

**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 Health Center  
 35 Woodfin Street  
 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  
 Asian  Other  Unknown  
 Ethnic Origin  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**

| <b>A-G</b>                                      |     |
|---|-----|
| <b>ANTHRAX</b> .....                            | 3   |
| <b>BOTULISM, FOODBORNE</b> .....                | 10  |
| <b>BOTULISM, INFANT</b> .....                   | 110 |
| <b>BOTULISM, WOUND</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,<br>invasive disease.....   | 23  |
| Hemolytic-uremic syndrome (HUS).....               | 59  |
| <b>HEMORRHAGIC FEVER VIRUS<br/>INFECTION</b> ..... | 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  |
| <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   |     |
| 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.....                        | 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**