



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 ____/____/____					
	<table border="1"> <tr> <td>Primary HC Provider _____</td> <td>Diagnosing HC Provider _____</td> </tr> <tr> <td>Facility _____</td> <td>Facility _____</td> </tr> <tr> <td>Phone () _____ Fax () _____</td> <td>Phone () _____ Fax () _____</td> </tr> </table>	Primary HC Provider _____	Diagnosing HC Provider _____	Facility _____	Facility _____	Phone () _____ Fax () _____
Primary HC Provider _____	Diagnosing HC Provider _____					
Facility _____	Facility _____					
Phone () _____ Fax () _____	Phone () _____ Fax () _____					

Fax completed form to BPHC, confidential fax # (617) 534-5905
 Additional reporting forms available at www.bphc.org/cdc



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Infectious Disease Reporting to the Boston Public Health Commission

**Healthcare providers and institutions in Boston must report the following diseases
(suspect or confirmed) to the Boston Public Health Commission.**

Report immediately by phone (this includes both suspect and confirmed cases) to (617) 534-5611 and ask for the nurse on-call

Any case of an unusual illness with public health implications	Meningococcal disease, invasive (<i>Neisseria meningitidis</i>)
Any cluster/outbreak of illness (including but not limited to foodborne illness)	Monkeypox or other orthopox virus
Anthrax (<i>Bacillus anthracis</i>)	Plague (<i>Yersinia pestis</i>)
Botulism (<i>Clostridium botulinum</i>)	Polio
Brucellosis (<i>Brucella sp.</i>)	Rabies in humans
Diphtheria (<i>Corynebacterium diphtheriae</i>)	Rheumatic fever
Eastern equine encephalitis	Rubella
Haemophilus influenzae, invasive	Severe acute respiratory syndrome (SARS)
Hantavirus	Smallpox
Hemolytic uremic syndrome	Tetanus (<i>Clostridium tetani</i>)
Hepatitis A (IgM+ only)	Tularemia (<i>Francisella tularensis</i>)
Measles	Typhoid fever (<i>Salmonella typhi</i>)
Meningitis, bacterial, community acquired	Viral hemorrhagic fevers
	West Nile Virus

Report within 1 to 2 business days (this includes both suspect and confirmed cases)

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

Amebiasis (<i>Entamoeba histolytica</i>)	Influenza (confirmed by any lab test)
Anaplasmosis (<i>Anaplasma phagocytophilum</i>)	Legionellosis (<i>Legionella sp.</i>)
Animal Bites	Leptospirosis (<i>Leptospira sp.</i>)
Babesiosis (<i>Babesia sp.</i>)	Listeriosis (<i>Listeria sp.</i>)
Campylobacteriosis (<i>Campylobacter sp.</i>)	Lyme disease (<i>Borrelia burgdorferi</i>)
Chagas disease (<i>Trypanosoma cruzi</i>)	Lymphocytic choriomeningitis
Cholera (<i>Vibrio cholerae</i>)	Malaria (<i>Plasmodium falciparum</i> , <i>P. malariae</i> , <i>P. vivax</i> , <i>P. ovale</i>)
Creutzfeldt-Jakob disease (CJD) and variant CJD	Melioidosis (<i>Burkholderia pseudomallei</i>)
Cryptococcosis (<i>Cryptococcus neoformans</i>)	Meningitis, viral (aseptic), and other infectious (non-bacterial)
Cryptosporidiosis (<i>Cryptosporidium sp.</i>)	Mumps
Cyclosporiasis (<i>Cyclospora cayetanensis</i>)	Norovirus
Dengue Fever	Pertussis (<i>Bordetella pertussis</i>)
Ehrlichiosis (<i>Ehrlichia sp.</i>)	Pneumococcal disease, invasive (<i>Streptococcus pneumoniae</i>)
Encephalitis, any cause	Psittacosis (<i>Chlamydophila psittaci</i>)
Enterovirus (from CSF)	Q fever (<i>Coxiella burnetii</i>)
Escherichia coli O157:H7 (and other shiga-toxin producing E. coli)	Reye syndrome
Food poisoning and toxicity (includes poisoning by ciguatera, scombrotoxin, mushroom toxin, tetrodotoxin, paralytic shellfish and amnesic shellfish)	Rickettsialpox (<i>Rickettsia akari</i>)
Giardiasis (<i>Giardia sp.</i>)	Rocky Mountain spotted fever (<i>Rickettsia rickettsii</i>)
Glanders (<i>Burkholderia mallei</i>)	Salmonellosis (<i>Salmonella sp.</i> , non typhi)
Group A streptococcus, invasive	Shiga-toxin producing organisms
Group B streptococcus, invasive	Shigellosis (<i>Shigella sp.</i>)
Hansen's disease (leprosy)	Toxic shock syndrome
Hepatitis B (acute or chronic)	Toxoplasmosis (<i>Toxoplasma sp.</i>)
Hepatitis C (acute or chronic)	Trichinosis (<i>Trichinella sp.</i>)
Hepatitis – infectious, not otherwise specified	Typhus (<i>Rickettsia prowazekii</i>)
Human Prion disease	Vaccinia Virus
Influenza A virus, novel	Varicella (chickenpox)
Influenza, pediatric deaths (<18 years)	Vibriosis (<i>Vibrio sp.</i>)
	Yellow fever
	Yersiniosis (<i>Yersinia sp.</i>)

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

During outbreaks, BPHC may request that other diseases be reported immediately. Local boards of health have the authority to collect pertinent information as part of epidemiological investigations (M.G.L. c.111, s.6)