NOTIFIABLE DISEASE
CONDITION REPORTING

All Georgia physicians, laboratories, and other health care providers are required by law to report patients with the following conditions.

LEGEND

* **To be determined** in consultation with DPH Epidemiology. Based on public health impact potential. Ultimate decision made by State Health Officer and State Epidemiologist.

** **Invasive** isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.

*** **ALT and total bilirubin** associated with hepatitis A, B, or C serology should be reported

**** **L. monocytogenes** resulting in infant mortality is reportable to Vital Records.

☢ Potential agent of bioterrorism

SUBMISSION REQUIREMENTS FOR CLINICAL MATERIALS[1]

- A All reported cases
- I Send invasive[2] specimens
- 7 Hold 7 days and submit if DPH requests
- ✓ DPH does not routinely test but submission may occur upon DPH approval

REPORT IMMEDIATELY

Call: District Health Office or **1-866-PUB-HLTH (1-866-782-4584)**

all outbreaks/clusters (including infectious and non-infectious causes, toxic substance and drug-related, and any other outbreak)	
unusual occurrence of disease of public health concern*	
all acute arboviral infections • California serogroup viruses (California encephalitis, Jamestown Canyon, keystone, La Crosse, snowshoe hare, trivitattus) • chikungunya virus • dengue virus • equine encephalitis viruses (eastern, Venezuelan, western) • Powassan virus • St. Louis encephalitis virus • yellow fever virus • Zika virus	✓
amebic (free living) infections (*Acanthamoeba* spp., *Balamuthia mandrillaris*, *Naegleria fowleri*, *Sappinia* spp., etc)	
animal bites	
anthrax ☢	A
botulism ☢	A
brucellosis (*Brucella* spp. including B. *abortus*, B. *canis*, B. *melitensis*, B. *suis*) ☢	A
Cronobacter, Invasive (infants under 1 year of age)	A
cholera (toxigenic *Vibrio cholerae*)	A
diphtheria	A
Haemophilus influenzae, invasive infections**	A
hantavirus pulmonary syndrome (HPS)	✓
hemolytic uremic syndrome (HUS)	✓
hepatitis A*** • reactive anti-HAV IgM	
measles (rubeola)	A
melioidosis ☢	A
meningitis (specify agent when reporting)	7
meningococcal disease, invasive infections**	A
novel influenza A virus infections	A
novel respiratory virus infections (SARS, MERS, etc.)	A
orthopoxvirus infections (i.e., smallpox, mpox) ☢	A
pertussis	A
plague ☢	A
poliomyelitis	A
Q fever ☢	A
rabies (human and animal infections)	A
Staphylococcus aureus infections with vancomycin MIC ≥ 4 mcg / mL	7
Shiga-toxin producing *E. coli* infections (including O157)	A
syphilis • positive non-treponemal or treponemal test • during pregnancy • congenital	A
tuberculosis (TB) • confirmed or presumed active TB disease, any age • latent TB infection (inactive TB) in children <6	A
tularemia ☢	A
viral hemorrhagic fevers ☢	A

Report cases electronically through the state electronic notifiable disease surveillance system at **sendss.state.ga.us**

