

North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
 Communicable Disease Branch • Immunization Branch (WCH Section)



ATTENTION PHYSICIANS/HOSPITALS:
 Mail/fax this form to your local health department.

Disease Control Division
 Buncombe County Department of Health
 40 Coxe Avenue
 Asheville NC 28801
 Phone: (828) 250-5109
 Fax: (828) 250-6169

Confidential Communicable Disease Report—Part 1

NC DISEASE CODE
 (see reverse side for code)

DATE OF SYMPTOM ONSET

Patient's First Name Middle Last Suffix Maiden/Other Alias

Birthdate (mm/dd/yyyy) Sex M F Trans. Parent or Guardian (of minors) Patient Identifier
 SSN

Patient's Street Address City State ZIP County Phone
 () -

Age Age Type Years Months Weeks Days
 Race (check all that apply): White Black/African American American Indian/Alaska Native Native Hawaiian or Pacific Islander
 Ethnic Origin Asian Other Unknown Hispanic Non-Hispanic

Initial Source of Report to Public Health:
 Health Care Provider (specify):
 Hospital Private clinic/practice Health Department Correctional facility
 Laboratory Other
 Name: _____
 Contact Person/Title: _____
 Phone: () - Fax: () -
 Date Local Health Department Notified: _____

Was patient hospitalized for this disease? (>24 hours) Yes No
 Did patient die from this disease? Yes No
 Is the patient pregnant? Yes No
 Patient is associated with (check all that apply):
 Child Care (child, household contact, or worker in child care) Correctional Facility (inmate or worker)
 School (student or worker) Long Term Care Facility (resident or worker)
 College/University (student or worker) Military (active military, dependent, or recent retiree)
 Food Service (food worker) Travel (outside continental United States in last 30 days)
 Health Care (health care worker)

Where was disease/condition most likely acquired?
 In patient's county of residence
 Outside county, but within NC - County: _____
 Out of state - State/Territory: _____
 Out of USA - Country: _____
 Unknown

Local Health Department Use Only
 Is the patient suspected of being part of a common source outbreak?
 Yes No
 Outbreak setting:
 Restaurant/Retail (name): _____
 Household (index case): _____
 Child Care (name): _____
 Other (specify): _____
 Community (index case): _____

Local Health Department Use Only
 Communicable Disease Nurse or Designee Reporting to DPH:
 Name: _____
 Phone: () -
 Date sent to DPH: _____
 Local Health Director's Signature or Stamp Approving Report

CLINICAL INFORMATION

Specify patient symptoms and treatment:

If a sexually transmitted disease, give specific treatment details:
 Date patient treated: (mm/dd/yyyy) _____
 Medication _____
 Dosage _____
 Duration _____

DIAGNOSTIC TESTING

LABORATORY TESTING:

Collection Date	Result Date	Type of Test	Specimen Source	Results (include serogroup/type)	Reference Range	Lab Name—City/State

Diseases and Conditions Reportable in North Carolina

North Carolina General Statute:

§130A-135. Physicians to report.

A physician licensed to practice medicine who has reason to suspect that a person about whom the physician has been consulted professionally has a communicable disease or communicable condition declared by the Commission to be reported, shall report information required by the Commission to the local health director of the county or district in which the physician is consulted.

North Carolina Administrative Code:

10A NCAC 41A.0101 Reportable Diseases and Conditions

(a) The following named diseases and conditions are declared to be dangerous to the public health and are hereby made reportable within the time period specified after the disease or condition is reasonably suspected to exist:

Diseases in *BOLD ITALICS* should be reported immediately to local health department.

