



**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**

**Communicable Disease Control  
Buncombe County Health & Human Services – Public Health  
40 Coxe Avenue, Asheville, NC 28801  
Phone: (828) 250-5109  
Fax: (828) 250-6169**

Patient's Last Name                      First                      Middle                      Suffix      Maiden/Other                      Alias

Birthdate (mm/dd/yyyy)      Sex      Parent or Guardian (*of minors*)      Medical Record Number  
 M     F     Trans.

Patients Street Address                      City                      State      ZIP      County                      Phone

Age      Age Type      Race (check all that apply):      Ethnic Origin      Was patient hospitalized for this disease? (>24 hours)      Did patient die from this disease?      Is the patient pregnant?  
 Years       White       Asian       Hispanic       Yes     No       Yes     No       Yes     No  
 Months       Black/African American       Other       Non-Hispanic       No       No       No  
 Weeks       American Indian/Alaska Native       Unknown       Date  
 Days       Native Hawaiian or Pacific Islander

Patient is associated with (check all that apply):  
 Child Care (child, household contact, or worker in child care)       Correctional Facility (inmate or worker)  
 School (student or worker)       Long Term Care Facility (resident or worker)  
 College/University (student or worker)       Military (active military, dependent, or recent retiree)  
 Food Service (food worker)       Travel (outside continental United States in last 30 days)  
 Health Care (health care worker)       Other  
 Migrant Worker Camp

In what geographic location was the patient MOST LIKELY exposed?  
 In patient's county of residence  
 Outside county, but within NC - County:  
 Out of state - State/Territory:  
 Out of USA - Country:  
 Unknown

Is/was patient symptomatic for this disease?      If a sexually transmitted disease, give specific treatment details  
 Yes     No     Unknown      1. Date patient treated:(mm/dd/yyyy)      2. Date patient treated:(mm/dd/yyyy)  
If yes, symptom onset date (mm/dd/yyyy):      Medication:      Medication:  
SPECIFY SYMPTOMS:      Dosage:      Dosage:  
Duration:      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 |
|---------------|------------|-----------------|--------------|----------------|------------------------|-------------|-----------------------|
|               |            |                 |              |                |                        |             |                       |
|               |            |                 |              |                |                        |             |                       |
|               |            |                 |              |                |                        |             |                       |

Reporting Physician/Practice:      Health Care Provider for this disease (if not reporting physician):  
Contact Person/Title:      Contact Person/Title:  
Phone:                      Fax:      Phone:                      Fax:

**LOCAL HEALTH DEPARTMENT USE ONLY**

Initial Date of Report to Public Health:      Is the patient part of an outbreak of this disease?     Yes     No  
Initial Source of Report to Public Health:      Outbreak setting:       Child Care       Adult care home       School  
 Health Care Provider (specify):       Household/Community       Long term care       Assisted living facility       Prison  
 Hospital      (specify index case):       Healthcare setting       Adult day care       Other  
 Private clinic/practice       Restaurant/Retail       Migrant Worker Camp  
 Health Department  
 Correctional facility  
 Laboratory  
 Other  
Name of facility:  
Address of facility:

## 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: