

# Local County Health Department

## Action Dates

Approval: \_\_\_\_\_

Revisions: \_\_\_\_\_

Effective: \_\_\_\_\_

Next Review: \_\_\_\_\_

Policy Title: Communicable Disease Record Management and Retention Schedule  
No. [Example X.XXX-0X]

Purpose: This policy sets standards for the retention of communicable disease records.

Policy: Communicable disease records will be maintained and stored in a system that allows records to be retrievable for historical, public health, and risk management purposes. The local health department will adhere to the policies and recommendations of the NC Department of Cultural Resources for local government record management.

### Approvals:

_____	____/____/____
Director of Nursing	Date Signed
_____	____/____/____
Medical Director	Date Signed
_____	____/____/____
Health Director	Date Signed

### Procedure:

1. The communicable disease program manager in consultation with the medical records manager will be responsible for managing communicable disease records.
2. Communicable disease records will be retained in accordance with the communicable disease record retention schedule.
3. When applying this policy to record retention, the communicable disease program manager must be careful to distinguish between medical records and communicable disease program records.
4. The communicable disease program manager is aware that:
  - a. A communicable disease record is not necessarily a medical record.
  - b. A communicable disease record usually contains secondary sources of medical information that are not subject to HIPAA when used for communicable disease surveillance and investigation purposes.
  - c. Communicable disease records in local health departments may include both administrative and clinical information in paper-based and electronic formats.
  - d. If the health department is the health care provider for the communicable disease or condition being investigated, is treated as a medical record.
  - e. The health department provider would report the case as any NC health care provider and a communicable disease record would be generated.
5. Paper-based communicable disease reports will be separated according to reports that are reported to the state, and to reports that are not reported to the state. These records may contain morbidity cards/forms, physician notes, hospital records, laboratory reports, diagnostic studies, copies of surveillance forms, and nursing notes.
6. Paper-based communicable disease records determined to meet case definition will be documented in the patient's health department medical record (chart), if any, and then stored with other communicable disease records in alpha/chronological files by disease by year of report to the state.

### Definitions:

Historical Notes: [local use]

See also related policies: [local use – HIPAA, Medical Record Management, Building Security, Communication, Confidentiality, Risk Communication, etc.]

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**RECORD RETENTION SCHEDULE**

**GENERAL COMMUNICABLE DISEASES/CONDITIONS\***

\*Does not include Vaccine Preventable Diseases and STD/HIV/AIDS Diseases and Conditions

**Disease investigation records including all supporting documents for the following diseases/conditions shall be kept indefinitely for the purpose of historical usefulness:**

- |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Anthrax</li> <li>Botulism</li> <li>Brucellosis</li> <li>Cholera</li> <li>Creutzfeldt-Jakob Disease</li> <li>Hantavirus infection</li> <li>Hemorrhagic fever virus infection</li> <li>Influenza virus infection causing death (&lt; 18 years of age)</li> <li>Influenza, NOVEL virus infection</li> <li>Leprosy (Hansen's Disease)</li> <li>Monkeypox</li> </ul> | <ul style="list-style-type: none"> <li>Plague</li> <li>Q fever</li> <li>Rabies, human</li> <li>SARS (coronavirus infection)</li> <li>Smallpox</li> <li>Trichinosis</li> <li>Tularemia</li> <li>Typhoid Fever, acute</li> <li>Typhoid, carriage (Salmonella typhi)</li> <li>Vaccinia</li> <li>Yellow fever</li> </ul> |
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**Disease investigation records including all supporting documents shall be kept indefinitely for all reportable communicable diseases that result in death due to that disease/condition.**

**Disease investigation records including all supporting documents for the following diseases/conditions shall be kept for a minimum of five years:**

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Campylobacter infection</li> <li>Cryptosporidiosis</li> <li>Cyclosporiasis</li> <li>Dengue</li> <li>Ehrlichiosis, HGE</li> <li>Ehrlichiosis, HME</li> <li>Ehrlichiosis, unspecified</li> <li>Encephalitis, arboviral, EEE</li> <li>Encephalitis, arboviral, LAC</li> <li>Encephalitis, arboviral, other</li> <li>Encephalitis, arboviral, WNV</li> <li>Escherichia coli - shiga toxin producing</li> <li>Foodborne diseases: c. perfringens</li> <li>Foodborne diseases: other/unknown</li> <li>Foodborne diseases: staphylococcal</li> <li>Haemophilus influenzae, invasive disease</li> <li>Hemolytic-uremic syndrome/TTP</li> <li>Hepatitis A</li> <li>Hepatitis C, acute</li> </ul> | <ul style="list-style-type: none"> <li>Legionellosis</li> <li>Leptospirosis</li> <li>Listeriosis</li> <li>Lyme Disease</li> <li>Malaria</li> <li>Meningitis, pneumococcal</li> <li>Meningococcal disease, invasive</li> <li>Psittacosis</li> <li>Rocky Mountain Spotted Fever</li> <li>S Aureus, reduced susceptibility to vancomycin</li> <li>Salmonellosis</li> <li>Shigellosis</li> <li>Streptococcal infection, Group A, invasive</li> <li>Toxic Shock Syndrome, non-streptococcal</li> <li>Toxic Shock Syndrome, Streptococcal</li> <li>Typhus (epidemic typhus)</li> <li>Vibrio infection (not cholera &amp; not vulnificus)</li> <li>Vibrio vulnificus</li> <li>VRE (Vancomycin Resistant Enterococci)</li> </ul> |
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**Outbreak summary reports shall be kept indefinitely.**

**Administrative records shall be kept as long as they are useful to the agency:**

- Line listings and general correspondence shall be kept a minimum of one year.
- Administrative documents that are used to establish or interpret policy shall be kept until incorporated into the agency's policy.
- Manuals shall be retained indefinitely.

**Records of chemoprophylaxis, vaccination, immunoglobulin and antitoxin administration shall be kept in accordance with the standards for medical record retention.**