Reportable to Local Health Department Within

24 Hours

DISEASE/CONDITION **NC DISEASE CODE**

A-G	
ANTHRAX	3
BOTULISM, FOODBORNE	10
BOTULISM, INFANT	110
BOTULISM, WOUND	111
Campylobacter infection.....	50
Chancroid.....	100
Cholera.....	6
Cryptosporidiosis.....	56
Cyclosporiasis.....	63
Diphtheria.....	8
E. coli infection, shiga toxin-producing.....	53
Foodborne disease: Clostridium perfringens.....	11
Foodborne: staphylococcal.....	12
Foodborne disease: other/unknown.....	13
Foodborne poisoning: ciguatera.....	130
Foodborne poisoning: mushroom.....	131
Foodborne poisoning: scombroid fish.....	132
Gonorrhea.....	300
Granuloma inguinale.....	500

H-N

Haemophilus influenzae, invasive disease.....	23
Hemolytic-uremic syndrome (HUS).....	59
HEMORRHAGIC FEVER VIRUS INFECTION	68
Hepatitis A.....	14
Hepatitis B, acute.....	15
HIV/AIDS.....	
HIV.....	900
AIDS.....	950
Influenza pediatric death (<18 years).....	73
Listeriosis.....	64
Measles (rubeola).....	22
Meningococcal disease, invasive.....	27
Monkeypox.....	72
NOVEL INFLUENZA VIRUS INFECTION	75

O-U

Ophthalmia neonatorum.....	345
Pertussis (Whooping Cough).....	47
PLAGUE	29
Poliomyelitis, paralytic.....	30
Rabies, human.....	33
Rubella.....	36
Salmonellosis.....	38
S. aureus with reduced susceptibility to vancomycin.....	74
SARS (coronavirus infection).....	71
Shigellosis.....	39
SMALLPOX	69
Syphilis.....	
primary.....	710
secondary.....	720
early latent.....	730
latent, unknown duration.....	740
late latent.....	745
late with symptoms.....	750
neurosyphilis.....	760
congenital.....	790
Tuberculosis.....	TB
TULAREMIA	43
Typhoid Fever, acute.....	44

V-Z

Vaccinia.....	70
Vibrio infection, other than cholera & vulnificus.....	55
Vibrio vulnificus.....	54

Reportable to Local Health Department Within

7 Days

DISEASE/CONDITION **NC DISEASE CODE**

A-G	
Brucellosis.....	5
Chlamydial infection—laboratory confirmed.....	200
Creutzfeldt-Jakob Disease.....	66
Dengue.....	7
Ehrlichiosis, HGA (human granulocytic anaplasmosis).....	571
Ehrlichiosis, HME (human monocytic or e. chaffeensis).....	572
Ehrlichiosis, unspecified.....	573
Encephalitis, arboviral, WNV.....	95
Encephalitis, arboviral, LAC.....	96
Encephalitis, arboviral, EEE.....	97
Encephalitis, arboviral, other.....	9

H-N

Hantavirus infection.....	67
Hepatitis B, carriage.....	115
Hepatitis B, perinatally acquired.....	116
Hepatitis C, acute.....	60
Legionellosis.....	18
Leprosy (Hansen's Disease).....	19
Leptospirosis.....	20
Lyme disease.....	51
Lymphogranuloma venereum.....	600
Malaria.....	21
Meningitis, pneumococcal.....	25
Mumps.....	28
Non-gonococcal urethritis.....	400

O-Z

PID (chlamydial/gonococcal).....	490
Psittacosis.....	31
Q fever.....	32
Rocky Mountain Spotted Fever.....	35
Rubella, congenital syndrome.....	37
Streptococcal infection, Group A, invasive.....	61
Tetanus.....	40
Toxic shock syndrome, non-streptococcal.....	41
Toxic shock syndrome, streptococcal.....	65
Trichinosis.....	42
Typhoid, carriage (Salmonella typhi).....	144
Yellow fever.....	48

Physicians must report these diseases and conditions to the local health department. For diseases and conditions required to be reported within 24 hours, the initial report shall be made by telephone to the local health department, and the written disease report be made within 7 days. The reporting rules and disease report forms can be accessed at:

<http://www.epi.state.nc.us/epi/gcdc.html>

If you are unable to contact your local health department, call the 24/7 pager for N.C. Communicable Disease Branch: **(919) 733-3419**