



**COMMUNICABLE DISEASE REPORT**

Use this form to report all diseases except Tuberculosis, Hansen's Disease, Sexually Transmitted Diseases, or AIDS, to the DOH office in your County.

PATIENT INFORMATION	DATE OF REPORT		PARENT OR GUARDIAN (IF A MINOR)				
	LAST NAME	FIRST	MIDDLE	AGE	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
	ADDRESS (STREET)			CITY	ZIP CODE	ISLAND	
	RACE	HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO	STATUS <input type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST <input type="checkbox"/> MILITARY <input type="checkbox"/> MILITARY DEPENDENT				
PATIENT'S PHONE NO. (RES.)		PATIENT'S PHONE NO. (BUS.)		OCCUPATION		SCHOOL / DAY CARE / WORKPLACE	
MORBIDITY DATA	<b>DISEASE:</b>		<b>DATE OF ONSET:</b>		<b>LABORATORY TEST RESULTS:</b> INDICATE LABORATORY PERFORMING TESTS(S)		
	CHECK APPROPRIATE BOX:						
			<u>PATIENT</u>		<u>HOUSEHOLD MEMBER</u>		
	1) S A FOODHANDLER?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	2) ATTENDS OR WORKS AT A DAY CARE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	3) IS A HEALTHCARE WORKER?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
HOSPITALIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOSPITAL NAME				POSSIBLE SOURCE	
ADMISSION DATE		DAYS HOSPITALIZED		IMPORT STATUS <input type="checkbox"/> IMPORTED <input type="checkbox"/> INDIGENOUS		DATE OF EXPOSURE	
				DIAGNOSIS <input type="checkbox"/> CLINICAL <input type="checkbox"/> LAB CONFIRMED			
REPORTING SOURCE	ATTENDING PHYSICIAN AND ADDRESS / PHONE NO.:			PERSON OR AGENCY REPORTING AND ADDRESS / PHONE NO.:			
	<b>FOR DOH USE ONLY</b>						
	DATE RECEIVED BY DOH:						
	EPILOG NO.			MMWR WEEK NO.			
INVESTIGATOR INITIALS			NETSS RECORD NO.				



**O'ahu**  
P.O.Box 3378  
Honolulu, HI 96801  
Phone: (808) 586-4586  
Fax: (808) 586-4595

**Maui**  
54 High Street  
Wailuku, HI 96793  
Phone: (808) 984-8213  
Fax: (808) 984-8222

**Hawai'i**  
P.O. Box 916  
Hilo, HI 96720  
Phone (808) 933-0912  
Fax: (808) 933-0400

**Kaua'i**  
3040 Umi Street  
Lihue, HI 96766  
Phone (808) 241-3563  
Fax: (808) 241-3480

PLEASE SEND THIS REPORT IN DOH-ADDRESSED ENVELOPE OR FAX REPORT TO THE APPROPRIATE OFFICES ABOVE.

# PHYSICIAN REPORTABLE DISEASES

**URGENT:** Diseases labeled "URGENT" shall be reported by telephone as soon as a provisional diagnosis is established and shall be followed by a written report submitted by mail or fax within three (3) days to the program office as indicated below.

**ROUTINE:** Report by mail, telephone, or fax to the Disease Investigation Branch on O'ahu, or to the appropriate District Health Offices noted below.

**ROUTINE/ENTERIC:** Report by telephone as soon as a working diagnosis is established if the individual case is a FOODHANDLER, DIRECT CARE PROVIDER, OR PRE-SCHOOL AGED CHILD.

**CONFIDENTIAL:** Diseases labeled "CONFIDENTIAL" shall be reported by mail or telephone to the appropriate program noted below.

## DISEASE INVESTIGATION BRANCH

### URGENT

Anthrax  
 Botulism, Foodborne  
 Brucellosis  
 Cholera  
 Congenital Rubella Syndrome  
 Dengue Fever  
 Diphtheria  
 Encephalitis, Meningitis, Arboviral (Alpha viruses [e.g., California Serogroup, Eastern equine, Western equine, Venezuelan equine, Chikungunya virus disease], Flavivirus [Powassan, West Nile, Japanese encephalitis]).  
 Fish Poisoning (ciguatera, scombroid, or hallucinogenic).  
 Foodborne illness: 2 or more ill persons having eaten: (a) a common food, or (b) at a place in common.  
 Glanders  
*Haemophilus influenzae* Serotype b (meningitis, bacteremia, epiglottitis, pneumonia, or isolation from a normally sterile site).  
 Hantavirus Disease  
 Hepatitis A - Also report liver function tests (AST, ALT) conducted at the same time for all patients who are HAV IgM positive.  
 Influenza (Laboratory confirmed cases and outbreaks).  
 Legionellosis  
 Measles (rubeola)  
 Melioidosis  
 Meningococcal Disease (meningitis, meningococemia, or isolation from a normally sterile site).  
 Pertussis  
 Plague

