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| NC Electronic Disease Surveillance System | | | | | | | | | | | NC EDSS EVENT ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **A close up of a logo  Description automatically generated NC Department of Health and Human Services**  **Division of Public Health • Epidemiology Section**  **Communicable Disease Branch** | | | | | | | | | | | **ATTENTION HEALTH CARE PROVIDERS:**  Please report relevant clinical findings about this  disease event to the local health department. | | | | | | | | |
| **CONFIDENTIAL COMMUNICABLE DISEASE REPORT – PART 1** | | | | | | | | | | |  | | | | | | | | |
|  | | | **NAME OF DISEASE/CONDITION** | | | | | |  | |
|  | | | | | | | | | | |  | | | | | | | | |
| Patient’s Last Name First Middle Suffix Maiden/Other Alias | | | | | | | | | | | | | | | | | | | |
| Birthdate (mm/dd/yyyy)  **/    /** | | | | | | Sex  M  F  Trans. | | | | | Parent or Guardian *(of minors)* | | | | | Medical Record Number | | | |
| Patients Street Address | | | | | | | | | | City | | | State | ZIP | | County | | | Phone  **(****)     -** |
| Age | | Age Type  Years  Months  Weeks  Days | | | Race (check all that apply): Ethnic Origin  White  Asian  Hispanic  Black/African American  Other  Non-Hispanic  American Indian/Alaska Native  Unknown  Native Hawaiian or Pacific Islander | | | | | | | | Was patient hospitalized for this disease? (>24 hours)  Yes  No  Date **/    /** | | | Did patient die from this disease?  Yes  No | | Is the patient pregnant?  Yes  No | |
| Patient is associated with (check all that apply): | | | | | | | | | | | In what geographic location was the patient MOST LIKELY exposed?  In patient’s county of residence  Outside county, but within NC - County:  Out of state - State/Territory:  Out of USA - Country:  Unknown | | | | | | | | |
| Child Care (child, household contact, or worker in child care)  School (student or worker)  College/University (student or worker)  Food Service (food worker)  Health Care (health care worker)  Migrant Worker Camp | | | | | | | Correctional Facility (inmate or worker)  Long Term Care Facility (resident or worker)  Military (active military,  dependent, or recent retiree)  Travel (outside continental  United States in last 30 days)  Other | | | |
| **CLINICAL INFORMATION** | | | | | | | | | | | | | | | | | | | |
| Is/was patient symptomatic for this disease?  Yes  No  Unknown  If yes, symptom onset date (mm/dd/yyyy):  **/    /**  SPECIFY SYMPTOMS: | | | | | | | | If a sexually transmitted disease, give specific treatment details | | | | | | | | | | | |
| 1. Date patient treated:(mm/dd/yyyy) **/    /**  Medication:  Dosage:  Duration: | | | | | | | 2. Date patient treated:(mm/dd/yyyy) **/    /**  Medication:  Dosage:  Duration: | | | | |
| **DIAGNOSTIC TESTING** | | | | | | | | | | | | | | | | | | | |
| Provide lab information below and fax copy of lab results and other pertinent records to local health department. | | | | | | | | | | | | | | | | | | | |
| Specimen  Date | | | | Specimen # | | Specimen  Source | | Type of Test | | | Test  Result(s) | | Description (comments) | | | Result Date | | Lab Name –City/State | |
| **/    /** | | | |  | |  | |  | | |  | |  | | | **/    /** | |  | |
| **/    /** | | | |  | |  | |  | | |  | |  | | | **/    /** | |  | |
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| **LOCAL HEALTH DEPARTMENT USE ONLY** | | | | | | | | | | | | | | | | | | | |
| Initial Date of Report to Public Health:  **/    /**  Initial Source of Report to Public Health:  Health Care Provider (specify):  Hospital  Private clinic/practice  Health Department  Correctional facility  Laboratory  Other | | | | | | | | Is the patient part of an outbreak of this disease?  Yes  No | | | | | | | | | | | |
| Outbreak setting:  Household/Community (specify index case):  Restaurant/Retail  Child Care  Long term care  Healthcare setting  Migrant Worker Camp | | | | | | | | | Adult care home  Assisted living facility  Adult day care  School  Prison  Other | | |
| Name of facility:  Address of facility: | | | | | | | | | | | |
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| **DISEASES AND CONDITIONS REPORTABLE IN NORTH CAROLINA** | | | | | | | | | | | | | | | | | | | |
