



# Public Health Reporting for Correctional Facilities

## Northwest Public Health District

1309 Redmond Road, NW

Rome, GA 30165-9655

Phone: 706-295-6656 option 0

Fax: 706-802-5342

[www.nwgapublichealth.org](http://www.nwgapublichealth.org)

To view the most updated hours for our local health departments, please scan the QR code or click the link below:

<https://nwgapublichealth.org/counties/>



\*hours are subject to change at any point.

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# How to Report Notifiable Diseases

All Georgia physicians, laboratories, and other health care providers are required by law (OCGA 31-12-2) to report patients with suspected/confirmed cases of notifiable disease

## What Must Be Reported

- Both clinical diagnoses and laboratory-confirmed cases of notifiable diseases are reportable
- Suspect cases as well as confirmed ones, especially for diseases that require immediate public health actions
- For a list of ND diseases, see NOTIFIABLE DISEASE CONDITION REPORTING sheet
- **All reports should include patient demographics, copy of lab result, symptoms, treatment, and pregnancy estimated date of delivery (EDD) if applicable**

## To Whom and How

- Where: Report to the Northwest Public Health District
  - Phone No: 706-295-6656 Option 0
  - Fax No: 706-802-5342
- How:
  - a. State Electronic Notifiable Disease Surveillance System (SendSS) **\*preferred**
    - Include the **patient's county of residence** in SendSS or we may not receive the report
    - To register for SendSS, visit: <https://sendss.state.ga.us/newsendss/index.html>
  - b. By Fax to the Northwest Public Health District, Fax No: 706-802-5342
    - see the NOTIFIABLE DISEASE REPORT FORM
  - c. After-Hours Public Health Hotline: 1-866-782-4584
    - **This number is for urgent public health issues and emergencies only**
    - Examples include:
      - Reporting a suspect measles case
      - Immediate reporting of a notifiable disease or condition
      - Please use this line only for time sensitive public health concern

## Following Up and Additional Requirements

- Once a case is reported, public health staff may conduct further investigation and follow up including contact tracing, diagnosis confirmation, and laboratory follow-up per GA law
- Your cooperation is essential. Please provide any additional information you are able to obtain to support the reporting and response efforts

# Syphilis Labs Reference Guide

For a syphilis diagnosis, most patients need a positive treponemal and a positive non-treponemal test with a titer.

## TREPONEMAL TESTS:

FTA, TP-PA, Trep. Pallidum, IgG/IgM, EIA, CIA, α-TRP

Usually considered as confirmatory tests.

Tends to remain positive, regardless of treatment status

## NON-TREPONEMAL ANTIGEN TESTS

RPR, VDRL, STS (plasma centers only), USR

These are considered to be screening or monitoring tests.

For patients with a history of syphilis infection, titers should decline after proper treatment. Titers may revert to negative after a person has had an infection.

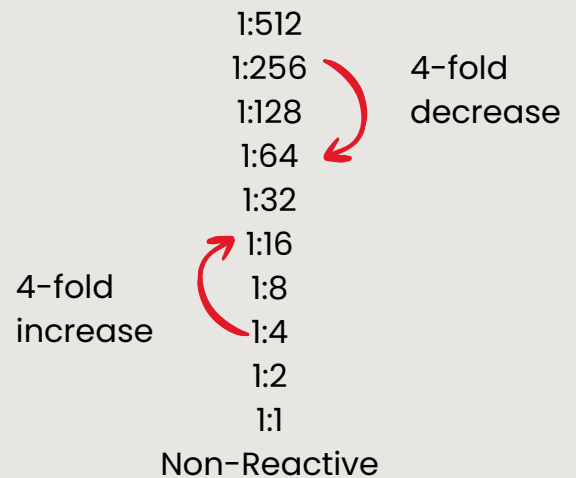
Biological false positives can occur (positive non-treponemal test with a negative treponemal test). These false positives can occur for a variety of reasons. Although the patient is not currently infected, these results are still reportable to public health.

## UNDERSTANDING TITERS:

Titers result as the ratios listed below.

Titers should decline at least 4-fold after proper treatment; however this can take several months, even a year. Ex: previous titer was 1:128, new titer is 1:32.

If a patient has previously been infected with syphilis, a titer increase of 4-fold or more may indicate a new infection. Ex: Previous titer was 1:2, new titer is 1:8.



