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Epi-News 2004-2016 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Epi-News has been archived on the Washoe County Health District's (WCHD) website at 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 11 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/hgx7u3e> to find a list of subjects and associated issues. To sign up for Epi-News distribution list, please send your email to EpiCenter@washoecounty.us.

Reporting of Communicable Diseases by Nevada Law

Reporting of Communicable Diseases

Reporting of specific communicable disease to Washoe County Health District (WCHD) is mandated by Nevada Administrative Code ([NAC](#)) [441A.225 through NAC 441A.260](#). WCHD has developed a summary Reportable Disease List (attached) for your convenience. Persons with reporting responsibilities include healthcare providers, directors of medical laboratories, infection preventionists, public safety officers, directors of schools, daycares, correctional facilities, blood banks, and insurers. Reports of illness can be faxed to 775-328-3764 or called to our Communicable Disease Line at 775-328-2447. Please use the **Confidential Case Report** Form to report general communicable diseases and the **Animal Bite Report** Form to report an animal bite from a rabies susceptible species. Sexually transmitted diseases should be submitted on this form: <https://www.washoecounty.us/health/files/communicable-diseases/forms/STD%20Reporting%20Form.pdf>.

Revisions to the Reportable Disease List

WCHD's Reportable Disease List has been recently updated. These updates are summarized below.

New reportable conditions

- **Carbapenem-resistant organisms. Reportable by hospital laboratories in Washoe County only**, pursuant to NAC 441A.235-3(a). In 2017 WCHD is working with local hospitals and the Nevada State Public Health Laboratory (NSPHL) to implement an

expanded surveillance for tracking carbapenem-resistant

Enterobacteriaceae (CRE), carbapenem-resistant *pseudomonas aeruginosa* (CRPA) and other carbapenem-resistant Gram negative bacilli (CRGNB). The purpose of this surveillance is to have an early identification of carbapenemase-producing organisms (CPO) which pose a significant public health threat.

Updates to existing reportable conditions

The following diseases were reportable in prior years but the Reportable Disease List has been updated for these diseases to align with existing regulations.

- **Anaplasmosis**. Routine reportable condition
- **Anthrax**. Must report confirmed or suspected cases immediately.
- **Illness known or suspected to be the result of intentional transmission or bioterrorism**. Must report confirmed or suspected cases immediately.
- **Outbreaks, All**. **ALL** suspected or confirmed outbreaks should be reported immediately. Outbreaks are reportable even if individual cases of disease are not reportable (e.g., norovirus outbreaks). Examples of outbreaks include, but are not limited to, foodborne and healthcare-associated.
- **Poliomyelitis**. Must report confirmed or suspected cases immediately.
- **Spotted fever rickettsioses (including RMSF)**. Routine reportable condition.
- **Tularemia**. Must report confirmed or suspected cases immediately.
- **Vibriosis**. Routine reportable condition.
- **Viral hemorrhagic fever (e.g., Ebola)**. Must report confirmed or suspected cases immediately.
- **Zika**. Added as an example of an "extraordinary occurrence of illness." Such illnesses must be reported immediately.

IMMEDIATELY REPORTABLE conditions are capitalized in bold red font. Routine reportable conditions (in black) should be reported within 24 hours.

- Diseases that must be reported when suspected or confirmed are indicated with the "†" symbol.
- Diseases for which isolates should be submitted to the NSPHL are indicated with the "¶" symbol.





REPORTING REQUIREMENTS

Updated January 2017

PLEASE 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. Other persons with obligations to report suspected or confirmed disease include persons in charge of schools, child care facilities, or correctional facilities.

