



NOTIFIABLE DISEASE/ CONDITION REPORT FORM

All Georgia physicians, laboratories, and other health care providers are required by law to report patients with conditions of public health concern listed on the reverse of the enclosed form 3095. Both lab-confirmed and clinical diagnoses are reportable within the time intervals specified.

Reporting enables appropriate public health follow-up for your patients, helps identify outbreaks, and provides a better understanding of disease trends in Georgia. For the latest information from the DHR, Division of Public Health, visit their web site at: www.health.state.ga.us

District Health Office Contact Information

Northwest Health District

Epidemiology Section
1305 Redmond Circle
Bldg. 614
Rome, GA 30165-1391
Phone (706) 295-6656
FAX (706) 802-5342

North Georgia Health District

Infectious Disease Department
100 West Walnut Ave., Suite 92
Dalton, GA 30720-8417
Phone (706) 272-2342
FAX (706) 272-2929

North Health District

1280 Athens Street
Gainesville, GA 30507-7000
Phone (770) 535-5743
FAX (770) 535-5958

Cobb and Douglas Public Health

Center for Health Assessment
1650 County Services Pkwy., SW
Marietta, GA 30008-4010
Phone (770) 514-2432
FAX (770) 514-2313

Fulton Health District

Fulton County Department of
Health and Wellness
Office of Epidemiology
99 Jessie Jr. Dr., SE
Atlanta, GA 30303-3045
Phone (404) 730-1391
FAX (404) 730-1397

Clayton County Board of Health District

Administrative Office
1380 Southlake Plaza Dr.
Morrow, GA 30260-1756
Phone (770) 961-1330
FAX (770) 961-8370

East Metro Health District

Epidemiology & Communicable
Disease Unit
324 West Pike Street
P.O. Box 897
Lawrenceville, GA 30046-0897
Phone (770) 339-4260
After hours (404) 323-1910
FAX (770) 339-5971

DeKalb Health District

Office of Infectious Diseases
445 Winn Way
P.O. Box 987
Decatur, GA 30031-1701
Phone (404) 508-7851
FAX (404) 508-7813

LaGrange Health District

122 Gordon Commercial Dr.
Suite A
LaGrange, GA 30240-5740
Phone (706) 845-4035
FAX (706) 845-4038

South Central Health District

2121-B Bellevue Road
Dublin, GA 31021-2998
Phone (478) 275-6545
FAX (478) 275-6575

North Central Health District

Infectious Disease Unit Supervisor
811 Hemlock Street
Macon, GA 31201-2198
Phone (478) 751-6214
FAX (478) 752-1710

East Central Health District

1916 North Leg Rd.
Augusta, GA 30909-4437
Phone (706) 667-4342
FAX (706) 667-4728

West Central Health District

Epidemiology Unit
2100 Comer Ave.
P.O. Box 2299
Columbus, GA 31902-2299
Phone (706) 321-6300
FAX (706) 321-6155

South Health District

Epidemiology
312 North Patterson Street
P.O. Box 5147
Valdosta, GA 31603-5147
Phone (229) 333-5290
FAX (229) 259-5003
Toll Free 866-801-5360

Southwest Health District

1306 S. Slappey Blvd., Suite L
Albany, GA 31701
Phone (229) 430-7870
FAX (229) 430-2920

East Health District

Epidemiology Unit
P.O. Box 15879
Savannah, GA 31416-2579
Phone (912) 353-3125
FAX (912) 353-5195

Southeast Health District

Office of Infectious Disease
1115 Church Street, Suite A
Waycross, GA 31501-3525
Phone (912) 285-6022 (24 hr)
FAX (912) 284-2522

Coastal Health District

Office of Infectious Diseases
777 Gloucester
Brunswick, GA 31522
Phone (912) 262-3092
FAX (912) 261-1964

Northeast Health District

Epidemiology Section
220 Research Drive
Athens, GA 30605-2738
Phone (706) 583-2868
FAX (706) 369-5640

