



From: \_\_\_\_\_ of \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Person Faxing Name of Healthcare Provider/Facility 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**

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

**LIST OF REPORTABLE DISEASES AND CONDITIONS**

- |   |   |  |  |
|---|---|--|--|
| AIDS  | <i>Escherichia coli</i> and <i>Klebsiella spp.</i> †  | Lymphogranuloma venereum   | Severe Reaction to Immunization                      |
| Amebiasis   | <b>Extraordinary occurrence of illness (e.g. Smallpox, SARS)* †</b>                               | Malaria †  | Shiga toxin-producing <i>Escherichia coli</i> †      |
| <b>Animal bite from a rabies susceptible animal*</b>  | Giardiasis  | Measles (rubeola) †  | Shigellosis †  |
| <b>Anthrax* † †</b>   | Granuloma inguinale   | Meningitis (specify type)  | Spotted fever rickettsioses (including RMSF)         |
| <b>Botulism* † †</b>  | Haemophilus influenza, type b (invasive disease) †  | <b>Meningococcal disease* † †</b>  | Staph aureus, vancomycin-intermediate or resistant † |
| Brucellosis †   | Hansen's Disease (leprosy)  | Mumps  | Strep pneumo (invasive) †                            |
| Campylobacteriosis †  | Hantavirus  | <b>Outbreaks, all (e.g., foodborne, healthcare-associated, Norovirus)* †</b> | Syphilis (including congenital)                      |
| Carbapenemase-resistant organisms ▲ §   | Hemolytic uremic syndrome (HUS)   | Pertussis †  | Tetanus †  |
| CD4 lymphocyte counts ▲   | Hepatitis A, B, C, delta, E, unspecified  | <b>Plague* † †</b>   | Toxic Shock Syndrome                                 |
| Chancroid   | HIV infection   | <b>Poliomyelitis* †</b>  | Trichinosis  |
| Chikungunya   | <b>Illness known or suspected to be the result of intentional transmission or bioterrorism* †</b> | <b>Poliomyelitis* †</b>  | Tuberculosis † †                                     |
| Chlamydia   | Influenza   | Psittacosis  | <b>Tularemia* † †</b>                                |
| Cholera   | Legionellosis †   | Q Fever †  | Typhoid Fever  |
| Coccidioidomycosis  | Leptospirosis   | <b>Rabies (human or animal)* †</b>   | Vibriosis †  |
| Cryptosporidiosis   | Listeriosis †   | Relapsing Fever  | <b>Viral hemorrhagic fever* †</b>                    |
| Dengue  | Lyme disease  | Respiratory Syncytial Virus (RSV)  | West Nile Virus                                      |
| Diphtheria † †  |   | Rotavirus  | Yellow Fever   |
| Ehrlichiosis/Anaplasmosis   |   | Rubella (including congenital) †   | Yersiniosis †  |
| Encephalitis  |   | Saint Louis encephalitis virus (SLEV)  | Zika virus disease                                   |
| Enterobacteriaceae, Carbapenem-resistant (CRE), including Carbapenem-resistant <i>Enterobacter spp.</i> |   | Salmonellosis †  |  |

\*Must report immediately †Must report when suspect ▲Laboratories only must report  
 † Isolates must be submitted to Nevada State Public Health Lab  
 §Reporting of carbapenem-resistant Enterobacteriaceae (CRE), carbapenem-resistant pseudomonas aeruginosa (CRPA), and other carbapenem-resistant Gram negative bacilli (CRGNB) is now being requested pursuant to NAC 441A.235-3(a) from all hospital laboratories in Washoe County.