For more information:
www.dph.ga.gov/disease-reporting

GEORGIA DEPARTMENT OF PUBLIC HEALTH

REPORT WITHIN 7 DAYS

acute flaccid myelitis (AFM)	
acquired immunodeficiency syndrome (AIDS)#	
anaplasmosis	
aseptic meningitis	
babesiosis	
blood lead levels	
campylobacteriosis	A
Candida auris infections	A
carbapenem-resistant Enterobacterales (CRE) infections • *Enterobacter* spp. • *Escherichia coli* • *Klebsiella* spp.	A
chancroid	
Chlamydia trachomatis Infection (including Lymphogranuloma venereum	A
congenital cytomegalovirus, cCMV (≤21 days of age)	
Creutzfeldt-Jakob Disease (CJD), confirmed and suspected cases < 55 years old	
cryptosporidiosis	7
cyclosporiasis	A
ehrlichiosis	
giardiasis	
gonorrhea	A
hearing loss (confirmed or suspected permanent, <6 years old)##	
hepatitis B (acute and chronic) *** • reactive HBsAg and all associated HBV lab markers (HBV DNA, anti-HBc IgM, total anti-HBc, anti-HBe, HBeAg, anti-HBs) • detected HBV DNA and all associated HBV lab markers (HBsAg anti-HBc IgM, total anti-HBc, anti-HBe, HBeAg, anti-HBs) • undetectable HBV DNA • HBsAg reactive pregnant women • perinatal HBV exposures • all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 2 years old	
hepatitis C (acute and chronic) *** • reactive anti-HCV (both serology and point-of-care rapid testing) • HCV RNA by PCR (both detected and undetected) • detected HCV genotype • anti-HCV reactive or HCV RNA detected pregnant women • perinatal HCV exposures • all (positive, negative, indeterminate) anti-HCV and HCV RNA by PCR for children ≤ 3 years of age	
hepatitis D (acute and chronic)	
hepatitis E (acute)	
HIV infection# • Infection, any stage OR progression to stage 3 (AIDS) • Perinatal HIV exposure	
influenza, RSV, or COVID-19-associated death (all ages)	A
legionellosis	7
leprosy (Hansen's disease) (*Mycobacterium leprae*)	A
leptospirosis	
listeriosis ****	A
Lyme disease	
malaria	A
maternal death (during pregnancy or within 1 year of end of pregnancy)###	
multisystem inflammatory syndrome in children (MIS-C)	
mumps	7
psittacosis	
rubella (including congenital)	A
salmonellosis (including typhoid fever and paratyphoid fever)	A
shigellosis	A
Spotted Fever Rickettsiosis (Rickettsia spp.)	
streptococcal disease, group A or B (invasive) **	7
Streptococcus pneumoniae infection (invasive) ** • report with antibiotic-resistance information	7
tetanus	
toxic shock syndrome (TSS)	
varicella (chickenpox)	7
vibriosis (*Vibrio* spp.)	A
yersiniosis	A

REPORT WITHIN 14 DAYS

Neonatal Abstinence Syndrome (NAS). Information for reporting NAS is available at **dph.georgia.gov/nas**.

Report cases electronically through the state electronic notifiable disease surveillance system at **sendss.state.ga.us**

REPORT WITHIN 1 MONTH

Birth Defects, including fetal deaths of at least 20 weeks gestational age and children < 6 years old. Information for reporting birth defects available at **dph.georgia.gov/birth-defects-reporting**.

Healthcare-associated Infections (HAIs). For facilities required to report HAI data to CMS via NHSN. Report in accordance with the NHSN protocol. Reporting requirements and information available at **dph.georgia.gov/epidemiology/healthcare-associated-infections/nhsn-notifiable-reporting**.

REPORT WITHIN 6 MONTHS

Benign brain and central nervous system tumors

Cancer

Report forms and reporting information for tumors and cancer is available at **dph.georgia.gov/chronic-disease-prevention/georgia-comprehensive-cancer-registry/reporting-cancer**.

REPORTING FOR OTHER CONDITIONS

Report forms and reporting requirements available at **dph.georgia.gov/epidemiology/georgias-hivaids-epidemiology-section/hivaids-case-reporting**.

Hearing loss case report form isavailable at **dph.georgia.gov/EHDI**.

Reporting information for maternal deaths is available at **dph.georgia.gov/maternal-mortality**.

[1] **"Clinical materials" is defined as: A.** a clinical isolate containing the infectious agent for which submission of material is required; or **B.** if an isolate is not available, material containing the infectious agent for which submission of material is required, in the following order of preference: **(1)** a patient specimen; **(2)** nucleic acid; or **(3)** other laboratory material.

[2] **"Invasive disease" is defined as:** isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.

Updated: January 2025