

**IN THIS ISSUE: Epi-News 2004-2015 Index & Reporting of Communicable Diseases by Nevada Law**

**Epi-News 2004-2015 Index**

**Subject and Publication Date**

Epi-News has been archived on the Washoe County Health District's (WCHD) website at <http://tinyurl.com/WashoeEpiNews> since 2001. For the convenience of Epi-News readers, we have compiled an index of the subjects addressed in the Epi-News during the past 12 years in a table format with links to respective issues. There are more than 40 subjects addressed in the Epi-News. The subjects varied from air quality and chronic diseases to various emerging infectious diseases and outbreaks. You can click here <http://tinyurl.com/WashoeEpiNewsIndex> to find a list of subjects and associated issues. WCHD is grateful to readers for their questions, suggestions, and excellent feedback during the past years. Your continued readership is highly appreciated. To sign up for Epi-News distribution list, please send your email to [EpiCenter@washoecounty.us](mailto:EpiCenter@washoecounty.us).

**Reporting of Communicable Diseases by Nevada Law**

**Confusions and Clarifications**

Nevada Administrative Code ([NAC 441A.225 through NAC 441A.260](#)) describes duties of different personnel to report communicable diseases (CD). Such personnel include not only healthcare providers, directors of medical laboratories, infection preventionists (IP) in medical facilities, but also public safety officers, directors of schools, daycares, correctional facilities, blood banks, and insurers. In Washoe County, reporting of CDs from non-primary medical fields such as schools, daycares, blood banks, and insurance companies, has been very stable. However, from recent inquiries to the CD Program at WCHD from the community, some confusion or incorrect assumptions still exist. These assumptions can be summarized as follows and all of these assumptions are **NOT in compliance** with Nevada Administrative Code:

1. If laboratories report CDs, physicians do not need to report these CDs.
2. If laboratories report CDs to ordering physicians, it is only the ordering party's legal responsibility to report.
3. If physicians in hospitals report CDs, designated infection preventionists for these hospitals do not need to report these CDs.
4. ALL communicable diseases are reportable.

[NAC 441A.230](#), [NAC 441A.235](#), and [NAC 441A.240](#) specify the duty of healthcare providers, duty of director or other person in charge of medical laboratory, and duty of director or other person in charge of medical facility to report CDs, respectively. Therefore, it is mandatory for everyone to fulfill their own legal responsibilities, rather than depending on others. As to what, when, and how to report CDs, it is highly recommended that you keep the three attachments to this issue close at hand in your office all the time. Using the Confidential **Case Report (CCR)** form to report general communicable diseases or conditions listed on the form and using the **Animal Bite Report** form to report an animal bite from a rabies susceptible species. WCHD has noticed that some urgent care facilities are still using old animal bite report forms, which is inappropriate.

Not ALL communicable diseases are reportable. For example, sporadic norovirus *or Clostridium difficile* (C. diff) bacteria infections are not reportable in Nevada unless there is an outbreak or a suspected outbreak. It is important to check WCHD's webpage at <https://www.washoecounty.us/health/programs-and-services/communicable-diseases-and-epidemiology/disease-reporting.php> every year for any updates of reporting requirements for communicable diseases. For your conveniences, please refer to the following three attachments for the updated list of reportable diseases and updated primary contact information, reporting forms for general communicable diseases and animal bites. Please discard all old forms with the old WCHD logo.



