

# PLEASE REPORT THESE CONDITIONS AS SOON AS POSSIBLE

## NOTIFIABLE DISEASES

ACQD. IMM. DEF. SYND. (AIDS) (S)  
 AMOEBIASIS  
 ANTHRAX (T)  
 ARBOVIRUSES  
 BABESIOSIS  
 BOTULISM (T)  
 BRUCELLOSIS  
 CAMPYLOBACTERIOSIS  
 CHANCROID (S)  
 CHLAMYDIA (S)  
 CHOLERA  
 COCCIDIOIDOMYCOSIS  
 CREUTZFELDT-JAKOB DISEASE (T)  
 CRYPTOSPORIDIOSIS  
 CYCLOSPORIASIS  
 CYTOMEGALOVIRUS (NEONATAL ONLY)  
 DENGUE FEVER (T)  
 DIPHTHERIA (T)  
 ENTERHEMORRHAGIC E. COLI INCLUDING  
 BUT NOT LIMITED TO E.COLI 0157:H7 (T)  
 EHRlichiosis  
 ENCEPHALITIS  
 FOODBORNE DISEASE OUTBREAKS (T)  
 GIARDIASIS  
 GLANDERS (T)  
 GONORRHEA (S)  
 GRANULOMA INGUINALE (S)  
 GUILLAIN-BARRE  
 HANSEN'S DISEASE (LEPROSY)  
 HANTAVIRUS INFECTION (T)  
 HAEMOPHILUS INFLUENZAE, INVASIVE  
 HEMOLYTIC UREMIC SYNDROME (HUS) (T)

HEPATITIS A (T)  
 HEPATITIS B (S)  
 HEPATITIS C & UNSPECIFIED  
 HERPES (CONGENITAL) (S)  
 HERPES (GENITAL) (N)  
 HISTOPLASMOSIS  
 HUMAN IMMUNODEFICIENCY VIRUS (HIV)  
 HUMAN PAPILLOMAVIRUS  
 (GENITAL WARTS) (S)  
 INFLUENZA  
 INFLUENZA ASSOC. INFANT MORTALITY (T)  
 KAWASAKI SYNDROME  
 LEAD POISONING  
 LEGIONELLOSIS  
 LEPTOSPIROSIS  
 LISTERIOSIS  
 LYME DISEASE  
 LYMPHOGRANULOMA VENEREUM (S)  
 MALARIA  
 MEASLES (T)  
 MELIODIOSIS  
 MENINGITIS (ALL TYPES OTHER THAN  
 MENINGOCOCCAL)  
 MENINGOCOCCAL INFECTIONS  
 (ALL TYPES) (T)  
 MONKEY POX  
 MUMPS (T)  
 NOROVIRUS  
 NOSOCOMIAL DISEASE OUTBREAK (T)  
 PELVIC INFLAMMATORY DISEASE  
 (N. GONORRHEA, C. TRACHOMATIS  
 OR UNSPECIFIED) (S)  
 PERTUSSIS (T)  
 PLAGUE (T)

POLIOMYELITIS (T)  
 PSITTACOSIS  
 Q FEVER  
 RABIES (MAN, ANIMAL) (T)  
 REYE SYNDROME  
 RHEUMATIC FEVER  
 RICIN TOXIN  
 RICKETTSIAL DISEASE  
 ROCKY MOUNTAIN SPOTTED FEVER  
 RUBELLA (T)  
 RUBELLA (CONGENITAL) (T)  
 SALMONELLOSIS  
 SEVERE ACUTE RESPIRATORY  
 SYNDROME (SARS)  
 SHIGATOXIN PRODUCTION  
 SHIGELLOSIS  
 SILICOSIS  
 SMALLPOX  
 STAPHYLOCOCCAL ENTEROTOXIN  
 STREPTOCOCCAL DISEASE  
 (INVASIVE GROUP A OR B)  
 STREPTOCOCCAL TOXIC SHOCK  
 SYNDROME (STSS)  
 SYPHILIS (S)  
 SYPHILIS (CONGENITAL) (T) (S)  
 TETANUS  
 TOXIC SHOCK SYNDROME  
 TOXOPLASMOSIS  
 TRICHINOSIS  
 TUBERCULOSIS (T)  
 TULAREMIA (T)  
 TYPHOID FEVER (T)  
 TYPHUS FEVER (ENDEMIC FLEA BORNE,  
 LOUSE BORNE, TICK BORNE)

VACCINE ADVERSE REACTIONS  
 VARICELLA (CHICKENPOX)  
 VIBRIO, NON-CHOLERA  
 VIRAL HEMORRHAGIC FEVERS (T)  
 WATERBORNE DISEASE OUTBREAKS (T)  
 YELLOW FEVER (T)  
 YERSINIOSIS

**(T)** report by rapid means  
 (telephone, fax or other  
 electronic means)  
**(N)** report in number only when so  
 requested  
**For all diseases not marked by (T)  
 or (N):**  
**(S)** sexually transmitted disease,  
 report required within 24 hours  
**Others -** report required within 48  
 hours

## DRUG RESISTANT ORGANISMS REQUIRED TO BE REPORTED

ENTEROCOCCUS SPECIES,  
 VANCOMYCIN RESISTANT  
 ESBL RESISTANCE (EXTENDED-  
 SPECTRUM β-LACTAMASES)  
 STAPHYLOCOCCUS AUREUS,  
 METHICILLIN RESISTANT (MRSA)  
 STAPHYLOCOCCUS AUREUS,  
 VANCOMYCIN INTERMEDIATE OR  
 RESISTANT (VISA, VRSA)  
 STREPTOCOCCUS PNEUMONIAE,  
 INVASIVE (SENSITIVE AND RESISTANT)

Effective 2/10/2006

----- fold and tape closed -----

### DELAWARE DIVISION OF PUBLIC HEALTH Disease Report Form

Race \_\_\_\_\_  
 Sex \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_

School or Type of Employment \_\_\_\_\_

Disease or Condition \_\_\_\_\_

Date of Onset \_\_\_\_\_

Laboratory Data \_\_\_\_\_

Hospital \_\_\_\_\_

Remarks \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 (please print)

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature of Person Reporting

**NEED MORE CARDS? PHONE 1-888-295-5156**



**NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES**



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 58 DOVER DE

**POSTAGE WILL BE PAID BY ADDRESSEE**

DELAWARE DIVISION OF PUBLIC HEALTH  
BUREAU OF EPIDEMIOLOGY  
JESSE COOPER BUILDING  
417 FEDERAL ST  
DOVER, DE 19901-3636

