



# 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 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](http://www.health.state.ga.us)

## District Health Office Contact Information

### Northwest Health District

Epidemiology Section  
1305 Redmond Circle  
Bldg. 614  
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 Jessie Jr. Dr., SE  
Atlanta, GA 30303-3045  
Phone (404) 730-1391  
FAX (404) 730-1326

### Clayton County Board of Health District

Administrative Office  
1380 Southlake Plaza Dr.  
Morrow, GA 30260-1756  
Phone (770) 961-1330  
FAX (770) 961-8370

### East Metro Health District

Epidemiology & Communicable  
Disease Unit  
324 West Pike Street  
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.  
Augusta, GA 30909-4437  
Phone (706) 667-4342  
FAX (706) 667-4728

### 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  
312 North Patterson Street  
P.O. Box 5147  
Valdosta, GA 31603-5147  
Phone (229) 333-5290  
FAX (229) 259-5003  
Toll Free 866-801-5360

### Southwest Health District

1306 S. Slappey Blvd., Suite L  
Albany, GA 31701  
Phone (229) 430-7870  
FAX (229) 430-2920

### Coastal Health District

Notifiable Disease Division  
**Brunswick Office:**  
777 Gloucester  
Brunswick, GA 31520  
Phone (912) 262-3092  
FAX (912) 261-1964  
**Savannah Office:**  
2011 Eisenhower Drive  
P.O. Box 14257  
Savannah 31416-1257  
Phone (912) 644-5232  
FAX (912) 644-5230

### Southeast Health District

Office of Infectious Disease  
1115 Church Street, Suite A  
Waycross, GA 31501-3525  
Phone (912) 285-6022 (24 hr)  
FAX (912) 284-2522

### Northeast Health District

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

## State Contact Information

**Notifiable Diseases  
Epidemiology Section**  
Division 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

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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](http://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 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>)

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
			<input type="checkbox"/> Yrs
			<input type="checkbox"/> Mos
			<input type="checkbox"/> Weeks
			<input type="checkbox"/> Days
			<input type="checkbox"/> Unk
<b>Ethnicity</b>		<b>Sex</b>	
<input type="checkbox"/> Hispanic		<input type="checkbox"/> Male	
<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Female	
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown	
<b>Race</b>			
<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian or Pacific Islander	
<input type="checkbox"/> Black/African-American		<input type="checkbox"/> Other	
<input type="checkbox"/> Native American or Alaska Native		<input type="checkbox"/> Unknown	
<input type="checkbox"/> Multiracial		<input type="checkbox"/> White	

## CLINICAL INFORMATION

Illness Onset Date  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Hospitalized	<input type="checkbox"/> Y   <input type="checkbox"/> N   <input type="checkbox"/> UNK	Outpatient	<input type="checkbox"/> Y   <input type="checkbox"/> N   <input type="checkbox"/> UNK
Emergency Rm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Died?  N  Y  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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Home or other Chronic Care Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child In Daycare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daycare Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prisoner/Detainee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Handler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outbreak Related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel in Last 4 Weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### \*VIRAL HEPATITIS

Date of test(s) \_\_\_\_\_

#### Test Results

	Pos	Neg	UNK
Hepatitis A	Total anti-HAV <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	IgM anti-HAV <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Hepatitis B	HBsAg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Total anti-HBc <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	IgM anti-HBc <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	anti-HCV (EIA) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Hepatitis C	anti-HCV signal to cut-off ratio _____		
	RIBA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	HCV RNA (PCR, bDNA) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
All	ALT(SGPT) _____ AST (SGOT) _____		

### REPORTER INFORMATION

Report Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Reporter Name \_\_\_\_\_

Reporter Phone ( ) \_\_\_\_\_

Reporter Institution \_\_\_\_\_

Physician Name \_\_\_\_\_

Physician Phone ( ) \_\_\_\_\_

Comments/Symptoms/Treatment:

Local Use Only

State Use Only

Additional form completed

Name: \_\_\_\_\_

Need More 3095 Forms

Entered into SENDSS



# NOTIFIABLE DISEASE/ CONDITION REPORTING

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## 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  $\geq$  4 $\mu$ g/ml
- ▶ smallpox
- syphilis (congenital & adult)
- tuberculosis
- latent TB infection, under age 5
- ▶ tularemia

## 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)<sup>†</sup>
- hepatitis 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  $\geq$  10 $\mu$ g/dL
- legionellosis
- leptospirosis
- listeriosis\*\*\*
- Lyme disease
- lymphogranuloma venereum
- malaria
- methicillin-resistant *S. aureus* (community-associated)<sup>#</sup>
- mumps
- psittacosis
- Rocky Mountain spotted fever
- rubella (including congenital)
- salmonellosis
- shigellosis
- streptococcal disease, Group A or B (invasive)\*
- Streptococcus pneumoniae* (invasive)\*
  - report with antibiotic-resistance information
- tetanus
- toxic shock syndrome
- toxoplasmosis
- typhoid
- Vibrio* infections
- yersiniosis

## REPORT WITHIN 1 MONTH

- birth defects<sup>‡</sup>
  - maternal death<sup>##</sup>
- (Report electronically or call Maternal & Child Health Epidemiology Section, 404-657-6448)

## 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>).

### 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)

### 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