Skagit County Confidential Communicable Disease Non-STD Report Form

TO REPORT STDS USE STD CASE REPORT FORM

Disease: Report Date: ____/_____/_____

PATIENT INFORMATION:

Name _____
(Last) (First) (M.I.)

Date of Birth ____/_____/_____ Age _____ ☐ Male ☐ Female ☐MTF ☐FTM

Address _____

City/Town _____ State _____ Zip _____

Phone: Cell_____ Home _____ Work _____

Occupation/Employment _____

Miscellaneous Information *(check all that apply):*

☐ Healthcare Worker
☐ Nursing Home Resident
☐ Child Care Attendee / Worker
☐ Food Service Worker
☐ Pregnant # of weeks: _____
☐ Deceased
☐ Hospitalized
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

Confidential Fax: 360.416.1515
Business Hours (Monday – Friday 8:00am – 4:30pm): 360.416.1500
After Hours (**urgent matters only for healthcare providers**): 360.770.8852

WAC- 246-101 mandates reporting of suspect and confirmed cases of these conditions by healthcare providers and labs.

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

◯ Acute Flaccid Myelitis
◯ Anaplasmosis [Anaplasma Phagocytophilum]
◯ Anthrax [Bacillus anthracis]**
◯ Arboviral disease (acute disease only, including: West Nile virus, dengue, eastern & western equine encephalitis, Zika, etc…)
◯ Babesiosis [Babesia microti]
◯ Botulism [Clostridum botulinum]**
◯ Brucellosis [Brucella abortus]*
◯ Campylobacteriosis [Campylobacter species]
◯ Carbapenem-resistant enterobacteriaceae
◯ Cholera [Vibrio cholerae]**
◯ Coccidioidomycosis [Coccidioides immitis]
◯ 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]
◯ Haemophilus influenzae, (invasive disease, children <5)**
◯ Hantavirus Pulmonary Syndrome [Hantavirus]*
◯ Hepatitis, viral: A, E,*
◯ Hepatitis, viral: B, C, D, (acute/chronic)
◯ Human Immunodeficiency Virus (HIV), including perinatal exposure
◯ Influenza Novel Strain or Death
◯ Legionellosis [Legionella pneumophila]
◯ Leprosy, Hansen's disease [Mycobacterium leprae]
◯ Leptospirosis [Leptospira species]*
◯ Listeriosis [Listeria monocytogenes]*
◯ Lyme disease [Borrelia burgdorferi]
◯ Malaria [Plasmodium species]
◯ Measles [Rubeola], acute**
◯ Meningococcal disease (invasive)**
◯ Monkeypox**
◯ Mumps, acute*
◯ Pertussis [Bordetella pertussis]*
◯ Plague [Yersinia pestis]**
◯ Pneumococcal disease, invasive [Streptococcus pneumoniae]
◯ Poliomyelitis [Polio]**
◯ Psittacosis [Bacterium Chlamydophilia psittaci]*
◯ Prion disease, including Creutzfeldt-Jakob Disease (CJD)
◯ Q fever*
◯ Rabies in humans or animals**
◯ Rocky Mountain Spotted Fever [Rickettsia rickettsii]
◯ Rubella (including Congenital Rubella Syndrome), acute**
◯ Salmonellosis [Salmonella species]*
◯ SARS (Severe Acute Respiratory Syndrome)
◯ Shigellosis [Shigella species]*
◯ Syphilis, including Congenital Syphilis Syndrome [Treponema pallidum]
◯ Tetanus [Clostridium tetani]
◯ Tuberculosis*
◯ Tularemia [Francisella tularensis]**
◯ Typhoid fever [Salmonella Typhi]*
◯ Typhus [Rickettsia prowazekii]*
◯ Varicella Death
◯ Vibriosis [any Vibrio species]*
◯ Yersiniosis [Yersinia enterocolitica]*
◯ Any suspect outbreak, cluster of illness, unusual occurrence of disease, or other incident that may pose a public health threat.**

Adapted from NH DHHS
CD Report Form 2017