

NOTIFIABLE DISEASE CONDITION REPORTING

District Health Office Contact Information

DISTRICT 1-1 / ROME / Northwest Health District

PHONE: 706-295-6656; FAX: 706-802-5342
www.nwgapublichealth.org
Counties: Bartow, Catoosa, Chattooga, Dade, Floyd, Gordon, Haralson, Paulding, Polk, Walker

DISTRICT 1-2 / DALTON / North Health District

PHONE: 706-529-5757; FAX: 706-529-5752
EMAIL: DPHDistrict1-2EpiTeam@gets.onmicrosoft.com
http://www.nghd.org/
Counties: Cherokee, Fannin, Gilmer, Murray, Pickens, Whitfield

DISTRICT 2 / GAINESVILLE / North Health District

PHONE: 770-519-7661; FAX: 770-535-5848
EMAIL: dphdistrict2epi@gets.onmicrosoft.com
http://www.phdistrict2.org/
Counties: Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, White

DISTRICT 3-1 / MARIETTA / Cobb/Douglas Health District

PHONE: 770-514-2432; FAX: 770-514-2313
http://www.cobbanddouglaspublichealth.org/
Counties: Cobb, Douglas

DISTRICT 3-2 / ATLANTA / Fulton County Board of Health

PHONE: 404-613-1391; FAX: 404-612-3696
EMAIL: FCBOH.EPI@fultoncountyga.gov
http://www.fultoncountygahealth.org/
County: Fulton

DISTRICT 3-3 / JONESBORO / Clayton County Health District

PHONE: 678-610-7199; FAX: 678-610-7781
http://www.claytoncountypublichealth.org/
County: Clayton

DISTRICT 3-4 / LAWRENCEVILLE / East Metro Health District

PHONE: 770-339-4260; FAX: 770-339-5971
http://www.gnrhealth.com/
Counties: Gwinnett, Newton, Rockdale

DISTRICT 3-5 / DECATUR / DeKalb Health District

PHONE: 404-508-7870; FAX: 404-508-7813
EMAIL: dekalbepi@dph.ga.gov
http://www.dekalbhealth.net/
County: DeKalb

DISTRICT 4 / LAGRANGE / District 4 Health District

PHONE: 706-845-4035; FAX1: 706-845-4294; FAX2: 706-845-4038
http://www.district4health.org/
Counties: Butts, Carroll, Coweta, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup, Upson

DISTRICT 5-1 / DUBLIN / South Central Health District

PHONE: 478-275-6571; FAX: 478-275-6575
http://www.southcentralhealth.info/
Counties: Bleckley, Dodge, Johnson, Laurens, Montgomery, Pulaski, Telfair, Treutlen, Wheeler, Wilcox

DISTRICT 5-2 / MACON / North Central Health District

PHONE: 478-751-6303; FAX: 478-751-6074
EMAIL: nchd.epi@dph.ga.gov
http://www.northcentralhealthdistrict.org/
Counties: Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, Wilkinson

DISTRICT 6 / AUGUSTA / East Central Health District

PHONE: 706-667-4263; FAX: 706-667-4792
http://www.ecphd.com/
Counties: Burke, Columbia, Emanuel, Glascock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Wilkes

DISTRICT 7 / COLUMBUS / West Central Health District

PHONE: 706-321-6300; FAX: 706-321-6155
EMAIL: epiD7@dph.ga.gov
http://www.westcentralhealthdistrict.com/
Counties: Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Muscogee, Marion, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Webster

DISTRICT 8-1 / VALDOSTA / South Health District

PHONE: 229-333-5290; FAX: 229-333-7822
EMAIL: shd.epi@dph.ga.gov
http://www.southhealthdistrict.com/
Counties: Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Lanier, Lowndes, Tift, Turner

DISTRICT 8-2 / ALBANY / Southwest Health District

PHONE: 229-352-4275; FAX: 229-430-7853
http://www.southwestgeorgiapublichealth.org/
Counties: Baker, Calhoun, Colquitt, Dougherty, Decatur, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth

DISTRICT 9-1 / SAVANNAH/BRUNSWICK / Coastal Health District

PHONE1: 912-644-5222; PHONE2: 912-644-5232; FAX: 912-335-8794
EMAIL: chd.epidemiology@dph.ga.gov
http://www.gachd.org/
Counties: Bryan, Camden, Chatham, Effingham, Glynn*, Liberty, Long, McIntosh

DISTRICT 9-2 / WAYCROSS / Southeast Health District

PHONE: 912-285-6022; FAX: 912-338-5309
http://www.sehdph.org/
Counties: Appling, Atkinson, Bacon, Brantley, Bulloch, Candler, Charlton, Clinch, Coffee, Evans, Jeff Davis, Pierce, Tattnall, Toombs, Ware, Wayne

DISTRICT 10 / ATHENS / Northeast Health District

PHONE: 706-583-2868; FAX: 706-369-5640
http://www.publichealthathens.com/
Counties: Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, Walton

For more information:

dph.ga.gov/disease-reporting



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

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 <input type="checkbox"/> Yrs <input type="checkbox"/> Mos <input type="checkbox"/> Weeks <input type="checkbox"/> Days <input type="checkbox"/> Unk
Ethnicity		Sex	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown	
Race			
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Native Hawaiian or Pacific Islander	
<input type="checkbox"/> Native American or Alaska Native	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown
		<input type="checkbox"/> White	

CLINICAL INFORMATION

Illness Onset Date
____ / ____ / ____

Hospitalized	Y N UNK	Outpatient	Y N UNK
Emergency Rm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Died? Y N UNK
Date of Death: ____ / ____ / ____

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) _____

		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 () _____

Need More 3095 Forms

Entered into SENDSS

Comments/Symptoms/Treatment: _____

Local Use Only	State Use Only
Additional form completed <input type="checkbox"/>	
Name: _____	