

<p align="center">NC Department of Health and Human Services Division of Public Health • Epidemiology Section Communicable Disease Branch</p>	<p align="center">ATTENTION HEALTH CARE PROVIDERS: Please report relevant clinical findings about this disease event to the local health department where the patient received care.</p>
<p align="center">CONFIDENTIAL COMMUNICABLE DISEASE REPORT – PART 1</p> <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;"> <p align="center">NAME OF DISEASE/CONDITION</p> </div>	<p align="center">Alamance County Health Department</p> <p align="center">24/7 Communicable Disease Line: 336-516-7715</p> <p align="center">Fax number: 336-570-6456</p>

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias
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Birthdate (mm/dd/yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans.	Parent or Guardian (<i>of minors</i>)	Medical Record Number
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Patients Street Address	City	State	ZIP	County	Phone ()
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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"/> Other <input type="checkbox"/> Unknown	Ethnic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Was patient hospitalized for this disease? (>24 hours) <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	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
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<p>Patient is associated with (check all that apply):</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Child Care (child, household contact, or worker in child care)</td> <td><input type="checkbox"/> Correctional Facility (inmate or worker)</td> </tr> <tr> <td><input type="checkbox"/> School (student or worker)</td> <td><input type="checkbox"/> Long Term Care Facility (resident or worker)</td> </tr> <tr> <td><input type="checkbox"/> College/University (student or worker)</td> <td><input type="checkbox"/> Military (active military, dependent, or recent retiree)</td> </tr> <tr> <td><input type="checkbox"/> Food Service (food worker)</td> <td><input type="checkbox"/> Travel (outside continental United States in last 30 days)</td> </tr> <tr> <td><input type="checkbox"/> Health Care (health care worker)</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Migrant Worker Camp</td> <td></td> </tr> </table>	<input type="checkbox"/> Child Care (child, household contact, or worker in child care)	<input type="checkbox"/> Correctional Facility (inmate or worker)	<input type="checkbox"/> School (student or worker)	<input type="checkbox"/> Long Term Care Facility (resident or worker)	<input type="checkbox"/> College/University (student or worker)	<input type="checkbox"/> Military (active military, dependent, or recent retiree)	<input type="checkbox"/> Food Service (food worker)	<input type="checkbox"/> Travel (outside continental United States in last 30 days)	<input type="checkbox"/> Health Care (health care worker)	<input type="checkbox"/> Other	<input type="checkbox"/> Migrant Worker Camp		<p>In what geographic location was the patient MOST LIKELY exposed?</p> <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
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<input type="checkbox"/> Migrant Worker Camp													

CLINICAL INFORMATION		
Is/was patient symptomatic for this disease? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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

LOCAL HEALTH DEPARTMENT USE ONLY													
Initial Date of Report to Public Health: _____ 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 <input type="checkbox"/> Laboratory <input type="checkbox"/> Other: _____	Is the patient part of an outbreak of this disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Outbreak setting: <table style="width:100%;"> <tr> <td><input type="checkbox"/> Household/Community (specify index case):</td> <td><input type="checkbox"/> Adult care home</td> </tr> <tr> <td><input type="checkbox"/> Restaurant/Retail</td> <td><input type="checkbox"/> Assisted living facility</td> </tr> <tr> <td><input type="checkbox"/> Child Care</td> <td><input type="checkbox"/> Adult day care</td> </tr> <tr> <td><input type="checkbox"/> Long term care</td> <td><input type="checkbox"/> School</td> </tr> <tr> <td><input type="checkbox"/> Healthcare setting</td> <td><input type="checkbox"/> Prison</td> </tr> <tr> <td><input type="checkbox"/> Migrant Worker Camp</td> <td><input type="checkbox"/> Other</td> </tr> </table> Name of facility: _____ Address of facility: _____	<input type="checkbox"/> Household/Community (specify index case):	<input type="checkbox"/> Adult care home	<input type="checkbox"/> Restaurant/Retail	<input type="checkbox"/> Assisted living facility	<input type="checkbox"/> Child Care	<input type="checkbox"/> Adult day care	<input type="checkbox"/> Long term care	<input type="checkbox"/> School	<input type="checkbox"/> Healthcare setting	<input type="checkbox"/> Prison	<input type="checkbox"/> Migrant Worker Camp	<input type="checkbox"/> Other
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DISEASES AND CONDITIONS REPORTABLE IN NORTH CAROLINA

Physicians have a responsibility to report specific diseases and conditions to their local health department, as mandated by North Carolina Administrative Code 10A NCAC 41A.0101. Find contact information for your local health department at <https://ncalhd.org/directors/>. If you encounter difficulties reaching them, the Communicable Disease Branch is available for consultation and reporting 24/7 at (919) 733-3419. For diseases requiring immediate reporting (within 24 hours), first contact your local health department by phone. Subsequently, submit a written disease report within 7 days. Access detailed reporting rules and disease report forms here: Reporting rules: <http://epi.publichealth.nc.gov/cd/report.html>
 •Disease report forms: https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/reportable_diseases.html

Diseases/Conditions Reportable to Local Health Department With Specific Timeframes Noted

- 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
- 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
- Mpox – 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: