



DISTRICT 2 PUBLIC HEALTH EPI/ NOTIFIABLE DISEASE REPORTING PROCEDURE

FOCUS: Identify diseases that require immediate public health follow-up and intervention to detect changing trends in disease occurrences and identify areas or communities that require public health response as a result of changes identified; assess and evaluate control and prevention interventions.

The Georgia Department of Public Health conducts surveillance of over 70 notifiable diseases and medical conditions. As required by GA Law 31-12-2, all Georgia physicians, laboratories and other health care providers should report patients with a notifiable disease to their County Health Department, or District Office. Timely reporting of these diseases allows for thorough case investigations to be conducted that may lead to improvements of disease state within a community and the development of necessary public health interventions.

Reporting a Notifiable Disease or Outbreak

To Report Immediately

- Notifiable/reportable disease in Georgia included in the reporting list (Attachment A)
- Cases can be reported to District 2 Phone line: 770-519-7661 / Epi Fax: 770-535-5848
- Or call 1-866-PUB-HLTH (1-866-782-4584)

To Report Within 7 Days

- Report cases electronically through the State Electronic Notifiable Disease Surveillance System (SENDSS)
- Complete a Notifiable Disease Report Form (Attachment B), fax to EPI District Office Fax: 770-535-5848 or mail an envelope marked CONFIDENTIAL to the District Office

DPH Disease reporting link: <https://dph.georgia.gov/epidemiology/disease-reporting>

DPH/District Reporting Contacts: <https://dph.georgia.gov/document/document/ades-reporting-contacts/download>

COVID-19 Reporting

COVID-19 is a priority 1 disease and is reported immediately. Report COVID-19 cases online through the State Electronic Notifiable Disease Surveillance System (SENDSS) or fax to District 2 Epi Fax line: 770-535-5848.

District 2 has specialty teams to address different affected populations. Below is the specialty email contact information. Please email case information, concerns and guidance request to emails below.

d2epireports@dph.ga.gov – daycare, school, gym/recreation center, church, funeral home, wedding venue

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d2epireports1@dph.ga.gov – LTCF/assisted living/nursing home, hospital, private practice, rehab facility, jail/prison

d2epireports2@dph.ga.gov – government facility, workplaces including restaurants, stores, manufacturing, or food processing plants, etc.

RESOURCES

Viral Hepatitis: <https://dph.georgia.gov/epidemiology/viral-hepatitis>

Acute Disease Epidemiology Index: <https://dph.georgia.gov/epidemiology/acute-disease-epidemiology/acute-disease-epidemiology-z-index>

ATTACHMENTS

Attachment A: Notifiable Disease / Condition Reporting List

Attachment B: Georgia Notifiable Disease / Condition Report Form and Instructions

District 2 Epidemiology Contact Info: Marie Brown, Notifiable Disease Director
Office: 770-535-5864 Cell: 770-519-7661
Fax: 770-535-5848 / marie.brown@dph.ga.gov

Notifiable Disease/Condition Reporting List

REPORT IMMEDIATELY

To Report Immediately | Call: District Health Office or **1-866-**

PUB-HLTH (1-866-782-4584)

any cluster of illnesses	novel influenza A virus infections
animal bites	novel respiratory viruses (COVID-19, SARS, MERS, etc.) POSITIVE + NEGATIVE LAB RESULTS, ALL TEST TYPES
▶ anthrax	pertussis
all acute arboviral infections *	▶ plague
▶ botulism	poliomyelitis
▶ brucellosis	▶ Q fever
cholera	rabies (human & animal)
diphtheria	shiga toxin positive tests
<i>E. coli O157</i>	<i>S. aureus</i> with vancomycin MIC > 4µg/ml
<i>Haemophilus influenzae</i> (invasive)+	▶ smallpox
hantavirus pulmonary syndrome	syphilis (adult)
hemolytic uremic syndrome (HUS)	syphilis during pregnancy
hepatitis A (acute)	tuberculosis
measles (rubeola)	latent TB infection in children < 5 years old
▶ melioidosis	▶ tularemia
meningitis (specify agent)	▶ viral hemorrhagic fevers
meningococcal disease (invasive)	

▶ Potential agent of bioterrorism.

+ Invasive = isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.

REPORT WITHIN 1 MONTH

Birth Defects, including fetal deaths of at least 20 weeks gestational age and children under age 6. Information for reporting birth defects is available at dph.georgia.gov/birth-defects-reporting.

Healthcare-associated Infections (HAIs) For facilities required to report HAI data to CMS via NHSN. Report in accordance with the NHSN protocol. Reporting requirements and information available at dph.georgia.gov/notifiable-hai-reporting.

Neonatal Abstinence Syndrome (NAS) Information for reporting NAS is available at dph.georgia.gov/nas.

REPORT WITHIN 6 MONTHS

Benign brain and central nervous system tumors

Cancer

Report forms and reporting information for tumors and cancer is available at dph.georgia.gov/georgia-comprehensive-cancer-registry.