State Contact Information

Notifiable Diseases

Epidemiology Section
Division of Public Health
2 Peachtree Street, N.W.
14th Floor
Atlanta, GA 30303-3142
Phone (404) 657-2588
FAX (404) 657-2608

GEORGIA NOTIFIABLE DISEASE/CONDITION REPORT FORM

REPORT CASES BY MAIL, FAX OR PHONE TO DISTRICT HEALTH OFFICE
OR TO SENDSS (<http://sendss.state.ga.us>)

Disease/Condition _____

Medical Record Number _____

PATIENT DEMOGRAPHICS

Patient's Name

Last Name _____ First Name _____ MI _____

Patient's Address

Street _____

City _____ State _____ Zip+4 _____ County _____

() _____ () _____ () _____

Patient's Home Phone _____ Patient's Work Phone _____ Patient's Other Phone _____

Date of Birth _____ / _____ / _____		Age _____	Age Type
			<input type="checkbox"/> Yrs
			<input type="checkbox"/> Mos
			<input type="checkbox"/> Weeks
			<input type="checkbox"/> Days
			<input type="checkbox"/> Unk
Ethnicity		Sex	
<input type="checkbox"/> Hispanic		<input type="checkbox"/> Male	
<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Female	
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown	
Race			
<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian or Pacific Islander	
<input type="checkbox"/> Black/African-American		<input type="checkbox"/> Other	
<input type="checkbox"/> Native American or Alaska Native		<input type="checkbox"/> Unknown	
<input type="checkbox"/> Multiracial		<input type="checkbox"/> White	

CLINICAL INFORMATION

Illness Onset Date _____ / _____ / _____

Hospitalized Emergency Rm	Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Outpatient	Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Died? <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> UNK
Date of Death: _____ / _____ / _____

If hospitalized, complete:

Hospital Name _____

Admit Date _____

Discharge Date _____

LABORATORY INFORMATION *Report Hepatitis information in Viral Hepatitis box below

Specimen Collection Date	Test Name (ex. Culture, IFA, IGM, EIA)	Specimen Type (ex. Stool, Blood, CSF)	Result (ex. +/-, titer, Presumptive)	Species / Serotype	Lab Name

ADDITIONAL INFORMATION

	Yes	No	UNK
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Home or other Chronic Care Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child In Daycare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daycare Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prisoner/Detainee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Handler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outbreak Related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel in Last 4 Weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*VIRAL HEPATITIS

Date of test(s) _____

		Pos	Neg	UNK
Hepatitis A	Total anti-HAV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	IgM anti-HAV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HBsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	Total anti-HBc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	IgM anti-HBc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	anti-HCV (EIA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	anti-HCV signal to cut-off ratio	_____		
	RIBA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HCV RNA (PCR, bDNA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All	ALT(SGPT) _____	AST (SGOT) _____		

REPORTER INFORMATION

Report Date _____ / _____ / _____

Reporter Name _____

Reporter Phone () _____

Reporter Institution _____

Physician Name _____

Physician Phone () _____

Comments/Symptoms/Treatment:

Local Use Only

State Use Only

Additional form completed

Name: _____

Need More 3095 Forms

Entered into SENDSS



NOTIFIABLE DISEASE/ CONDITION REPORTING

All Georgia physicians, laboratories, and other health care providers are required by law to report patients with the following conditions. Both lab-confirmed and clinical diagnoses are reportable within the time interval specified below.

Reporting enables appropriate public health follow-up for your patients, helps identify outbreaks, and provides a better understanding of disease trends in Georgia. For the latest information from the DHR, Division of Public Health, visit their web site at: www.health.state.ga.us

