

**North Carolina 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.

Durham County Health Department  
Communicable Disease Control  
414 East Main Street  
Durham, NC 27701

Telephone: (919) 560-7600  
Fax: (919) 560-7716

**Confidential Communicable Disease Report—Part 1**

**NC DISEASE CODE**  
(see reverse side for code)

Patient's Last Name		First	Middle	Suffix	Maiden/Other	Alias
Birthdate (mm/dd/yyyy)		Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans.		Parent or Guardian (of minors)		Patient Identifier SSN
Patient's Street Address			City	State	ZIP	County Phone ( ) -
Age	Age Type <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> Days	Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander		Ethnic Origin <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Was patient hospitalized for this disease? (>24 hours) <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient is associated with (check all that apply): <input type="checkbox"/> Child Care (child, household contact, or worker in child care) <input type="checkbox"/> School (student or worker) <input type="checkbox"/> College/University (student or worker) <input type="checkbox"/> Food Service (food worker) <input type="checkbox"/> Health Care (health care worker)				In what geographic location was the patient MOST LIKELY exposed? <input type="checkbox"/> In patient's county of residence <input type="checkbox"/> Outside county, but within NC - County: _____ <input type="checkbox"/> Out of state - State/Territory: _____ <input type="checkbox"/> Out of USA - Country: _____ <input type="checkbox"/> Unknown		Did patient die from this disease? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Is the patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**CLINICAL INFORMATION**

Is/was patient symptomatic for this disease? ..... <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	If a sexually transmitted disease, give specific treatment details:
If yes, symptom onset date (mm/dd/yyyy): ___/___/___	1. Date patient treated:(mm/dd/yyyy) _____
SPECIFY SYMPTOMS:	2. Date patient treated:(mm/dd/yyyy) _____
	Medication _____
	Medication _____
	Dosage _____
	Dosage _____
	Duration _____
	Duration _____

**DIAGNOSTIC TESTING**

Provide lab information below OR attach a copy of lab results.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name— City/State
/ /						/ /	
/ /						/ /	
/ /						/ /	

Reporting Physician/Practice: _____ Contact Person/Title: _____ Phone: ( ) - Fax: ( ) -	Health Care Provider for this disease (if not reporting physician): _____ Contact Person/Title: _____ Phone: ( ) - Fax: ( ) -
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**LOCAL HEALTH DEPARTMENT USE ONLY**

Initial Date of Report to Public Health: ___/___/___	Is the patient part of an outbreak of this disease? <input type="checkbox"/> Yes <input type="checkbox"/> No
Initial Source of Report to Public Health: <input type="checkbox"/> Health Care Provider (specify): <input type="checkbox"/> Hospital <input type="checkbox"/> Private clinic/practice <input type="checkbox"/> Health Department <input type="checkbox"/> Correctional facility	Outbreak setting: <input type="checkbox"/> Restaurant/Retail (name): _____ <input type="checkbox"/> Household (specify index case): _____ <input type="checkbox"/> Child Care (name): _____ <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Laboratory <input type="checkbox"/> Other	<input type="checkbox"/> Community (specify index case): _____

## 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**

<b>A-G</b>	
<b>ANTHRAX</b> .....	3
<b>BOTULISM, <i>FOODBORNE</i></b> .....	10
<b>BOTULISM, <i>INTESTINAL (INFANT)</i></b> .....	110
<b>BOTULISM, <i>WOUND</i></b> .....	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
<b>HEMORRHAGIC FEVER VIRUS INFECTION</b> .....	68
Hepatitis A.....	14
Hepatitis B, acute.....	15
HIV/AIDS.....	900
HIV.....	900
AIDS.....	950
Influenza pediatric death (<18 years).....	73
Listeriosis.....	64
Measles (rubeola).....	22
Meningococcal disease, invasive.....	27
Monkeypox.....	72
<b>NOVEL INFLUENZA VIRUS INFECTION</b> .....	75

#### **O-U**

Ophthalmia neonatorum.....	345
Pertussis (Whooping Cough).....	47
<b>PLAGUE</b> .....	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
<b>SMALLPOX</b> .....	69
Syphilis.....	710
primary.....	710
secondary.....	720
early latent.....	730
latent, unknown duration.....	740
late latent.....	745
late with symptoms.....	750
neurosyphilis.....	760
congenital.....	790
Tuberculosis.....	TB
<b>TULAREMIA</b> .....	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**

<b>A-G</b>	
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.....	98

#### **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.....	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**

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.