



Boston Public Health Commission
Communicable Disease Control Division
 1010 Massachusetts Avenue
 Boston, MA 02118
 Phone: 617-534-5611 Fax: 617-534-5905

Communicable Disease Reporting Form

DIAGNOSIS: _____ **ONSET DATE:** ____/____/____

Case Identification	NAME, LAST		FIRST		DOB ____/____/____			
	STREET ADDRESS			APT. #	CITY		STATE	ZIP
	PHONE ()		CELL PHONE ()		AGE	GENDER <input type="checkbox"/> male <input type="checkbox"/> female		
	RACE <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____							
	ETHNIC ORIGIN <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			NEEDS INTERPRETER? <input type="checkbox"/> yes <input type="checkbox"/> no Language: _____				
	CARETAKER/CONTACT INFO: (if other than case)				PATIENT WORKPLACE:			
	WAS CASE HOSPITALIZED? <input type="checkbox"/> yes <input type="checkbox"/> no If yes: from ____/____/____ to ____/____/____					PATIENT RECORD #		

Laboratory Findings	Viral Hepatitis	Please mail or fax a copy of lab results	Positive	Negative	Result Date	COMMENTS: _____ _____ _____ _____ _____ _____ _____
		Hepatitis A antibody (total)	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
		Hepatitis A antibody (IgM)	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
		Hepatitis B surface antigen*	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
		Hepatitis B core antibody (IgM)	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
		Hepatitis B surface antibody	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
		Hepatitis C antibody	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
	Hepatitis C PCR	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____		
	*If female: Is case pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown If yes, please give EDC: ____/____/____					
	Meningitis	Results				
CSF date: ____/____/____		Protein: _____	Glucose: _____	WBC: _____	RBC: _____	
Check all that apply:						
<input type="checkbox"/> CSF Smear		Results: _____				
<input type="checkbox"/> CSF Culture		Results: _____				
<input type="checkbox"/> CSF Other	Type of Test: _____	Results: _____				
<input type="checkbox"/> Culture (non-CSF)	Specimen Type: _____	Results: _____				
Other	Laboratory Test	Specimen Type	Result	Date		
				____/____/____		
				____/____/____		
				____/____/____		

Reporting	Reporting Source _____ Phone () _____
	Site _____ Address _____ Date ____/____/____
	Primary HC Provider _____
	Facility _____
Phone () _____ Fax () _____	
Diagnosing HC Provider _____	
Facility _____	
Phone () _____ Fax () _____	



**Healthcare providers in Boston must report the following diseases
(suspect or confirmed) to BPHC IMMEDIATELY.**
Phone: (617) 534-5611 or Fax: (617) 534-5905

- **Any case of an Unusual Illness**
- **Any cluster/outbreak of illness**
(including, but not limited to foodborne illness)
- **Anthrax** (*Bacillus anthracis*)
- **Avian Influenza** (H5N1)
- **Botulism** (*Clostridium botulinum*)
- **Brucellosis** (*Brucella*)
- **Diphtheria** (*Corynebacterium diphtheriae*)
- **Haemophilus influenzae, invasive** (all types)
- **Hemolytic uremic syndrome**
- **Hepatitis A** (IgM+ only)
- **Measles**
- **Meningitis, bacterial, community acquired**
- **Meningococcal disease** (*Neisseria meningitidis*), **invasive**
- **Plague** (*Yersinia pestis*)
- **Polio**
- **Rabies in humans**
- **Rubella**
- **Severe Acute Respiratory Syndrome** (SARS)
- **Smallpox**
- **Tetanus** (*Clostridium tetani*)
- **Tularemia** (*Francisella tularensis*)
- **Viral hemorrhagic fever** (any type)

**Healthcare providers in Boston must report the following diseases
(suspect or confirmed) to BPHC within 1 to 2 BUSINESS DAYS.**
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- **Amebiasis** (*Entamoeba histolytica*)
- **Animal Bites**
- **Babesiosis** (*Babesia microti*)
- **Calicivirus infection** (including Norovirus and all others)
- **Campylobacteriosis** (*Campylobacter*)
- **Cholera** (*Vibrio sp.*)
- **Creutzfeldt-Jacob Disease**
- **Cryptococcosis**
(*Cryptococcus neoformans* from CSF or other sterile body fluid)
- **Cryptosporidiosis** (*Cryptosporidium parvum*)
- **Cyclosporiasis** (*Cyclospora cayetanensis*)
- **Dengue Fever**
- **Eastern Equine Encephalitis** (EEE)
- **E. coli O157:H7** (or other shiga toxin producing E. coli)
- **Ehrlichiosis**
(*Ehrlichia canis*, *E. chaffeensis*, *E. equi*, *E. phagocytophila*)
- **Encephalitis, any cause**
- **Enterovirus infections** (CSF only)
- **Food poisoning and toxicity**
(includes poisoning by ciguatera, scombrototoxin, mushroom toxins, tetrodotoxins, paralytic shellfish and amnesic shellfish)
- **Giardiasis** (*Giardia lamblia*)
- **Glanders** (*Burkholderia mallei*)
- **Group A streptococcus**
(from blood, CSF, or other normally sterile body fluid)
- **Group B streptococcus**
(from blood, CSF, or other normally sterile body fluid)
- **Guillain Barré Syndrome**
- **Hantavirus infection**
- **Hepatitis B** (acute or chronic)
- **Hepatitis C** (acute or chronic)
- **Hepatitis - infectious, not otherwise specified**
- **Human Prion disease** (evidence of)
- **Influenza** (culture or rapid test positive)
- **Legionellosis** (*Legionella*)
- **Leprosy or Hansen's Disease** (*Mycobacterium leprae*)
- **Leptospirosis** (*Leptospira*)
- **Listeriosis** (*Listeria*)
- **Lyme disease** (*Borrelia burgdorferi*)
- **Malaria** (*Plasmodium falciparum*, *P. malariae*, *P. vivax*, *P. ovale*)
- **Melioidosis** (*Burkholderia pseudomallei*)
- **Meningitis**, viral (aseptic) or other infectious (non-bacterial)
- **Monkeypox and infection with any other orthopox virus**
- **Mumps**
- **Pertussis** (*Bordetella pertussis*)
- **Psittacosis** (*Chlamydia psittaci*)
- **Q Fever** (*Coxiella burnetii*)
- **Reye Syndrome**
- **Rheumatic Fever**
- **Rickettsialpox** (*Rickettsia akari*)
- **Rocky Mountain Spotted Fever** (*Rickettsia rickettsii*)
- **Salmonellosis** (*Salmonella sp.*, non-typhi)
- **Shiga-like toxin producing organisms**
(any type isolated from humans)
- **Shigellosis** (*Shigella*)
- **Streptococcus pneumoniae**
(from blood, CSF or other normally sterile body fluid)
- **Toxic Shock Syndrome**
- **Toxoplasmosis** (*Toxoplasma gondii*)
- **Trichinosis** (*Trichinella spiralis*)
- **Typhoid Fever** (*Salmonella typhi*)
- **Typhus** (*Rickettsia prowazekii*)
- **Varicella** (chickenpox)
- **West Nile Virus infection**
- **Yellow Fever**
- **Yersiniosis** (*Yersinia enterocolitica*, *Y. pseudotuberculosis*)