


NOTIFIABLE DISEASE CONDITION REPORTING





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

LEGEND

- * **To be determined** in consultation with DPH Epidemiology. Based on public health impact potential. Ultimate decision made by State Health Officer and State Epidemiologist.
- ** **Invasive** isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.






































- *** **ALT and total bilirubin** associated with hepatitis A, B, or C serology should be reported
- **** **L. monocytogenes** resulting in infant mortality is reportable to Vital Records.
-  Potential agent of bioterrorism

SUBMISSION REQUIREMENTS FOR CLINICAL MATERIALS¹

-  All reported cases
-  Send invasive² specimens
-  Hold 7 days and submit if DPH requests
-  DPH does not routinely test but submission may occur upon DPH approval

REPORT IMMEDIATELY

Call: District Health Office or **1-866-PUB-HLTH (1-866-782-4584)**

all outbreaks/clusters (including infectious and non-infectious causes, toxic substance and drug-related, and any other outbreak)		measles (rubeola)	
		melioidosis 	
		meningitis (specify agent when reporting)	
unusual occurrence of disease of public health concern*		meningococcal disease, invasive infections **	
		novel influenza A virus infections	
all acute arboviral infections <ul style="list-style-type: none"> • California serogroup viruses (California encephalitis, Jamestown Canyon, keystone, La Crosse, snowshoe hare, trivitattus) • chikungunya virus • dengue virus • equine encephalitis viruses (eastern, Venezuelan, western) • Powassan virus • St. Louis encephalitis virus • yellow fever virus • Zika virus 		novel respiratory virus infections (SARS, MERS, etc.)	
		orthopoxvirus infections (i.e., smallpox, mpox) 	
		pertussis	
		plague 	
		poliomyelitis	
		Q fever 	
		rabies (human and animal infections)	
		<i>Staphylococcus aureus</i> infections with vancomycin MIC \geq 4 mcg / mL	
		Shiga-toxin producing <i>E. coli</i> infections (including O157)	
		syphilis <ul style="list-style-type: none"> • positive non-treponemal or treponemal test • during pregnancy • congenital 	
amebic (free living) infections (<i>Acanthamoeba</i> spp., <i>Balamuthia mandrillaris</i> , <i>Naegleria fowleri</i> , <i>Sappinia</i> spp., etc)		tuberculosis (TB) <ul style="list-style-type: none"> • confirmed or presumed active TB disease, any age • latent TB infection (inactive TB) in children <6 	
animal bites		tularemia 	
anthrax 		viral hemorrhagic fevers 	
botulism 			
brucellosis (<i>Brucella</i> spp. including <i>B. abortus</i> , <i>B. canis</i> , <i>B. melitensis</i> , <i>B. suis</i>) 			
<i>Cronobacter</i> , Invasive (infants under 1 year of age)			
cholera (toxigenic <i>Vibrio cholerae</i>)			
diphtheria			
<i>Haemophilus influenzae</i> , invasive infections **			
hantavirus pulmonary syndrome (HPS)			
hemolytic uremic syndrome (HUS)			
hepatitis A *** <ul style="list-style-type: none"> • reactive anti-HAV IgM 			

Report cases electronically through the state electronic notifiable disease surveillance system at sendss.state.ga.us

For more information:

www.dph.ga.gov/disease-reporting



REPORT WITHIN 7 DAYS			
acute flaccid myelitis (AFM)		hepatitis D (acute and chronic)	
acquired immunodeficiency syndrome (AIDS)#		hepatitis E (acute)	
anaplasmosis		HIV infection#	
aseptic meningitis		• Infection, any stage OR progression to stage 3 (AIDS)	
babesiosis		• Perinatal HIV exposure	
blood lead levels			
campylobacteriosis	A	influenza, RSV, or COVID-19-associated death (all ages)	A
<i>Candida auris</i> infections	A	legionellosis	7
carbapenem-resistant Enterobacterales (CRE) infections	A	leprosy (Hansen's disease) (<i>Mycobacterium leprae</i>)	A
• <i>Enterobacter</i> spp.		leptospirosis	
• <i>Escherichia coli</i>		listeriosis ****	A
• <i>Klebsiella</i> spp.		Lyme disease	
chancroid		malaria	A
<i>Chlamydia trachomatis</i> Infection (including <i>Lymphogranuloma venereum</i>)	A	maternal death (during pregnancy or within 1 year of end of pregnancy)###	
congenital cytomegalovirus, cCMV (≤21 days of age)		multisystem inflammatory syndrome in children (MIS-C)	
Creutzfeldt-Jakob Disease (CJD), confirmed and suspected cases < 55 years old		mumps	7
cryptosporidiosis	7	psittacosis	
cyclosporiasis	A	rubella (including congenital)	A
ehrlichiosis		salmonellosis (including typhoid fever and paratyphoid fever)	A
giardiasis		shigellosis	A
gonorrhea	A	Spotted Fever Rickettsiosis (<i>Rickettsia</i> spp.)	
hepatitis B (acute and chronic) ***		streptococcal disease, group A or B (invasive) **	7
• reactive HBsAg and all associated HBV lab markers (HBV DNA, anti-HBc IgM, total anti-HBc, anti-HBe, HBeAg, anti-HBs)		<i>Streptococcus pneumoniae</i> infection (invasive) **	7
• detected HBV DNA and all associated HBV lab markers (HBsAg anti-HBc IgM, total anti-HBc, anti-HBe, HBeAg, anti-HBs)		• report with antibiotic-resistance information	
• undetectable HBV DNA		tetanus	
• HBsAg reactive pregnant women		toxic shock syndrome (TSS)	
• perinatal HBV exposures		varicella (chickenpox)	7
• all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 2 years old		vibriosis (<i>Vibrio</i> spp.)	A
hepatitis C (acute and chronic) ***		yersiniosis	A
• reactive anti-HCV (both serology and point-of-care rapid testing)			
• HCV RNA by PCR (both detected and undetected)			
• detected HCV genotype			
• anti-HCV reactive or HCV RNA detected pregnant women			
• perinatal HCV exposures			
• all (positive, negative, indeterminate) anti-HCV and HCV RNA by PCR for children ≤ 3 years of age			

REPORT WITHIN 14 DAYS

Neonatal Abstinence Syndrome (NAS). Information for reporting NAS is available at dph.georgia.gov/nas.

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REPORT WITHIN 1 MONTH

Birth Defects, including fetal deaths of at least 20 weeks gestational age and children < 6 years old.

Information for reporting birth defects 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/epidemiology/healthcare-associated-infections/nhsn-notifiable-reporting.

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/chronic-disease-prevention/georgia-comprehensive-cancer-registry/reporting-cancer.

REPORTING FOR OTHER CONDITIONS

Report forms and reporting requirements available at

dph.georgia.gov/epidemiology/georgias-hiv-aids-epidemiology-section/hiv-aids-case-reporting.

Hearing loss case report form is available at dph.georgia.gov/EHDI.

Reporting information for maternal deaths is available at dph.georgia.gov/maternal-mortality.

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.