



CONFIDENTIAL REPORT OF COMMUNICABLE DISEASES

State Form 43823 (R4 / 2-16)
THIS FORM CONTAINS CONFIDENTIAL
INFORMATION PER 410 IAC 1-2.5-78

DISEASE

Name (last, first, middle initial)			
If child, name of parent (last, first, middle initial)			
Address (number and street)			
City	ZIP code	Occupations of Interest (Not Required For STD's) <i>Check all that apply:</i>	
County		<input type="checkbox"/> Health Care Worker	
Telephone		<input type="checkbox"/> Food Service	
Date of birth (MM / DD / YYYY)		<input type="checkbox"/> School (student/staff)	
		<input type="checkbox"/> Day Care (attende/staff)	
SEX	RACE	ETHNICITY	Name of workplace or school/day care:
<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Female	<input type="checkbox"/> Black	<input type="checkbox"/> Non-Hispanic	
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Multi-racial		
			Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

CLINICAL

Date of diagnosis (MM / DD / YYYY)	
Symptoms	
Onset date (MM / DD / YYYY)	Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No
Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No	Hospital Name
Admission date (MM / DD / YYYY)	Discharge date (MM / DD / YYYY)

LABORATORY

Test	Result
Specimen collection date (MM / DD / YYYY)	Specimen source

TREATMENT

Treatment (name of antibiotic)	Dosage	Treatment date (MM / DD / YYYY)
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PROVIDER

Physician name	Person reporting (other than physician)
Facility / Hospital Name	
Facility telephone number	Person reporting telephone number
Date of report (MM / DD / YYYY)	

LOCAL HEALTH DEPARTMENT USE ONLY

Date of first notification (MM / DD / YYYY)	Follow-up initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of investigator	Investigator telephone number

Reportable Diseases (for reporting requirements, see code 410 IAC 1-2.5-75)

<p>Diseases to be reported on THIS form:</p> <p>Diseases to be reported IMMEDIATELY (upon suspicion) Anthrax Arboviral encephalitis (Eastern Equine, St. Louis, La Crosse, West Nile, California, Western Equine, Powassan, Japanese) Botulism Brucellosis Chikungunya virus Cholera Dengue Diphtheria Eastern equine encephalitis <i>Escherichia coli</i> infection Hantavirus pulmonary syndrome Hemolytic uremic syndrome Hepatitis, viral, Type B, pregnant woman Hepatitis, viral, Type E Japanese encephalitis La Crosse encephalitis Measles Meningococcal disease Plague Poliomyelitis Powassan virus Q fever Rabies in humans or animals Rubella Rubella congenital syndrome Shigellosis Smallpox St. Louis encephalitis Tularemia Typhoid West Nile virus Western equine encephalitis Yellow fever</p>	<p>Diseases to be reported within 24 hours <i>Haemophilus influenzae</i>, invasive disease Mumps Novel influenza A Pertussis</p> <p>Diseases to be reported within 72 hours Anaplasmosis Babesiosis Campylobacteriosis <i>Carbapenemase-producing Carbapenem-resistant Enterobacteriaceae</i> Chancroid <i>Chlamydia trachomatis</i>, genital infection Cryptosporidiosis <i>Cyclospora</i> Cysticercosis Giardiasis Gonorrhea Granuloma inguinale Hansen's disease Hepatitis, viral, Type B Hepatitis, viral, Type C (acute), within five (5) business days Hepatitis, viral, Type Delta Hepatitis, viral, unspecified Histoplasmosis Influenza-associated death (all ages) Legionellosis Leptospirosis Listeriosis Lyme disease <i>Lymphogranuloma venereum</i> Malaria Psittacosis Rabies, postexposure treatment Rocky Mountain spotted fever Salmonellosis <i>Staphylococcus aureus</i> <i>Streptococcus pneumoniae</i> <i>Streptococcus</i>, Group A Syphilis Tetanus Toxic shock syndrome Trichinosis Typhus Varicella Vibriosis Yersiniosis</p>
<p>Diseases reported on a DIFFERENT form Acquired Immunodeficiency Syndrome Animal Bites Human Immunodeficiency Virus Infection Tuberculosis, Cases, Reactors, and Latent Infection</p>	

For questions or emergencies, call the Epidemiology Resource Center at 317-233-7125.
 Please fax completed form to 317-234-2812.