Poliomyelitis  
 Psittacosis  
 Q Fever  
 Rabies  
 Rubella (German Measles)  
 SARS (Severe Acute Respiratory Syndrome)  
 Smallpox  
 Tularemia  
 Typhoid Fever  
 Viral hemorrhagic fevers (Filoviruses [e.g., Ebola, Marburg], and Arenaviruses [e.g., Lassa, Machupo]).  
 West Nile Virus Fever  
 Yellow Fever

### ROUTINE

Botulism, wound or infant  
 Chickenpox - varicella (report individual cases).  
 Cyclosporiasis  
 Enterococcus, Vancomycin-resistant  
 Filariasis  
 Hepatitis B (acute and chronic) - Also report liver function tests (AST, ALT) conducted at the same time for all patients who are HBsAG positive.  
 Hepatitis C (acute) - Also report liver function tests (AST, ALT) conducted at the same time for all patients who are anti-HCV positive.  
 Hepatitis E - Also report liver function tests (AST, ALT) conducted at the same time for all patients who are anti-HCV positive.  
 Leptospirosis  
 Malaria  
 Mumps  
 Pneumococcal disease (meningitis, bacteremia, or isolation from a normally sterile site).

Streptococcal disease, Group A (beta hemolytic, invasive disease including Streptococcal Toxic Shock Syndrome, necrotizing fasciitis, or isolation from a normally sterile site, but not including pharyngitis).  
 Tetanus  
 Toxoplasmosis  
 Trichinosis  
 Typhus (louse, flea, mite-borne)

### ROUTINE/ENTERIC

Amebiasis  
 Campylobacteriosis  
 Cryptosporidiosis  
*Escherichia coli* 0157  
 Giardiasis  
 Hemolytic uremic syndrome (HUS)  
 Hemorrhagic colitis due to *E. coli*, any strain or serotype.  
 Listeriosis  
 Norovirus (NoV) (Report laboratory confirmed cases and outbreaks)  
 Salmonellosis (other than typhoid)  
 Shigellosis  
 Vibriosis (other than cholera)  
 Yersiniosis

### UPON REQUEST

Angiostrongyliasis  
 Hepatitis C (Chronic) - Also report liver function tests (AST, ALT) conducted at the same time for all patients who are anti-HCV positive.  
 Influenza-like illness  
 MRSA (Methicillin-Resistant *Staphylococcus aureus*)  
 Vancomycin Resistant *Staphylococcus aureus* VRSA

**Report to: Disease Investigation Branch/District Health Office**

**O'ahu:** Phone: (808) 586-4586; Fax: (808) 586-4595; and the District Health Office on **Hawai'i:** (808) 933-0912; Fax: (808) 933-0400; on **Kaua'i:** Phone: (808) 241-3563; Fax: (808) 241-3480; on **Mau'i:** Phone: (808) 984-8213; Fax: (808) 243-5141. After hours, weekends, and holidays report to 1-800-360-2575.

## TUBERCULOSIS

### URGENT

**Report to: Tuberculosis Control Program, 1700 Lanakila Avenue, Honolulu, HI 96817, Attn: Registry - Confidential;**  
 Phone: (808) 832-5731 x 26; Fax: (808) 832-5846

## SEXUALLY TRANSMITTED DISEASES

### CONFIDENTIAL

Chlamydia (*Chlamydia trachomatis*)  
 Gonococcal Disease (*Neisseria gonorrhoeae*)  
 Pelvic Inflammatory Disease (PID)  
 Syphilis

**Report to: STD Prevention Program, 3627 Kilauea Avenue, Room 304, Honolulu, HI 96816; Phone: (808) 733-9281; Fax: (808) 733-9291**

## AIDS SURVEILLANCE

### CONFIDENTIAL

Acquired Immunodeficiency Syndrome (CDC Case Definition)  
 HIV (Human Immunodeficiency Virus)

**Report to: AIDS Surveillance Program (Confidential), 3627 Kilauea Avenue, Room 306, Honolulu, HI 96816; Phone: (808) 733-9010**

## HANSEN'S DISEASE

### ROUTINE

**Report to: Hansen's Disease Community Program, 3650 Maunalei Avenue, Honolulu, HI 96816; Phone: (808) 733-9831; Fax: (808) 733-9836**

Refer to **Exhibit A**, Disease Reporting Requirements for Health Care Providers in Hawai'i. Chapter 11-156, Hawai'i Administrative Rules. Effective March 13, 2008.

Refer to **Exhibit C**, Hawai'i Isolation and Control Requirements for the handling of Cases / Suspected Cases, and Contacts. Chapter 11-156, Hawai'i Administrative Rules. Effective March 13, 2008.