REPORTABLE DISEASE LIST – Report within 24 hours unless otherwise noted below

Acquired immunodeficiency syndrome (AIDS) Amebiasis Anaplasmosis Animal bite from a rabies susceptible species ANTHRAX* † ¶ BOTULISM * † ¶ Brucellosis ¶ Campylobacteriosis ¶ Carbapenem resistant organisms ▲ § ¶ CD4 lymphocyte counts ▲ Chancroid <i>Chlamydia trachomatis</i> genital tract infection Cholera Coccidioidomycosis Cryptosporidiosis Diphtheria † ¶ Ehrlichiosis Encephalitis Enterohemorrhagic <i>Escherichia coli</i> (shiga toxin-producing <i>E. coli</i> , including <i>E. coli</i> O157:H7) ¶ EXTRAORDINARY OCCURRENCE OF ILLNESS (E.G., SMALLPOX, SARS, ZIKA)* † Giardiasis Gonococcal infection Granuloma inguinale <i>Haemophilus influenzae</i> , invasive disease ¶ Hansen's Disease (leprosy) Hantavirus	Hemolytic-uremic syndrome (HUS) Hepatitis A Hepatitis B Hepatitis C Hepatitis Delta Hepatitis E Hepatitis, unspecified Human immunodeficiency virus infection (HIV) ILLNESS KNOWN OR SUSPECTED TO BE THE RESULT OF INTENTIONAL TRANSMISSION OR BIOTERRORISM* † Influenza Legionellosis ¶ Leptospirosis Listeriosis ¶ Lyme disease Lymphogranuloma venereum Malaria ¶ Measles (rubeola) † Meningitis (specify type) MENINGOCOCCAL DISEASE* † ¶ Mumps OUTBREAKS, ALL (E.G., FOODBORNE, HEALTHCARE-ASSOCIATED, NOROVIRUS)* † Pertussis ¶ PLAGUE* † ¶	POLIOMYELITIS* † Psittacosis Q Fever ¶ Rabies, animal RABIES, HUMAN* † Relapsing fever Respiratory syncytial virus infection (RSV) Rotavirus Rubella (including congenital) † Salmonellosis ¶ Severe reaction to immunization Shigellosis ¶ Spotted fever rickettsioses (including RMSF) <i>Staphylococcus aureus</i> (vancomycin-intermediate or vancomycin-resistant) ¶ <i>Streptococcus pneumoniae</i> (invasive) Syphilis (including congenital) Tetanus ¶ Toxic shock syndrome Trichinosis Tuberculosis † ¶ TULAREMIA* † ¶ Typhoid fever Vibriosis ¶ VIRAL HEMORRHAGIC FEVER* † West Nile Virus Yellow fever Yersiniosis ¶
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*MUST REPORT IMMEDIATELY, anytime, day or night, including weekends and holidays, by calling (775) 328-2447
 †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.

REQUIRED INFORMATION FOR REPORTS

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

CONTACTS FOR DISEASE SPECIFIC QUESTIONS

AIDS, HIV, CD4	Sonya Smith, RN , 328-6142; Jennifer Howell, RN, 328-6147; Samantha Beebe, RN, 328-6164	Disease Intervention Specialist
Sexually Transmitted Diseases	Angela Penny, RN, 328-6151; Cory Sobrio, RN, 328-2475	Disease Intervention Specialist
TB	Diane Freedman, RN, 785-4787	TB Control Program Coordinator
TB	Judy Medved-Gonzalez, RN, 785-4788	TB Control Program Case Manager
All other reportable diseases	On-call Staff Member, 328-2447	Public Health Investigator or Epidemiologist

PLEASE PRINT CLEARLY

ANIMAL BITE REPORT – To Be Completed By Health Care Provider

INSTRUCTIONS FOR COMPLETING FORM:	<p>This form should be completed by the health care provider, unless the person bitten did not seek medical care. PLEASE PRINT LEGIBLY. Complete all sections in full.</p> <p>Fax completed form as soon as possible to Washoe County Health District at 328-3764. This allows the local rabies control authority to evaluate & monitor the biting animal & 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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Today's Date: ____/____/____	Name of Hospital/ Urgent Care/Clinic: _____
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Exposed Person	Name: _____ Age: _____
Parent/Guardian's Name if patient is a minor: _____	
Street Address: _____ City: _____ State: _____ Zip: _____	
Phone: Home: _____ Work: _____ Cell: _____	

Bite	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"/> If bite occurred at exposed person's address, check this box and skip to Animal Information. If not, complete the following: Address/place where bite occurred: _____	
Street Address: _____ City: _____ State: _____ Zip: _____	

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

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

Explain circumstances of bite incident:	_____

This information is accurate to the best of my knowledge.

