

# New Hampshire Confidential Communicable Disease Report Form 2017

Disease: \_\_\_\_\_

Report Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NH RSA 141-C** and **He-P301** mandate reporting of suspect and confirmed cases of these conditions by healthcare providers and labs.

Report diseases with an (\*) within 24 hours of diagnosis  
All others must be reported within 72 hours of diagnosis

## **PATIENT INFORMATION:**

Name \_\_\_\_\_  
(Last) (First) (M.I.)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Occupation/Employment \_\_\_\_\_

Miscellaneous Information (*check all that apply*):

- Healthcare Worker  Pregnant # of weeks: \_\_\_\_\_  
 Nursing Home Resident  Deceased  
 Child Care Attendee / Worker  Hospitalized  
 Food Service Worker if yes, where? \_\_\_\_\_

Race:  White  Black  Asian  Pacific Islander  Native Am./Alaskan Nat  
 Unknown  Other \_\_\_\_\_

Ethnicity:  Hispanic  Not Hispanic  Unknown

Is patient aware of diagnosis?  Yes  No  Unknown

## **SYMPTOMS AND TREATMENT INFORMATION:**

Symptom Onset Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Diagnosis Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Test: \_\_\_\_\_ Date of Test \_\_\_\_/\_\_\_\_/\_\_\_\_

Specimen Source:  Blood  Cervix  Stool  Urethra  Urine  Rectum  
 Pharynx  Unknown  Other (*specify*): \_\_\_\_\_

Treatment: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Drug: \_\_\_\_\_

Dosage: \_\_\_\_\_ Days: \_\_\_\_\_

## **REPORTING INFORMATION:**

Reported by \_\_\_\_\_ Phone \_\_\_\_\_

Healthcare Provider \_\_\_\_\_ Phone \_\_\_\_\_

Name of Facility \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Notes or additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **How to Report a Communicable Disease**

Business Hours (Monday – Friday 8:00am – 4:30pm): 1-603-271-4496

Toll Free (in NH only) 1-800-852-3345 ext. 4496

After Hours (urgent matters only): 1-603-271-5300

Toll Free After Hours (in NH only): 1-800-852-3345 ext. 5300

Fax: 1-603-271-0545 **DO NOT FAX HIV reports**

Electronically: Call during Business Hours to request an online account

- Acute Flaccid Myelitis
- Acquired Immune Deficiency Syndrome (AIDS)
- Anaplasmosis [Anaplasma Phagocytophilum]
- Anthrax [Bacillus anthracis]\*
- Arboviral infection, including EEE, WNV, Dengue, Powassan, Zika\*
- Babesiosis [Babesia microti]
- Botulism [Clostridium botulinum]\*
- Brucellosis [Brucella abortus]\*
- Campylobacteriosis [Campylobacter species]
- Carbapenem-resistant enterobacteriaceae
- Chlamydial infection [Chlamydia trachomatis]
- Cholera [Vibrio cholerae]\*
- Coccidioidomycosis [Coccidioides immitis]
- Creutzfeldt-Jakob Disease\*
- Cryptosporidiosis [Cryptosporidium parvum]
- Cyclospora infection [Cyclospora cayetanensis]
- Diphtheria [Corynebacterium diphtheriae]\*
- Ehrlichiosis [Ehrlichia species]
- Escherichia coli O157 infection and other shiga toxin producing E. coli
- Giardiasis [Giardia lamblia]
- Gonorrhea [Neisseria gonorrhoeae]
- Haemophilus influenzae, invasive disease, sterile site\*
- Hantavirus Pulmonary Syndrome [Hantavirus]\*
- Hemolytic Uremic Syndrome (HUS)
- Hepatitis, viral: A\*, E,
- Hepatitis, viral: positive B surface antigen in a pregnant woman
- Hepatitis, viral: B, C (new diagnoses from providers only, no lab reporting)
- Human Immunodeficiency Virus (HIV), including perinatal exposure
- Human Immunodeficiency Virus-related CD4+ counts and all viral loads
- Legionellosis [Legionella pneumophila]
- Leprosy, Hansen's disease [Mycobacterium leprae]
- Leptospirosis [Leptospira species]
- Listeriosis [Listeria monocytogenes]
- Lyme disease [Borrelia burgdorferi]
- Malaria [Plasmodium species]
- Measles [Rubeola]\*
- Mumps\*
- Neisseria meningitidis, invasive disease, sterile site\*
- Pertussis [Bordetella pertussis]\*
- Plague [Yersinia pestis]\*
- Pneumococcal disease, invasive [Streptococcus pneumoniae]
- Pneumocystis pneumonia [Pneumocystis jiroveci formerly carinii]
- Poliomyelitis [Polio]\*
- Psittacosis [Chlamydia psittaci]\*
- Rabies in humans or animals\*
- Rocky Mountain Spotted Fever [Rickettsia rickettsii]
- Rubella, including Congenital Rubella Syndrome\*
- Salmonellosis [Salmonella species] (report S. Typhi\* within 24 hours)
- Shigellosis [Shigella species]
- Syphilis, including Congenital Syphilis Syndrome [Treponema pallidum]
- Tetanus [Clostridium tetani]
- Toxic-Shock Syndrome (TSS) [strepococcal or staphylococcal]
- Trichinosis [Trichinella spiralis]
- Tuberculosis disease [Mycobacterium tuberculosis]\*
- Tuberculosis infection, latent (lab reporting only, no provider reporting)
- Tularemia [Francisella tularensis]\*
- Typhoid fever [Salmonella Typhi]\*
- Typhus [Rickettsia prowazekii]\*
- Varicella
- Vibrios [any Vibrio species]\*
- Vancomycin Resistant Staphylococcus aureus (VRSA)\*
- Yersiniosis [Yersinia enterocolitica]
- Any suspect outbreak, cluster of illness, unusual occurrence of disease, or other incident that may pose a public health threat.\*
- Any investigation of suspected or actual incident of diversion of injectable medications in a health care setting.