Titer values can vary on the same sample between RPR and VDRL or USR, with an RPR titer being 1-2 dilutions higher than a VDRL and possibly 3 dilutions higher for USR. Because of this, it is preferable that the same types of non-treponemal tests are used for comparison when determining new infection or treatment response.

# Human Immunodeficiency Virus (HIV)

All HIV positive results must be reported, including those for patients with a known history of HIV, and the state of original diagnosis must be documented and submitted. Reports should be made within 7 days of receiving positive lab results

## HIV Testing and Confirmation

Multi-test algorithm:

- Positive HIV antibody or combination antigen antibody (AG/AB) **AND**,
- Supplemental HIV test different from the initial test
  - Ex: AG/AB and the other is antibody-only test, one antibody and the other a nucleic acid test (NAT), rapid immunoassay and the other a conventional immunoassay

## Reporting HIV

- All positive HIV tests should be reported to local DPH offices. All **confirmed cases** should be reported to the state in addition to local DPH office.
- **Link to reporting (or scan QR code):**
  - <https://dph.georgia.gov/epidemiology/%20hiv-epidemiology-unit/hiv-and-aids-case-reporting>



## PrEP and Resources

- Patients who are not currently infected with HIV may be interested in PrEP. Call your local health department for more information. The patient does not have to reside in a certain county to qualify for PrEP.
- CDC Websites:
  - <https://www.cdc.gov/hiv/about/index.html>
  - <https://www.cdc.gov/hiv/data-research/facts-stats/index.html>

# Hepatitis C

## What do I report for Hepatitis C?

- If any hepatitis C labs are positive (antibody, RNA, etc.) please send:
  - Hepatitis panel results including RNA and antibody tests (even if others are negative)
  - Liver enzyme labs conducted including **ALT** and **total bilirubin** levels
  - Any symptoms reported by the patient
  - Any history reported by patient
  - Any treatment given or referrals made

# Frequently Asked Questions

## When should DPH be contacted?

- DPH must be notified of all positive notifiable disease laboratory results and reports must be sent to the Northwest Public Health District Office. This includes patients with prior histories of positive labs for diseases like HIV and syphilis. If the patient has a prior HIV diagnosis, the state and year when the diagnosis was originally made must also be documented and reported.

## How do I link patients to care for diseases like HIV and other STIs after release?

- If the patient needs assistance with linkage to HIV care, instruct them to contact a local Ryan White HIV/AIDS Program clinic or the county health department to request linkage to care services.

## Do I need to inform DPH when an inmate with known notifiable disease is being released from prison?

- No. Routine release notification is not required for most conditions if lab results have already been reported. However, if the patient is in the middle of treatment or is not aware of their diagnosis, it is important to inform DPH that they are no longer incarcerated so we can reach out for follow-up.

## How many doses can be missed by a patient for notifiable disease treatment?

- This depends on the specific medication and duration of interruption. The RN or provider should consult current clinical guidelines or contact the prescribing provider before advising the patient to restart therapy.

## What information should be included in a notifiable report to DPH (in addition to positive labs)?

- Demographics and pregnancy status if applicable
- Other relevant lab results (HIV, STIs, co-infections) even if negative
- Testing history for condition in the last 12 months
- Any symptoms reported at event along with referrals made
- Documented allergies to medicine
- Treatment plan (including dose, date, and medication)

# Quick Links Toolkit

**To view the Georgia Department of Public Health STD resources , please visit:**

<https://dph.georgia.gov/STDs>



**To view the State Electronic Notifiable Surveillance System (SENDSS), GA electronic reporting system, please visit:**

<https://sendss.state.ga.us/newsendss/index.html>



**To view a list of provider resources regarding STIs guidelines, treatments, and recommendations, please visit:**

<https://www.cdc.gov/std/treatment-guidelines/default.htm>



**To view the full list of notifiable diseases, access the notifiable disease reporting form, and find District Health Office locations, please visit:**

<https://dph.georgia.gov/epidemiology/disease-reporting>



**To view the Georgia Department of Public Health epi resources, please visit:**

<https://dph.georgia.gov/epidemiology>



**For more information about disease reporting, please visit the link below:**

<https://dph.georgia.gov/epidemiology/disease-reporting>