*The Washoe County Health District (WCHD) would like to thank healthcare providers in the community for their dedication to communicable disease reporting and cooperation for communicable disease investigations. Your continued support to the Communicable Disease Program at WCHD is highly appreciated. The dedicated and confidential reporting phone and fax numbers are 775-328-2447 (Phone) and 775-328-3764 (Fax).*

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▲	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)
<b>Ehrlichiosis¶</b>	Rocky Mountain Spotted Fever
Encephalitis	Rotavirus
<b>Enterohemorrhagic <i>Escherichia coli</i> (shiga toxin-producing <i>E. coli</i>, including <i>E. coli</i> O157:H7)¶</b>	Rubella (including congenital)†
Giardiasis	Salmonellosis
Gonococcal infection	Severe reaction to immunization
Granuloma inguinale	Shigellosis
<b>Haemophilus influenzae (invasive disease)¶</b>	<b><i>Staphylococcus aureus</i>, vancomycin-intermediate¶</b>
Hansen's Disease (leprosy)	<b><i>Staphylococcus aureus</i>, vancomycin-resistant¶</b>
Hantavirus	<b><i>Streptococcus pneumoniae</i> (drug-resistant or invasive)¶</b>
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	<b>Yellow fever¶</b>
Leptospirosis	Yersiniosis

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

**Contacts for Disease Specific Questions:**

AIDS, HIV, CD4	328-6142	Sonya Smith, RN	Disease Intervention Specialist
AIDS, HIV, CD4	328-6164	Nikki Kleine, RN	Disease Intervention Specialist
Sexually Transmitted Diseases	328-6151	Angela Penny, RN	Disease Intervention Specialist
Sexually Transmitted Diseases	328-2475	Cory Sobrio, RN	Disease Intervention Specialist
TB	785-4787	Diane Freedman, RN	TB Control Program Coordinator
TB	785-4788	Judy Medved-Gonzalez, RN	TB Control Program Case Manager
All other reportable diseases and conditions	328-2447	On-call Staff Member	Public Health Investigator or Epidemiologist

Date: \_\_\_\_\_

To: Washoe County Health District 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**

<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:</b> Lab Results, Tests, Symptoms, Treatment:							<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"/> WMC <input type="checkbox"/> SMRMC <input type="checkbox"/> Other: _____							

**LIST OF REPORTABLE DISEASES AND CONDITIONS**

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

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

PLEASE PRINT CLEARLY

ANIMAL BITE REPORT – To Be Completed By Health Care Provider

<b>INSTRUCTIONS FOR COMPLETING FORM:</b>	<p>This form should be completed by the health care provider, unless the person bitten did not seek medical care. <b>PLEASE PRINT LEGIBLY.</b> Complete all sections in full.</p> <p><b>Fax completed form as soon as possible to Washoe County Health District at 328-3764.</b> This allows the local rabies control authority to evaluate &amp; monitor the biting animal &amp; fulfills the health care provider's requirement to report animal bites under Nevada Administrative Code 441A. The original form should stay with the patient's chart. Questions? Please call 328-2447.</p>
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<b>Today's Date:</b> ____/____/____	<b>Name of Hospital/ Urgent Care/Clinic:</b> _____
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<b>Exposed Person</b>	Name: _____ Age: _____
Parent/Guardian's Name if patient is a minor: _____	
Street Address: _____ City: _____ State: _____ Zip: _____	
Phone: Home: _____ Work: _____ Cell: _____	

<b>Bite</b>	Date Bite Occurred: _____ Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Where on body bitten: _____ Skin Broken? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <b>If bite occurred at exposed person's address, check this box and skip to Animal Information. If not, complete the following:</b> Address/place where bite occurred: _____	
Street Address: _____ City: _____ State: _____ Zip: _____	

<b>Animal Information</b>	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other: _____
Owner's Name: _____	
<input type="checkbox"/> <b>If owner is exposed person, check this box &amp; skip to Medical care obtained. If not, complete the following:</b>	
Street Address: _____ City: _____ Zip: _____	
Phone: Home: _____ Work: _____ Cell: _____	

<b>Medical care obtained?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete the following:
Health care provider: _____ Hospital/Urgent Care/Clinic: _____		

<b>Explain circumstances of bite incident:</b>	_____
_____	
_____	

This information is accurate to the best of my knowledge.

**Signature of Person Bitten or Parent/Guardian:** \_\_\_\_\_