



Boston Public Health Commission
 Infectious Disease Bureau
 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		GENDER <input type="checkbox"/> male <input type="checkbox"/> female			
	STREET ADDRESS			APT. #	CITY		STATE	ZIP
	PHONE ()		CELL PHONE ()		DOB ____/____/____		AGE	
	RACE <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____							
	ETHNICITY:			NEEDS INTERPRETER? <input type="checkbox"/> yes <input type="checkbox"/> no Language: _____				
	CARETAKER/CONTACT INFO: (if other than case)				PATIENT WORKPLACE/SCHOOL:			
	WAS CASE HOSPITALIZED? <input type="checkbox"/> yes <input type="checkbox"/> no If yes: from ____/____/____ to ____/____/____						PATIENT RECORD #	

Supporting Lab Findings	Test	Specimen Type	Result	Result Date
				____/____/____
				____/____/____
				____/____/____
				____/____/____
				____/____/____

Other	
Hepatitis B: Is the case pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	
Influenza: Is the case pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	
Chlamydia: Treatment given: _____	Check here if not treated <input type="checkbox"/>
Additional information: _____	

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



BOSTON PUBLIC HEALTH COMMISSION
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Healthcare providers in Boston must report the following diseases (suspect or confirmed) directly to the Boston Public Health Commission

Report suspect or confirmed cases **immediately** by phone to **(617) 534-5611**

Any case of an unusual illness	Plague (<i>Yersinia pestis</i>)
Any cluster/outbreak of illness (including but not limited to foodborne illness)	Poliomyelitis
Anthrax (<i>Bacillus anthracis</i>)	Poxvirus infections in humans, including variola (smallpox), monkeypox, vaccinia, and other orthopox or parapox viruses
Botulism (<i>Clostridium botulinum</i>)	Rabies in humans
Brucellosis (<i>Brucella sp.</i>)	Rubella
Cholera (<i>Vibrio cholerae</i>)	Severe acute respiratory syndrome (SARS)
Coronavirus, novel	Tetanus (<i>Clostridium tetani</i>)
Diphtheria (<i>Corynebacterium diphtheriae</i>)	Tularemia (<i>Francisella tularensis</i>)
Hantavirus infection	Typhoid fever (<i>Salmonella typhi</i>)
Hepatitis A (IgM positive only)	Viral hemorrhagic fevers, including but not limited to infection caused by Ebola virus, Marburg virus, and other filoviruses, arenaviruses, bunyaviruses, and flaviviruses
Influenza A virus, novel	
Measles	
Meningococcal disease, invasive (<i>Neisseria meningitidis</i>)	

Report suspect or confirmed cases **within 1 business day**

Telephone: **(617) 534-5611** or Confidential Fax: **(617) 534-5905** • Reporting forms are available on-line at www.bphc.org

Arbovirus infection, including but not limited to, infection caused by dengue, Eastern Equine Encephalitis virus, West Nile virus, and yellow fever virus	Influenza, deaths in children (<18 years) or pregnant women
Amebiasis (<i>Entamoeba histolytica</i>)	Legionellosis (<i>Legionella sp.</i>)
Anaplasmosis (<i>Anaplasma phagocytophilum</i>)	Leptospirosis (<i>Leptospira sp.</i>)
Animal Bites	Listeriosis (<i>Listeria sp.</i>)
Babesiosis (<i>Babesia sp.</i>)	Lyme disease (<i>Borrelia burgdorferi</i>)
Campylobacteriosis (<i>Campylobacter sp.</i>)	Lymphocytic choriomeningitis
<i>Chlamydia trachomatis</i>	Malaria (<i>Plasmodium falciparum</i> , <i>P. malariae</i> , <i>P. vivax</i> , <i>P. ovale</i> , <i>P. knowlesi</i>)
Creutzfeldt-Jakob disease (CJD) and variant CJD	Melioidosis (<i>Burkholderia pseudomallei</i>)
Cryptococcosis (<i>Cryptococcus neoformans</i>)	Meningitis, bacterial, community acquired
Cryptosporidiosis (<i>Cryptosporidium sp.</i>)	Meningitis, viral (aseptic), and other infectious (non-bacterial)
Cyclosporiasis (<i>Cyclospora cayetanensis</i>)	Mumps
Ehrlichiosis (<i>Ehrlichia sp.</i>)	Noroviruses
Encephalitis, any cause	Pertussis
<i>Escherichia coli</i> O157:H7	Psittacosis (<i>Chlamydophila psittaci</i>)
Foodborne illness due to toxins (including mushroom toxins, ciguatera toxins, scombrotoxin, tetrodotoxin, paralytic shellfish toxin, amnesic shellfish toxin, and others)	Q fever (<i>Coxiella burnetii</i>)
Giardiasis (<i>Giardia sp.</i>)	Reye syndrome
Glanders (<i>Burkholderia mallei</i>)	Rheumatic fever
Group A streptococcus, invasive	Rickettsialpox (<i>Rickettsia akari</i>)
Group B streptococcus, invasive	Rocky Mountain Spotted Fever (<i>Rickettsia rickettsii</i>)
Gonorrhea (<i>Neisseria gonorrhoeae</i>)	Salmonellosis (<i>Salmonella sp.</i> , non typhi)
<i>Haemophilus influenzae</i> , invasive	Shiga-toxin producing organisms isolated from humans, including enterohemorrhagic <i>E. coli</i> (EHEC)
Hansen's disease (leprosy)	Shigellosis (<i>Shigella sp.</i>)
Hemolytic uremic syndrome	<i>Streptococcus pneumoniae</i> , invasive infection
Hepatitis B (acute or chronic)	Syphilis
Hepatitis C (acute or chronic)	Toxic shock syndrome
Hepatitis D	Transfusion or transplant associated infection
Hepatitis E	Trichinosis (<i>Trichinella sp.</i>)
Hepatitis syndrome, acute	Typhus (<i>Rickettsia prowazekii</i>)
Influenza (confirmed by any laboratory test, including point of care tests)	Varicella (chickenpox)
	Vibriosis (<i>Vibrio sp.</i> , non- <i>cholerae</i>)
	Yersiniosis (<i>Yersinia sp.</i>)

CALL (617) 534-5611 FOR MORE INFORMATION OR TO REPORT A DISEASE

The collection of this information is authorized under BPHC Disease Surveillance and Reporting Regulations (promulgated March 30, 2004) and BPHC Amendments to Disease Surveillance and Reporting Regulations (promulgated Oct 13, 2011 and January 10, 2013). These became effective March 11, 2013.