REPORT WITHIN 7 DAYS

AIDS*	– anti-HCV(+) or HCV RNA detected children ages <3 years hepatitis D (Delta virus present with HBsAg); acute and chronic hepatitis E (acute) influenza-associated death (all ages) legionellosis leptospirosis listeriosis*** leprosy or Hansen's disease (Mycobacterium leprae) Lyme disease lymphogranuloma venereum malaria maternal deaths (during pregnancy or within 1 year of end of pregnancy)** MIS-C (multi-system inflammatory syndrome in children) 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 typhoid Varicella (Chickenpox) Vibrio infections yersiniosis
acute flaccid myelitis	
anaplasmosis	
aseptic meningitis	
babesiosis blood	
lead level (all)	
campylobacteriosis	
Carbapenem-resistant Enterobacteriaceae (CRE):	
Enterobacter species, Escherichia coli, and Klebsiella species	
chancroid	
Chlamydia trachomatis (genital infection) Creutzfeldt-Jakob Disease (CJD), suspected cases, under age 55 cryptosporidiosis cyclosporiasis ehrlichiosis giardiasis gonorrhea HIV infection# Perinatal HIV exposure# hearing impairment (permanent under age 5)** hepatitis B – acute hepatitis B – chronic HBsAg(+) or HBV DNA detected infections – HBsAg(+) pregnant women – Perinatal HBV exposure hepatitis C (past or present) – anti-HCV(+) – HCV RNA detected – HCV genotype detected – anti-HCV(+) or HCV RNA detected pregnant women	

REPORT CASES ELECTRONICALLY THROUGH THE STATE ELECTRONIC NOTIFIABLE DISEASE SURVEILLANCE SYSTEM AT <http://sendss.state.ga.us>

* California serogroup virus diseases (including: California encephalitis, Jamestown Canyon, Keystone, La Crosse, Snowshoe hare, Trivittatus virus), Chikungunya Virus Disease, Eastern equine encephalitis virus disease, Powassan virus disease, St. Louis encephalitis virus disease, West Nile virus disease, Western equine encephalitis virus disease, Zika Virus Disease

** Invasive = isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.

*** *L. monocytogenes* isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid, or other normally sterile site; or from placenta or products of conception in conjunction with fetal death or illness. Infant mortality is reportable to Vital Records.

REPORTING FOR OTHER CONDITIONS:

Report forms and reporting information for HIV/AIDS available by phone (1-800-827-9769) OR online (dph.georgia.gov/georgias-hiv-aids-epidemiology-surveillance-section).

For mailing HIV/AIDS reports, please use double envelopes marked "confidential", addressed to Georgia Department of Public Health Epidemiology Section, P.O. Box 2107, Atlanta, GA 30301

Report forms and reporting information for maternal deaths and hearing impairment

(permanent, under age 5) available at dph.georgia.gov/documents/forms-surveys-and-documents.

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 _____
Ethnicity		Sex	<input type="checkbox"/> Yrs
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Mos
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Weeks
<input type="checkbox"/> Unknown			<input type="checkbox"/> Days
			<input type="checkbox"/> Unk
Race			
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or		
<input type="checkbox"/> Black/African-American	Pacific Islander		
<input type="checkbox"/> Native American or	<input type="checkbox"/> Other		
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"/>	Outpatient <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Died? Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/> Date of Death: / /
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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) _____

Test Results

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"/>
Hepatitis B	HBsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total anti-HBc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	IgM anti-HBc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	anti-HCV (EIA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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

Need More 3095 Forms

Additional form completed

Name: _____

Entered into SENDSS

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. Both lab-confirmed and clinical diagnoses are reportable within the time interval 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 DPH, Department of Public Health, visit their web site at: www.health.state.ga.us.

Instructions:

1. Report cases for all diseases, except those noted below, electronically through the State Electronic Notifiable Disease Surveillance System at: <http://sendss.state.ga.us>
OR
Complete reverse of this Notifiable Disease/Condition Report Form and mail, in an envelope marked CONFIDENTIAL, to: District Health Office (see cover for contact information)
OR
Fax to: District Health Office (see cover for contact information).
2. Fill out the form as completely and as timely as possible, including laboratory submissions.
3. Include treatment information for sexually transmitted diseases.
4. Report symptoms and tests needed to establish the diagnosis for viral hepatitis and Lyme disease and other tick-borne diseases.
5. If you mail the form, photocopy the form as your record of reported disease/condition.
6. Report a suspect case of hearing impairment (under age 5) by completing the Children 1st Screening and Referral Form. Report a confirmed case of hearing impairment (under age 5) by completing the Surveillance of Hearing Impairment in Infants and Young Children Form (both forms available at: <http://health.state.ga.us/programs/unhs/reporting.asp>)
7. For Birth Defects, DO NOT USE THIS FORM,
Refer to the Georgia Birth Defects Reporting and Information System (GBDRIS) Reporting Guidelines (available at: <http://health.state.ga.us/epi/mch/birthdefects/gbdris/publications.asp>).
8. For Cancer and Benign Brain Tumor, DO NOT USE THIS FORM,
Refer to the GCCR Policy and Procedure Manual (available at: <http://health.state.ga.us/programs/gccr/reporting.asp>)
AND
Call the Georgia Comprehensive Cancer Registry at 404-463-8919 for how and what to report.
9. For HIV infections and AIDS, DO NOT USE THIS FORM,
Complete the Georgia HIV/AIDS Confidential Case Report Form (available at: <http://health.state.ga.us/epi/hiv aids> or by calling 1-800-827-9769) and mail in an envelope marked CONFIDENTIAL to:

Georgia Department of Public Health, Epidemiology Section
P.O. Box 2107
Atlanta, GA 30301