



# 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](http://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 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

## **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](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 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>)

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
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Multiracial		<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown <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? 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	<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) \_\_\_\_\_

	Pos   Neg   UNK
Hepatitis A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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

Additional form completed

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

State Use Only

Need More 3095 Forms

Entered into SENDSS



Georgia Department of Public Health

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.

# NOTIFIABLE DISEASE / CONDITION REPORTING

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## REPORT IMMEDIATELY

### To Report Immediately

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

- 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.

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

## REPORT WITHIN 7 DAYS

### To Report Within 7 Days

Report cases electronically through the State Electronic Notifiable Disease Surveillance System at <http://sendss.state.ga.us> (SEE REPORTING FOOTNOTES BELOW.)

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><b>AIDS*</b></li> <li>aseptic meningitis</li> <li>blood lead level (all)</li> <li>campylobacteriosis</li> <li>chancroid</li> <li><i>Chlamydia trachomatis</i> (genital infection)</li> <li>Creutzfeldt-Jakob Disease (CJD), suspected cases, under age 55</li> <li>cryptosporidiosis</li> <li>cyclosporiasis</li> <li>ehrlichiosis</li> <li>giardiasis</li> <li>gonorrhoea</li> <li><b>HIV#</b></li> <li>hearing impairment† (permanent, under age 5)</li> <li>hepatitis B           <ul style="list-style-type: none"> <li>-acute hepatitis B</li> <li>-newly identified HBsAg+ carriers**</li> <li>-HBsAg+ pregnant women</li> </ul> </li> <li>hepatitis C virus infection (past or present)</li> <li>influenza-associated death (all ages)</li> <li>legionellosis</li> </ul> | <ul style="list-style-type: none"> <li>leptospirosis</li> <li>listeriosis***</li> <li>leprosy or Hansen's disease (<i>Mycobacterium leprae</i>)</li> <li>Lyme disease</li> <li>lymphogranuloma venereum</li> <li>malaria</li> <li>maternal death††</li> <li>mumps</li> <li>psittacosis</li> <li>Rocky Mountain spotted fever</li> <li>rubella (including congenital)</li> <li>salmonellosis</li> <li>shigellosis</li> <li>streptococcal disease, Group A or B (invasive)*</li> <li><i>Streptococcus pneumoniae</i> (invasive)*           <ul style="list-style-type: none"> <li>- report with antibiotic-resistance information</li> </ul> </li> <li>tetanus</li> <li>toxic shock syndrome</li> <li>toxoplasmosis</li> <li>typhoid</li> <li>Varicella (Chickenpox)</li> <li><i>Vibrio</i> infections</li> <li>yersiniosis</li> </ul> |
|--|--|

\* 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.

#### 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/hiv/aids/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

† Report forms and reporting information for **hearing impairment** available at <http://health.state.ga.us/programs/unhs/reporting.asp>

## REPORT WITHIN 1 MONTH

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

Report forms and reporting information for **birth defects and maternal deaths** available at <http://health.state.ga.us/epi/mch/publications.asp>

#### 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 <http://health.state.ga.us/epi/hai/>.

## REPORT WITHIN 6 MONTHS

- benign brain and central nervous system tumors
- cancer

Report forms and reporting information for **tumors and cancer** found at <http://health.state.ga.us/programs/gccr/reporting.asp>