Signature of Person Bitten or Parent/Guardian: _____

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

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 #:	
			City:	State:	Zip:
		Country of Birth: <input type="checkbox"/> US <input type="checkbox"/> Other: _____	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 | Severe Reaction to Immunization |
| Amebiasis | Giardiasis | Lymphogranuloma venereum | Shigellosis¶ |
| Anaplasmosis | Gonorrhea | Malaria¶ | Spotted fever rickettsioses (including RMSF) |
| Animal bite from a rabies susceptible species* | Granuloma inguinale | Measles (rubeola)† | Staph aureus, vancomycin-intermediate or resistant¶ |
| Anthrax*†¶ | Haemophilus influenzae (invasive disease)¶ | Meningitis (specify type) | Strep pneumo (invasive)¶ |
| Botulism*†¶ | Hansen's Disease (leprosy) | Meningococcal disease*†¶ | Syphilis (including congenital) |
| Brucellosis¶ | Hantavirus | Mumps | Tetanus¶ |
| Campylobacteriosis¶ | Hemolytic uremic syndrome (HUS) | Outbreaks, all (e.g., foodborne, healthcare-associated)*† | Toxic Shock Syndrome |
| Carbapenemase-producing organisms (CPO) ▲§ | Hepatitis A, B, C, delta, E, unspecified | Pertussis¶ | Trichinosis |
| CD4 lymphocyte counts▲ | HIV infection | Plague*†¶ | Tuberculosis†¶ |
| Chancroid | Illness known or suspected to be the result of intentional transmission or bioterrorism*† | Poliomyelitis*† | Tularemia*†¶ |
| Chlamydia | Influenza | Psittacosis | Typhoid Fever |
| Cholera | Legionellosis¶ | Q Fever¶ | Vibriosis¶ |
| Coccidioidomycosis | Leptospirosis | Rabies (human or animal)*† | Viral hemorrhagic fever *† |
| Cryptosporidiosis | Listeriosis¶ | Relapsing Fever | West Nile Virus |
| Diphtheria†¶ | | Respiratory Syncytial Virus (RSV) | Yellow Fever |
| Ehrlichiosis | | Rotavirus | Yersiniosis¶ |
| Encephalitis | | Rubella (including congenital)† | |
| Enterohemorrhagic <i>E. coli</i> (STEC) including O157:H7¶ | | 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.

Date: ____/____/____

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

From: _____ Phone: _____ Fax: _____

Re: Reportable Communicable Disease _____ Number of Pages Faxed

**** Please fax fully completed form, copies of the client's face sheet, and lab results ****
**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: ____/____/____ Age: _____

Sex: M F
Race (Please check one): American Indian/Alaskan Native Asian/Pacific Islander Black White Other: _____ Unknown
Ethnicity (check one): Hispanic Non-Hispanic Unknown
Address: _____
City: _____ State: _____ Zip: _____
Pregnant: Yes No # wks: _____
Marital Status: _____ Patient Phone # (home/cell): _____

Provider's Name: _____ Provider's Phone #: _____

Disease: Chlamydia Gonorrhea Syphilis HIV
Date of Diagnosis: _____ Specimen Collection Date: ____/____/____

Treatment: Azithromycin 1g Ceftriaxone/Rocephin 250 mg IM L-A Bicillin 2.4 mu IM Other _____
Tx Date: ____/____/____ Tx administered: _____
Dr.'s office/Prescription

Please complete the following if reporting Syphilis

Symptoms? No Yes-how long? _____
If Yes, Chancre Rash Other _____
Where? Genital Oral Hands Feet Body
Neurological Involvement? No Yes
Previous Hx of Syphilis? No Yes
If Yes, City/State treated _____ Year _____
Treated with Shots Pills
Previous Syphilis Test? No Yes
If Yes, Date: _____ Results: RPR Negative Positive
If positive, RPR titer _____ FTA/TPPA _____
Sex with: Male Female Both
HIV status: Pos Neg Unk
Partner info:
Name: _____
DOB: _____ Age: _____
Tel#: _____
Last sex when? _____
 Steady 1x-only on/off
Partners in last 3 mos? _____
Partner F/U: Hopes HD
 PMD Other _____
 Epi-treat
Plan: Treated on day of visit. Return to clinic on _____
 Not treated yet. Has appt with Provider on _____
 Previously treated. Repeat RPR titer _____
 Unable to contact. Reason: _____

Note: To speak with an STD Disease Investigator directly, call (775) 328-6151; (775) 328-2473; (775) 328-2475.