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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 thisdisease event to the local health department. |
| **CONFIDENTIAL COMMUNICABLE DISEASE REPORT – PART 1** |  |
|  | **NAME OF DISEASE/CONDITION** |  |
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| 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 hospitalizedfor this disease?(>24 hours)[ ]  Yes [ ]  NoDate **/    /** | Did patient die fromthis disease?[ ]  Yes [ ]  No | Is the patientpregnant?[ ]  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 [ ]  UnknownIf 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. |
| SpecimenDate | Specimen # | SpecimenSource | Type of Test | TestResult(s) | Description (comments) | Result Date | Lab Name –City/State |
| **/    /** |  |  |  |  |  | **/    /** |  |
| **/    /** |  |  |  |  |  | **/    /** |  |
| **/    /** |  |  |  |  |  | **/    /** |  |
| **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 hoursAcute flaccid myelitis – 7 daysAnaplasmosis – 7 daysAnthrax – immediatelyArboviral infection, neuroinvasive (WNV, LAC, EEE, other, unspecified) – 7 daysBabesiosis – 7 daysBotulism – immediatelyBrucellosis – 7 daysCampylobacter infection – 24 hoursCandida auris – 24 hoursCarbapenem-Resistant Enterobacteriaceae (CRE) – 24 hoursChancroid – 24 hoursChikungunya virus infection – 24 hoursChlamydial infection (laboratory confirmed) – 7 daysCholera – 24 hoursCOVID-19: see Novel coronavirusCreutzfeldt-Jakob disease – 7 daysCryptosporidiosis – 24 hoursCyclosporiasis – 24 hoursDengue – 7 daysDiphtheria – 24 hoursEscherichia coli, shiga toxin-producing infection – 24 hoursEhrlichiosis – 7 daysFoodborne disease, including Clostridium perfringens, staphylococcal, Bacillus cereus, and other and unknown causes – 24 hoursGonorrhea – 24 hoursGranuloma inguinale – 24 hoursHaemophilus influenzae, invasive disease – 24 hoursHantavirus infection – 7 daysHemolytic-uremic syndrome (HUS) – 24 hoursHemorrhagic fever virus infection – immediatelyHepatitis A – 24 hoursHepatitis B – 24 hoursHepatitis B carriage or perinatally acquired – 7 daysHepatitis C, acute – 7 daysHuman immunodeficiency virus (HIV) infection confirmed – 24 hoursInfluenza virus infection causing death – 24 hoursInterferon-gamma release assay (IGRA), all results – 7 daysLegionellosis – 7 daysLeprosy – 7 daysLeptospirosis – 7 daysListeriosis – 24 hoursLyme disease – 7 daysLymphogranuloma venereum – 7 days | Malaria – 7 daysMeasles (rubeola) – immediatelyMeningitis, pneumococcal – 7 daysMeningococcal disease, invasive – 24 hoursMiddle East respiratory syndrome (MERS) – 24 hoursMonkeypox – 24 hoursMumps – 7 daysNongonococcal urethritis – 7 daysNovel coronavirus infection causing death – 24 hoursNovel coronavirus infection – immediatelyNovel influenza virus infection – immediatelyOphthalmia neonatorum – 24 hoursPlague – immediatelyParalytic poliomyelitis – 24 hoursPelvic inflammatory disease – 7 daysPertussis (whooping cough) – 24 hoursPsittacosis – 7 daysQ fever – 7 daysRabies, human – 24 hoursRubella – 24 hoursRubella congenital syndrome – 7 daysSalmonellosis – 24 hoursSevere acute respiratory syndrome (SARS) – 24 hoursShigellosis – 24 hoursSmallpox – immediatelySpotted fever rickettsiosis (including RMSF)– 7 daysStaphylococcus aureus with reduced susceptibility to vancomycin – 24 hoursStreptococcal infection, Group A, invasive disease – 7 daysSyphilis, primary, secondary, early latent, late latent, late with clinical manifestations, congenital – 24 hoursTetanus – 7 daysToxic shock syndrome, non-streptococcal or streptococcal – 7 daysTrichinosis – 7 dayTuberculosis – 24 hoursTularemia – immediatelyTyphoid fever, acute (Salmonella typhi) – 24 hoursTyphoid carriage (Salmonella typhi) – 7 daysTyphus, epidemic (louse-borne) – 7 daysVaccinia – 24 hours;Varicella (chickenpox) – 24 hoursVibrio infection (other than cholera & vulnificus) – 24 hoursVibrio vulnificus – 24 hoursYellow fever – 7 daysZika 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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