



Fax reports to: (775) 328-3764

Physicians, laboratories, and other health care providers are required to report suspected and confirmed diagnoses of the following diseases and conditions to the Washoe County Health District, pursuant to Nevada Administrative Code Chapter 441A.

REPORT IMMEDIATELY

Report the following diseases **within 24 hours, anytime, day or night, including weekends and holidays**, by calling **(775) 328-2447**:

- ✓ Extraordinary occurrence of any illness (e.g. Smallpox, SARS)*†
- ✓ Botulism*†
- ✓ Foodborne illness outbreak*†
- ✓ Meningococcal disease*
- ✓ Plague*†
- ✓ Rabies (human or animal)* †



Required Information:

- ◆ Disease or suspected disease
- ◆ Patient's full name
- ◆ Address
- ◆ Telephone number
- ◆ Date of birth (if known)
- ◆ Sex, Race (if known)
- ◆ Occupation (if known)
- ◆ Employer (if known)
- ◆ Date of disease onset
- ◆ Date of diagnosis
- ◆ Health Care Provider's name & contact information
- ◆ Any other information requested by the health authority, if available.

REPORT WITHIN ONE WORKING DAY

Fax completed reports with accompanying labs & demographic information to 328-3764.

Acquired immunodeficiency syndrome (AIDS)	Listeriosis
Amebiasis	Lyme disease
Animal bite from a rabies susceptible species*	Lymphogranuloma venereum
Anthrax	Malaria
Brucellosis	Measles (rubeola)†
Campylobacteriosis	Meningitis (specify type)
CD4 lymphocyte counts <500/μL▲	Mumps
Chancroid	Pertussis
<i>Chlamydia trachomatis</i> infection of the genital tract	Poliomyelitis
Cholera	Psittacosis
Coccidioidomycosis	Q Fever
Cryptosporidiosis	Relapsing fever
Diphtheria†	Respiratory syncytial virus infection (RSV)
Ehrlichiosis¶	Rocky Mountain Spotted Fever
Encephalitis	Rotavirus
Enterohemorrhagic <i>Escherichia coli</i> (shiga toxin-producing <i>E. coli</i> O157:H7)¶	Rubella (including congenital)†
Giardiasis	Salmonellosis
Gonococcal infection	Severe reaction to immunization
Granuloma inguinale	Shigellosis
Haemophilus influenzae (invasive disease)¶	<i>Staphylococcus aureus</i>, vancomycin-intermediate¶
Hansen's Disease (Leprosy)	<i>Staphylococcus aureus</i>, vancomycin-resistant¶
Hantavirus	<i>Streptococcus pneumoniae</i> (drug-resistant or invasive)¶
Hemolytic-uremic syndrome (HUS)	Syphilis (including congenital)
Hepatitis A	Tetanus
Hepatitis B	Toxic shock syndrome
Hepatitis C	Trichinosis
Hepatitis Delta	Tuberculosis†
Hepatitis, unspecified	Tularemia
Human immunodeficiency virus infection (HIV)	Typhoid fever
Influenza	West Nile Virus Infection
Legionellosis	Yellow fever¶
Leptospirosis	Yersiniosis

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

Contacts for Disease Specific Questions:

AIDS, HIV, CD4<500	328-2504	Bill Mullen, RN	Disease Intervention Specialist
AIDS, HIV, CD4<500	328-6107	Cory Sobrio, RN	Disease Intervention Specialist
Sexually Transmitted Diseases	328-2475	Kathy Hong, RN	Disease Intervention Specialist
Sexually Transmitted Diseases	328-2474	Linda Gabor, RN	Disease Intervention Specialist
TB	785-4787	Diane Freedman, RN	TB Control Program Coordinator
TB	785-4789	Judy Medved-Gonzalez, RN	TB Control Program Clinic Nurse
All other reportable diseases and conditions	328-2447	On-call Staff Member (Public Health Investigator or Epidemiologist)	

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:			
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**