| Physicians must report these diseases and conditions to the county local health department, according to the **North Carolina Administrative Code: 10A NCAC 41A.0101 Reportable Diseases and Conditions** (see below). Contact information for local health departments can be accessed at **www.ncalhd.org/directors**. If you are unable to contact your local health department, call the 24/7 pager for NCDHHS, Communicable Disease Branch **(919) 733-3419**.  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://epi.publichealth.nc.gov/cd/report.html** | | | | | | | | | | | | | | | | | | |
| **Disease/Condition Reportable to Local Health Department Within a Specific Timeframe** | | | | | | | | | | | | | | | | | | |
| Acquired immune deficiency syndrome (AIDS) – 24 hours  Acute flaccid myelitis – 7 days  Anaplasmosis – 7 days  Anthrax – immediately  Arboviral infection, neuroinvasive (WNV, LAC, EEE, other, unspecified) – 7 days  Babesiosis – 7 days  Botulism – immediately  Brucellosis – 7 days  Campylobacter infection – 24 hours  Candida auris – 24 hours  Carbapenem-Resistant Enterobacteriaceae (CRE) – 24 hours  Chancroid – 24 hours  Chikungunya virus infection – 24 hours  Chlamydial infection (laboratory confirmed) – 7 days  Cholera – 24 hours  COVID-19: see Novel coronavirus  Creutzfeldt-Jakob disease – 7 days  Cryptosporidiosis – 24 hours  Cyclosporiasis – 24 hours  Dengue – 7 days  Diphtheria – 24 hours  Escherichia coli, shiga toxin-producing infection – 24 hours  Ehrlichiosis – 7 days  Foodborne disease, including Clostridium perfringens, staphylococcal,  Bacillus cereus, and other and unknown causes – 24 hours  Gonorrhea – 24 hours  Granuloma inguinale – 24 hours  Haemophilus influenzae, invasive disease – 24 hours  Hantavirus infection – 7 days  Hemolytic-uremic syndrome (HUS) – 24 hours  Hemorrhagic fever virus infection – immediately  Hepatitis A – 24 hours  Hepatitis B – 24 hours  Hepatitis B carriage or perinatally acquired – 7 days  Hepatitis C, acute – 7 days  Human immunodeficiency virus (HIV) infection confirmed – 24 hours  Influenza virus infection causing death – 24 hours  Interferon-gamma release assay (IGRA), all results – 7 days  Legionellosis – 7 days  Leprosy – 7 days  Leptospirosis – 7 days  Listeriosis – 24 hours  Lyme disease – 7 days  Lymphogranuloma venereum – 7 days | | | | | | | | | | | Malaria – 7 days  Measles (rubeola) – immediately  Meningitis, pneumococcal – 7 days  Meningococcal disease, invasive – 24 hours  Middle East respiratory syndrome (MERS) – 24 hours  Monkeypox – 24 hours  Mumps – 7 days  Nongonococcal urethritis – 7 days  Novel coronavirus infection causing death – 24 hours  Novel coronavirus infection – immediately  Novel influenza virus infection – immediately  Ophthalmia neonatorum – 24 hours  Plague – immediately  Paralytic poliomyelitis – 24 hours  Pelvic inflammatory disease – 7 days  Pertussis (whooping cough) – 24 hours  Psittacosis – 7 days  Q fever – 7 days  Rabies, human – 24 hours  Rubella – 24 hours  Rubella congenital syndrome – 7 days  Salmonellosis – 24 hours  Severe acute respiratory syndrome (SARS) – 24 hours  Shigellosis – 24 hours  Smallpox – immediately  Spotted fever rickettsiosis (including RMSF)– 7 days  Staphylococcus aureus with reduced susceptibility to vancomycin – 24 hours  Streptococcal infection, Group A, invasive disease – 7 days  Syphilis, primary, secondary, early latent, late latent, late with clinical manifestations, congenital – 24 hours  Tetanus – 7 days  Toxic shock syndrome, non-streptococcal or streptococcal – 7 days  Trichinosis – 7 day  Tuberculosis – 24 hours  Tularemia – immediately  Typhoid fever, acute (Salmonella typhi) – 24 hours  Typhoid carriage (Salmonella typhi) – 7 days  Typhus, epidemic (louse-borne) – 7 days  Vaccinia – 24 hours;  Varicella (chickenpox) – 24 hours  Vibrio infection (other than cholera & vulnificus) – 24 hours  Vibrio vulnificus – 24 hours  Yellow fever – 7 days  Zika virus – 24 hours | | | | | | | |
| You may be contacted by the local health department for additional information about this case. Medical record information relevant to the investigation and/or control of a communicable disease is exempt from the HIPAA Privacy Rule (see 45 CFR 164.512(a) ) and is permitted as an exception to confidentiality of records in NC State Law GS § 130 A-130.  **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: | | | | | | | | | | | | | | | | | | |
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