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 DPH, Department of Public Health, visit their web site at: www.health.state.ga.us

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 30068-4010
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 Georgia 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

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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,

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/hiv aids 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)

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 ( )

CLINICAL INFORMATION

Illness Onset Date _____ / _____ / _____

Hospitalized Y N UNK Outpatient Y N UNK

Emergency Rm Y N UNK

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

ADDITIONAL INFORMATION

Pregnant Y N UNK
Nursing Home or other Y N UNK
Chronic Care Facility Y N UNK
Child In Daycare Y N UNK
Daycare Worker Y N UNK
Prisoner/Detainee Y N UNK
Food Handler Y N UNK
Health Care Worker Y N UNK
Outbreak Related Y N UNK
Travel in Last 4 Weeks Y N UNK

*VIRAL HEPATITIS

Test Results

Hepatitis A
Total anti-HAV
IgM anti-HAV
HBsAg

Hepatitis B
Total anti-HBc
IgM anti-HBc
anti-HCV (EIA)

Hepatitis C
anti-HCV signal to cut-off ratio
RIBA
HCV RNA (PCR, bDNA)

All
ALT (SGPT) NAST (SGOT)

REPORTER INFORMATION

Report Date _____ / _____ / _____

Reporter Name ____________________________________________

Reporter Phone ( ) ____________________________

Physician Name ___________________________________________

Physician Phone ( ) ____________________________

Comments/Symptoms/Treatment:

Need More 3095 Forms Y N

Local Use Only Y N

Additional form completed Y N

Name: ____________________________

Entered into SENDSS
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.

### REPORT IMMEDIATELY

**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
- Haemophilus influenzae (invasive)*
- hantavirus pulmonary syndrome
- hemolytic uremic syndrome (HUS)
- hepatitis A (acute)
- measles (rubeola)
- meningitis (specify agent)
- meningococcal disease
- novel influenza A virus infections
- 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 in children <5 years old
- tularemia
- viral hemorrhagic fevers

* Potential agent of bioterrorism.

### REPORT WITHIN 7 DAYS

**To Report Within 7 Days**

- AIDS
- aseptic meningitis
- blood lead level (all)
- campylobacteriosis
- chancroid
- Chlamydia trachomatis (genital infection)
- Creutzfeldt-Jakob Disease (CJD), suspected cases, under age 55
- cryptosporidiosis
- cyclosporiasis
- ehrlichiosis
- giardiasis
- gonorrhea
- HIV
- hearing impairment† (permanent, under age 5)
- hepatitis B
  - acute hepatitis B
  - newly identified HBsAg+ carriers**
  - HBsAg+ pregnant women
- hepatitis C virus infection
  - past or present
- influenza-associated death
  - all ages
- legionellosis
- leptospirosis
- listeriosis***
- leprosy or Hansen’s disease (Mycobacterium leprae)
- Lyme disease
- lymphogranuloma venereum
- malaria
- maternal death**
- methicillin-resistant S. aureus (community-associated)*
- mumps
- psittacosis
- Rocky Mountain spotted fever
- rubella (including congenital)
- salmonellosis
- shigellosis
- streptococcal disease, Group A or B (invasive)*
- Streptococcus pneumoniae (invasive)*
- tetanus
- toxic shock syndrome
- toxoplasmosis
- typhoid
- Varicella (Chickenpox)
- Vibrio infections
- yersiniosis

### REPORT WITHIN 1 MONTH

- birth defects (under age 6)
- maternal deaths (during pregnancy or within 1 year of delivery)

### REPORT WITHIN 6 MONTHS

- benign brain and central nervous system tumors
- cancer

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* Invasive = isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.

** HBsAg+ = hepatitis B surface antigen positive.

*** 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.

† Resulting in severe illness or death

### REPORTING HIV/AIDS

- Report forms and reporting information for HIV/AIDS available by telephone (1-800-827-9769) OR at http://health.state.ga.us/epi/hivaids/reportinginformation.asp. 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

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(Rev 07-14-11)