TITLE COMMUNICABLE DISEASE REPORTING

PRINCIPLE: The State of North Carolina and the College of American Pathologists requires that certain pathogenic organisms isolated from patient specimens must be reported to the local health department of the patient within a set time frame depending upon the organism. This action must be documented by the laboratory and records maintained for 2 years.

SCOPE: This procedure applies to the required reporting of communicable diseases to the appropriate health department.

SPECIMEN:

Type: Any suspicious organism that could be listed on the Required Communicable Disease Chart supplied by the Public Health Department at State Laboratory in Raleigh, N.C. Definitive identification is required for reporting.

EQUIPMENT AND MATERIALS:

Materials: To be sent to the patient's home health department:

1. Copy of lab results
2. Copy of patient demographics
3. Completed Communicable Disease Report
4. LIS (Computer if reported electronically)

PROCEDURE - STEPWISE:

1. Reporting 24 Hour Diseases or Conditions
2. Call the attending physician or nurse. Document in the LIS system the person notified, the time, and the date.
3. Complete the “Confidential Communicable Disease Report – Part 1” form with the following:
   1. NC Disease Code (see reverse side of the form)
   2. Patient’s Name
   3. Birthdate
   4. Sex
   5. Parent or Guardian (of minors)
   6. Patient Identifier (Medical Record Number)
   7. SSN (Social Security Number)
   8. Patient’s Address, City, State, and Zip. (Write County if known)
   9. Phone Number
   10. Age
   11. Race
   12. Ethnic Origin
   13. The following is filled out if known

* Was the patient hospitalized for this disease?
* Did patient die from this disease?
* Is the patient pregnant?
* Patient is associated with?
* In what geographic location was the patient MOST LIKELY exposed?
* Is/was patient symptomatic for this disease? If yes, symptom onset date?
* If sexually transmitted disease, give specific treatment details: 1 and 2
  1. Specimen Date, Specimen #, Specimen source, Type of test, Test result(s), Description or comments if needed, Result date, and out Lab Name with City and State.
  2. Skip the Reporting Physician/Practice
  3. Under “Health Care Provider for this disease (if not reporting physician): enter Alamance Regional Medical Center
  4. At Contact Person/Title: enter your name and title
  5. At Phone enter 336-538-7804 and Fax enter 336-538-7822

1. Then fax the completed form with a cover sheet. (Refer to Table 1 - Communicable Disease Call/Fax List) Pre-printed completed Fax Coversheets are located in the Communicable Disease Notebook with the appropriate Health Department information and Cone Health Alamance Regional information. Fill out the transmission date, time, and number of pages including this cover sheet.
2. Attach the transmission status of the fax with the completed form and place in the Communicable Disease Reporting Notebook.
3. Reportable 7 day Diseases and Conditions
4. These require only a form to be sent. (“Organisms that are to be reported within 7 days require only a form to be sent. (“Confidential Communicable Disease Report – Part 1”)
5. Follow steps 3 through 5 above.

Note: 24 hour reportable diseases and conditions can be called to the appropriate County’s Health Department with the initial report. Note: If you are unable to contact your local health department, call the 24/7 pager for N.C. Communicable Disease Branch: (919) 733-3419.

REPORTING RESULTS:

* Reportable Disease/Conditions within 24 hrs.

1. Notify attending physician or nurse and document in the LIS system the first and last name of the person notified, date, and time.
2. Notify the appropriate Health Department. Note: If you are unable to contact your local health department, call the 24/7 pager for N.C. Communicable Disease Branch: (919) 733-3419. Document in the LIS system Health Department notified and the date notified.

* Complete the “Confidential Communicable Disease Report – Part 1” form and fax to the Alamance County Health Department using a pre-printed fax cover sheet located in the Communicable Diseases Manual.

Reportable Disease/Conditions within 7 days

* Complete the “Confidential Communicable Disease Report – Part 1” form and fax to the appropriate Health Department using a pre-printed fax cover sheet located in the Communicable Diseases Manual.

Table 1 – Communicable Disease Call/Fax List

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| --- | --- | --- | --- |
| County- Health Department | Contact Person | Phone Number | Fax Number |
| Alamance | Ayo White | 336-513-5535 | 336-570-6456 |
| Guilford | Tammy or Denise | 336-641-6500 | 336-641-6807 |
| Rockingham | Billy Whitener | 336-342-8356 | 336-342-8356 |

PROCEDURE NOTES:

BIOTERRORISM POTENTIAL: CDC Bioterrorism organisms (anthrax, botulism, plague, smallpox, tularemia, and viral hemorrhagic fever) have been identified as having a high potential for use as bioweapons. They must reported immediately to the Local Health Department even if only suspected or to the General Communicable Disease Control Branch 24-hour number with pager link after hours at 919-733-3419.

REFERENCES:

1. North Carolina Health Department, Division of Public Health, Raleigh, N.C. July, 2006.
2. North Carolina Health Department, DHHS 2124 (Revised January 2009) EPIDEMIOLOGY.

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HISTORY PAGE

SOP Number: MICRO-315

SOP Title: Communicable Disease Reporting

Written By: Mary Alice Penland, Wendy Turner, Leslie Benfield, Shaye K. Yarbrough

Manual in which Hard Copy of this SOP is located: Communicable Disease Manual

Distribution:

Supersedes Procedure:

SOP CHANGE CONTROL

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|  | Approvals | |  | Action | In |
| Mgmt. | Date | Director | Date |  | Effect |
| Jacee | 12/7/16 |  |  | Updated health department information | 12/15/16 |
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