



**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 this disease event to the local health department.

**CONFIDENTIAL COMMUNICABLE DISEASE REPORT – PART 1**

**NAME OF DISEASE/CONDITION**

Shelby Smith, RN 336-516-7715 shelby.smith@alamance-nc.com  
Christie Sykes, RN 336-266-6468 christie.sykes@alamance-nc.com

24/7 Communicable Disease Line: 336-516-7715  
Fax number: 336-570-6456  
Website: <https://www.alamance-nc.com/healthdept>

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 (of minors)	Medical Record Number
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Patient's 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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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) <input type="checkbox"/> Migrant Worker Camp <input type="checkbox"/> Correctional Facility (inmate or worker) <input type="checkbox"/> Long Term Care Facility (resident or worker) <input type="checkbox"/> Military (active military, dependent, or recent retiree) <input type="checkbox"/> Travel (outside continental United States in last 30 days) <input type="checkbox"/> Other	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
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**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:
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**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: <input type="checkbox"/> Household/Community (specify index case): <input type="checkbox"/> Restaurant/Retail <input type="checkbox"/> Child Care <input type="checkbox"/> Long term care <input type="checkbox"/> Healthcare setting <input type="checkbox"/> Migrant Worker Camp <input type="checkbox"/> Adult care home <input type="checkbox"/> Assisted living facility <input type="checkbox"/> Adult day care <input type="checkbox"/> School <input type="checkbox"/> Prison <input type="checkbox"/> 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](http://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 hours	Malaria – 7 days
Acute flaccid myelitis – 7 days	Measles (rubeola) – immediately
Anaplasmosis – 7 days	Meningitis, pneumococcal – 7 days
Anthrax – immediately	Meningococcal disease, invasive – 24 hours
Arboviral infection, neuroinvasive (WNV, LAC, EEE, other, unspecified) – 7 days	Middle East respiratory syndrome (MERS) – 24 hours
Babesiosis – 7 days	Monkeypox – 24 hours
Botulism – immediately	Mumps – 7 days
Brucellosis – 7 days	Nongonococcal urethritis – 7 days
Campylobacter infection – 24 hours	Novel coronavirus infection causing death – 24 hours
Candida auris – 24 hours	Novel coronavirus infection – immediately
Carbapenem-Resistant Enterobacteriaceae (CRE) – 24 hours	Novel influenza virus infection – immediately
Chancroid – 24 hours	Ophthalmia neonatorum – 24 hours
Chikungunya virus infection – 24 hours	Plague – immediately
Chlamydial infection (laboratory confirmed) – 7 days	Paralytic poliomyelitis – 24 hours
Cholera – 24 hours	Pelvic inflammatory disease – 7 days
COVID-19: see Novel coronavirus	Pertussis (whooping cough) – 24 hours
Creutzfeldt-Jakob disease – 7 days	Psittacosis – 7 days
Cryptosporidiosis – 24 hours	Q fever – 7 days
Cyclosporiasis – 24 hours	Rabies, human – 24 hours
Dengue – 7 days	Rubella – 24 hours
Diphtheria – 24 hours	Rubella congenital syndrome – 7 days
Escherichia coli, shiga toxin-producing infection – 24 hours	Salmonellosis – 24 hours
Ehrlichiosis – 7 days	Severe acute respiratory syndrome (SARS) – 24 hours
Foodborne disease, including Clostridium perfringens, staphylococcal, Bacillus cereus, and other and unknown causes – 24 hours	Shigellosis – 24 hours
Gonorrhea – 24 hours	Smallpox – immediately
Granuloma inguinale – 24 hours	Spotted fever rickettsiosis (including RMSF) – 7 days
Haemophilus influenzae, invasive disease – 24 hours	Staphylococcus aureus with reduced susceptibility to vancomycin – 24 hours
Hantavirus infection – 7 days	Streptococcal infection, Group A, invasive disease – 7 days
Hemolytic-uremic syndrome (HUS) – 24 hours	Syphilis, primary, secondary, early latent, late latent, late with clinical manifestations, congenital – 24 hours
Hemorrhagic fever virus infection – immediately	Tetanus – 7 days
Hepatitis A – 24 hours	Toxic shock syndrome, non-streptococcal or streptococcal – 7 days
Hepatitis B – 24 hours	Trichinosis – 7 day
Hepatitis B carriage or perinatally acquired – 7 days	Tuberculosis – 24 hours
Hepatitis C, acute – 7 days	Tularemia – immediately
Human immunodeficiency virus (HIV) infection confirmed – 24 hours	Typhoid fever, acute (Salmonella typhi) – 24 hours
Influenza virus infection causing death – 24 hours	Typhoid carriage (Salmonella typhi) – 7 days
Interferon-gamma release assay (IGRA), all results – 7 days	Typhus, epidemic (louse-borne) – 7 days
Legionellosis – 7 days	Vaccinia – 24 hours;
Leprosy – 7 days	Varicella (chickenpox) – 24 hours
Leptospirosis – 7 days	Vibrio infection (other than cholera & vulnificus) – 24 hours
Listeriosis – 24 hours	Vibrio vulnificus – 24 hours
Lyme disease – 7 days	Yellow fever – 7 days
Lymphogranuloma venereum – 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: