

EPI/Notifiable Disease Reporting Procedure – Last Updated 07/22/2024

District 2 Epidemiology Contact Information: Notifiable Disease Director
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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 are included in the reporting list below.
- ➔ Cases can be reported to District 2 (Phone: 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 \(SENDSS\)](#), or
- ➔ Complete a [Notifiable Disease Report Form](#) and fax to the EPI District Office (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 through the [State Electronic Notifiable Disease Surveillance System \(SENDSS\)](#) or fax to the District 2 EPI Department (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 requests to the emails below:

- ➔ d2epireports@dph.ga.gov – daycare, school, gym/recreation center, church, funeral home, wedding venue
- ➔ d2epireports1@dph.ga.gov – LTCF/assisted living/nursing home, hospital, private practice, rehab facility, prison/jail
- ➔ d2epireports2@dph.ga.gov – government facility, workplaces including restaurants, stores, manufacturing, food processing plants, etc.

Other Resources

- ➔ [Viral Hepatitis](#)
- ➔ [Acute Disease Epidemiology Index](#)

NOTIFIABLE DISEASE CONDITION REPORTING

All Georgia physicians, laboratories, and other health care providers are required by law to report patients with the following conditions.

LEGEND	
* To be determined in consultation with DPH Epidemiology. Based on public health impact potential. Ultimate decision made by State Health Officer and State Epidemiologist.	*** ALT and total bilirubin associated with hepatitis A, B, or C serology should be reported
** Invasive isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.	**** L. monocytogenes resulting in infant mortality is reportable to Vital Records.
	Potential agent of bioterrorism
SUBMISSION REQUIREMENTS FOR CLINICAL MATERIALS ¹	
All reported cases	Send invasive ² specimens
Hold 7 days and submit if DPH requests	DPH does not routinely test but submission may occur upon DPH approval

REPORT IMMEDIATELY

Call: District Health Office or **1-866-PUB-HLTH (1-866-782-4584)**

all outbreaks/clusters (including infectious and non-infectious causes, toxic substance and drug-related, and any other outbreak)		measles (rubeola)		
		melioidosis		
		meningitis (specify agent when reporting)		
unusual occurrence of disease of public health concern *		meningococcal disease, invasive infections **		
		novel influenza A virus infections		
all acute arboviral infections <ul style="list-style-type: none"> California serogroup viruses (California encephalitis, Jamestown Canyon, keystone, La Crosse, snowshoe hare, trivittatus) chikungunya virus dengue virus equine encephalitis viruses (eastern, Venezuelan, western) Powassan virus St. Louis encephalitis virus yellow fever virus Zika virus 		novel respiratory virus infections (SARS, MERS, etc.)		
		orthopoxvirus infections (i.e., smallpox, mpox)		
		pertussis		
		plague		
		poliomyelitis		
		Q fever		
		rabies (human and animal infections)		
		SARS-CoV-2 infections (COVID-19) <ul style="list-style-type: none"> positive results (excluding antibody and at-home tests) 		
	amebic (free living) infections (<i>Acanthamoeba</i> spp., <i>Balamuthia mandrillaris</i> , <i>Naegleria fowleri</i> , <i>Sappinia</i> spp., etc)			
	animal bites		<i>Staphylococcus aureus</i> infections with vancomycin MIC ≥ 4 mcg / mL	
anthrax		Shiga-toxin producing <i>E. coli</i> infections (including O157)		
botulism		syphilis <ul style="list-style-type: none"> positive non-treponemal or treponemal test during pregnancy congenital 		
brucellosis (<i>Brucella</i> spp. including <i>B. abortus</i> , <i>B. canis</i> , <i>B. melitensis</i> , <i>B. suis</i>)		tuberculosis (TB) <ul style="list-style-type: none"> confirmed or presumed active TB disease, any age latent TB infection (inactive TB) in children <6 		
<i>Cronobacter</i> , Invasive (infants under 1 year of age)		tularemia		
cholera (toxigenic <i>Vibrio cholerae</i>)		viral hemorrhagic fevers		
diphtheria				
<i>Haemophilus influenzae</i> , invasive infections **				
hantavirus pulmonary syndrome (HPS)				
hemolytic uremic syndrome (HUS)				
hepatitis A *** <ul style="list-style-type: none"> reactive anti-HAV IgM 				

Report cases electronically through the state electronic notifiable disease surveillance system at sendss.state.ga.us

For more information:

www.dph.ga.gov/disease-reporting

REPORT WITHIN 7 DAYS			
acute flaccid myelitis (AFM)		hepatitis D (acute and chronic)	
acquired immunodeficiency syndrome (AIDS)#		hepatitis E (acute)	
anaplasmosis		HIV infection#	
aseptic meningitis		• Infection, any stage OR progression to stage 3 (AIDS)	
babesiosis		• Perinatal HIV exposure	
blood lead levels			
campylobacteriosis	A	influenza, RSV, or COVID-19-associated death (all ages)	A
<i>Candida auris</i> infections	A	legionellosis	7
carbapenem-resistant Enterobacterales (CRE) infections	A	leprosy (Hansen's disease) (<i>Mycobacterium leprae</i>)	A
• <i>Enterobacter</i> spp.		leptospirosis	
• <i>Escherichia coli</i>		listeriosis ****	A
• <i>Klebsiella</i> spp.		Lyme disease	
chancroid		malaria	A
<i>Chlamydia trachomatis</i> Infection (including <i>Lymphogranuloma venereum</i>)	A	maternal death (during pregnancy or within 1 year of end of pregnancy)###	
Creutzfeldt-Jakob Disease (CJD), confirmed and suspected cases < 55 years old		multisystem inflammatory syndrome in children (MIS-C)	
cryptosporidiosis	7	mumps	7
cyclosporiasis	A	psittacosis	
ehrlichiosis		rubella (including congenital)	A
giardiasis		salmonellosis (including typhoid fever and paratyphoid fever)	A
gonorrhea	A	shigellosis	A
hearing loss (confirmed or suspected permanent, <6 years old)##		Spotted Fever Rickettsiosis (<i>Rickettsia</i> spp.)	A
hepatitis B (acute and chronic) ***		streptococcal disease, group A or B (invasive) **	7
• reactive HBsAg and all associated HBV lab markers (HBV DNA, anti-HBc IgM, total anti-HBc, anti-HBe, HBeAg, anti-HBs)		<i>Streptococcus pneumoniae</i> infection (invasive) **	7
• detected HBV DNA and all associated HBV lab markers (HBsAg anti-HBc IgM, total anti-HBc, anti-HBe, HBeAg, anti-HBs)		• report with antibiotic-resistance information	
• undetectable HBV DNA		tetanus	
• HBsAg reactive pregnant women		toxic shock syndrome (TSS)	
• perinatal HBV exposures		varicella (chickenpox)	7
• all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 2 years old		vibriosis (<i>Vibrio</i> spp.)	A
hepatitis C (acute and chronic) ***		yersiniosis	A
• reactive anti-HCV (both serology and point-of-care rapid testing)			
• HCV RNA by PCR (both detected and undetected)			
• detected HCV genotype			
• anti-HCV reactive or HCV RNA detected pregnant women			
• perinatal HCV exposures			
• all (positive, negative, indeterminate) anti-HCV and HCV RNA by PCR for children ≤ 3 years of age			

REPORT WITHIN 14 DAYS

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

Report cases electronically through the state electronic notifiable disease surveillance system at sendss.state.ga.us

REPORT WITHIN 1 MONTH

Birth Defects, including fetal deaths of at least 20 weeks gestational age and children < 6 years old.

Information for reporting birth defects 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/epidemiology/healthcare-associated-infections/nhsn-notifiable-reporting.

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/chronic-disease-prevention/georgia-comprehensive-cancer-registry/reporting-cancer.

REPORTING FOR OTHER CONDITIONS

Report forms and reporting requirements available at

dph.georgia.gov/epidemiology/georgias-hiv-aids-epidemiology-section/hiv-aids-case-reporting.

Hearing loss case report form is available at dph.georgia.gov/EHDI.

Reporting information for maternal deaths is available at dph.georgia.gov/maternal-mortality.

¹ **“Clinical materials” is defined as:** **A.** a clinical isolate containing the infectious agent for which submission of material is required; or **B.** if an isolate is not available, material containing the infectious agent for which submission of material is required, in the following order of preference: **(1)** a patient specimen; **(2)** nucleic acid; or **(3)** other laboratory material.

² **“Invasive disease” is defined as:** isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.