reported cases
Viral hemorrhagic fevers	All reported cases
yersiniosis, enteric (<i>Yersinia</i> spp.)	All reported cases
DISEASES AND CONDITIONS	SUBMIT CLINICAL MATERIALS UPON REQUEST
cryptosporidiosis (<i>Cryptosporidium</i> spp.)	Hold 7 days and submit if DPH requests
hemolytic uremic syndrome	Hold 7 days and submit if DPH requests
mumps	Hold 7 days and submit if DPH requests
legionellosis (<i>Legionella</i> spp.)	Hold 7 days and submit if DPH requests
pertussis (<i>Bordetella pertussis</i>)	Hold 7 days and submit if DPH requests
<i>S. aureus</i> with vancomycin MIC $\geq 4\mu\text{g/ml}$	Hold 7 days and submit if DPH requests
Streptococcal infections, Group A or B (all invasive disease)	Hold 7 days and submit if DPH requests
<i>Streptococcus pneumoniae</i> (all invasive disease)	Hold 7 days and submit if DPH requests
varicella-zoster virus (chickenpox or shingles)	Hold 7 days and submit if DPH requests
DISEASES AND CONDITIONS	SUBMIT CLINICAL MATERIALS WITH PRIOR APPROVAL
all acute arborviral infections	DPH does not routinely test but submission may occur upon DPH approval
hantavirus pulmonary syndrome	DPH does not routinely test but submission may occur upon DPH approval
rabies (animal and human cases and suspected cases)	DPH does not routinely test but submission may occur upon DPH approval

¹ “Clinical materials” is defined as: **A.** a clinical isolate containing the infectious agent for which submission of material is required; or **B.** if an isolate is not available, material containing the infectious agent for which submission of material is required, in the following order of preference: **(1)** a patient specimen; **(2)** nucleic acid; or **(3)** other laboratory material.

² “Invasive disease” is defined as: isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.