

Date: _____

To: Washoe County District Health Department Communicable Disease Program
Confidential Fax (775) **328-3764**

From: _____ of _____
Name of Person Faxing Name of Healthcare Provider/Facility

Phone: _____
Fax: _____

Re: Reportable Communicable Disease _____ Number of Pages Faxed

***** Please fax copies of client's face sheet & pertinent lab results if available. *****

*** Additional information may be requested as needed to complete the investigation (per NAC 441A.230). ***

CONFIDENTIAL CASE REPORT—REPORTABLE COMMUNICABLE DISEASE

Patient's Last Name:			First:		Initial:		DOB: ____/____/____		
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race (✓ one): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown		Ethnicity (✓ one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown		Address:		Phone #:		
			Country of Birth: <input type="checkbox"/> US <input type="checkbox"/> Other: _____		City:		State:		
				Occupation:		Employer:		Zip:	
Disease:							Onset Date:		
Comments: Lab Results, Tests, Symptoms, Treatment:							Date of Diagnosis:		
Is client pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If pregnant: EDC: ____/____/____ Delivery Hospital: <input type="checkbox"/> WMC <input type="checkbox"/> SMRMC <input type="checkbox"/> Other: _____							

LIST OF REPORTABLE DISEASES AND CONDITIONS

- | | | | |
|---|--|-----------------------------------|--|
| AIDS | Extraordinary occurrence of illness (e.g. Smallpox, SARS)*† | Lyme Disease | Rubella (including congenital)† |
| Amebiasis | Foodborne illness outbreak*† | Lymphogranuloma venereum | Salmonellosis |
| Animal bite from a rabies susceptible species* | Giardiasis | Malaria | Severe Reaction to Immunization |
| Anthrax | Gonorrhea | Measles (rubeola)† | Shigellosis |
| Botulism*† | Granuloma inguinale | Meningitis (specify type) | Staph aureus, vancomycin-intermediate or resistant†‡ |
| Brucellosis | Haemophilus influenzae (invasive disease) | Meningococcal disease* | Strep pneumo (drug-resistant or invasive)†‡ |
| Campylobacteriosis | Hansen's Disease (leprosy) | Mumps | Syphilis (including congenital) |
| CD4 lymphocyte counts <500/µL▲ | Hantavirus | Pertussis | Tetanus |
| Chancroid | Hemolytic uremic syndrome (HUS) | Plague*† | Toxic Shock Syndrome |
| Chlamydia | Hepatitis A, B, C, delta, unspecified | Poliomyelitis | Trichinosis |
| Cholera | HIV infection | Psittacosis | Tuberculosis† |
| Coccidioidomycosis | Influenza | Q Fever | Tularemia |
| Cryptosporidiosis | Legionellosis | Rabies (human or animal)*† | Typhoid Fever |
| Diphtheria*† | Leptospirosis | Relapsing Fever | West Nile Virus |
| Ehrlichiosis†‡ | Listeriosis | Respiratory Syncytial Virus (RSV) | Yellow Fever†‡ |
| Encephalitis | | Rocky Mountain Spotted Fever | Yersiniosis |
| Enterohemorrhagic <i>E. coli</i> (STEC) including 0157:H7†‡ | | Rotavirus | |

***Must report immediately †Must report when suspect ▲Laboratories only must report ‡Revised in 2011**