REPORT IMMEDIATELY

- any cluster of illnesses
- animal bites
- ▶ anthrax
- all acute arboviral infections:
 - Eastern Equine Encephalitis (EEE)
 - LaCrosse Encephalitis (LAC)
 - St. Louis Encephalitis (SLE)
 - West Nile Virus (WNV)
- ▶ botulism
- ▶ brucellosis
- cholera
- diphtheria
- E. coli* O157:H7
- Haemophilus influenzae* (invasive)*
- hantavirus pulmonary syndrome
- hemolytic uremic syndrome (HUS)
- hepatitis A (acute)
- measles (rubeola)
- meningitis (specify agent)
- meningococcal disease
- pertussis
- ▶ plague
- poliomyelitis
- ▶ Q fever
- rabies (human & animal)
- severe acute respiratory syndrome (SARS)
- shiga toxin positive tests
- S. aureus* with vancomycin MIC \geq 4 μ g/ml
- ▶ smallpox
- syphilis (congenital & adult)
- tuberculosis
- latent TB infection, under age 5
- ▶ tularemia

REPORT WITHIN 7 DAYS

- AIDS (see below, to report)
- aseptic meningitis
- campylobacteriosis
- chancroid
- Chlamydia trachomatis* (genital infection)
- Creutzfeldt-Jakob Disease (CJD), suspected cases, under age 55
- cryptosporidiosis
- cyclosporiasis
- ehrlichiosis
- giardiasis
- gonorrhea
- HIV (see below, to report)
- hearing impairment (permanent, under age 5)[†]
- hepatitis B
 - acute hepatitis B
 - newly identified HBsAg+ carriers**
 - HBsAg+ pregnant women
- hepatitis C virus infection (past or present)
- influenza associated death (under age 18)
- lead blood level \geq 10 μ g/dL
- legionellosis
- leptospirosis
- listeriosis***
- Lyme disease
- lymphogranuloma venereum
- malaria
- methicillin-resistant *S. aureus* (community-associated)[#]
- mumps
- psittacosis
- Rocky Mountain spotted fever
- rubella (including congenital)
- salmonellosis
- shigellosis
- streptococcal disease, Group A or B (invasive)*
- Streptococcus pneumoniae* (invasive)*
 - report with antibiotic-resistance information
- tetanus
- toxic shock syndrome
- toxoplasmosis
- typhoid
- Vibrio* infections
- yersiniosis

REPORT WITHIN 1 MONTH

- birth defects[‡]
 - maternal death^{##}
- (Report electronically or call Maternal & Child Health Epidemiology Section, 404-657-6448)

REPORT WITHIN 4-6 MONTHS

- benign brain and central nervous system tumors
- cancer (Refer to the web site <http://health.state.ga.us/programs/gccr/reporting.asp>)

Poster Key

- ▶ Potential agent of bioterrorism.
- * Invasive = isolated from blood, bone, CSF, joint, pericardial fluid, peritoneal fluid, or pleural fluid.
- † Hearing impairment is reportable to the Children 1st Program (<http://health.state.ga.us/epi/disease/hearing.asp>).
- ** HBsAg+ = hepatitis B surface antigen positive.
- *** *L. monocytogenes* isolated from any site. Infant mortality is reportable to Vital Records.
- # Resulting in severe illness or death
- ## Maternal deaths during pregnancy or within one year of birth are reportable to Maternal and Child Epidemiology (<http://health.state.ga.us/epi/mch/publications.asp>).
- ‡ Birth defects are reportable to the Georgia Birth Defects Reporting and Information System (<http://health.state.ga.us/epi/disease/birthdefects.asp>).

To Report Immediately

Call:
District Health Office
(See cover for contact information)
or
1-866-PUB-HLTH
(1-866-782-4584)

To Report Within 7 Days

Report cases **electronically** through the State Electronic Notifiable Disease Surveillance System at <http://sendss.state.ga.us>
or
Complete reverse of this Notifiable Disease Report Form and **mail** in an envelope marked CONFIDENTIAL or **fax** to:
District Health Office
(See cover for contact information)

To Report HIV & AIDS

Complete the CDC form 50.42A (available at <http://health.state.ga.us/epi/aidsunit.shtml>) or by calling 1-800-827-9769) and **mail** in an envelope marked CONFIDENTIAL to:
Georgia Division of Public Health, Epidemiology Branch
2 Peachtree St. NW, 14th floor - Office 460
Atlanta, GA 30303-3189