WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

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EPI-NEWS

Public Health

Serving Reno, Sparks and all of Washoe County, Nevada
Telephone: 775-328-2447 | Fax: 775-328-3764 | EpiCenter@washoecounty.us | washoecounty.us/health

IN THIS ISSUE: Epi-News 2004-2017 Index & Reporting of Communicable Diseases by Nevada Law

Epi-News 2004-2017 Index

Epi-News has been archived on the Washoe County Health District's (WCHD) website at http://tinyurl.com/WashoeEpiNews since 2001.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 14 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 visit https://www.washoecounty.us/health/files/ephp/epi-news/Epi-News%20Topic%20Index%202007-2017.pdf 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 the Epi-News distribution list, please send your email address to EpiCenter@washoecounty.us.

Reporting of Communicable Diseases by Nevada Law

Confusions and Clarifications

Nevada Administrative Code (NAC) 441A.225 through NAC 441A.260 describes the duties of different personnel to report communicable diseases (CD). Such personnel include not only healthcare providers, directors of medical laboratories, and infection preventionists (IP) in medical facilities, but also public safety officers, directors of schools, daycares, correctional facilities, blood banks, and insurers. However, the CD Program has received inquiries from the community that demonstrate that some incorrect assumptions regarding reporting still exist. Some incorrect assumptions are summarized below. Note that 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, directors or other persons in charge of a medical laboratory, and directors or other persons in charge of a medical facility to report CDs, respectively. If you have a mandated legal responsibility to report CDs, do not depend on other entities to do the reporting for you.

Reportable Disease List

Reporting of specific communicable diseases 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. Note that not ALL communicable diseases are reportable. For example, sporadic norovirus or *Clostridium difficile* (C. diff) 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.

Reporting Forms

Reports of illness can be faxed to 775-328-3764 or called to our Communicable Disease Line at 775-328-2447. Please report using one of the three attached forms:

1. **Confidential Case Report** (CCR) for general communicable diseases
2. **STD Confidential Case Report** for sexually transmitted diseases (i.e., chlamydia, gonorrhea, syphilis, and HIV)
3. **Animal Bite Report** to report an animal bite from a rabies susceptible species

It is highly recommended that you keep the four attachments to this issue close at hand in your office at all times. These forms have been updated so please take a moment to review and make sure that you and your staff are using the most current reporting forms. Please discard all old reporting forms and reportable disease lists.

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).***

Date: _____/____/ **Sexually Transmitted Disease Report Form**

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 **Pregnant:** ☐ Yes ☐ No # wks: _____	**Race (Please ✓ one):** ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black ☐ White ☐ Other: _____ ☐ Unknown	**Ethnicity (✓ one):** ☐ Hispanic ☐ Non-Hispanic ☐ Unknown **Marital Status:**	**Address:** **City:** / **State:** / **Zip:** **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_____

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: _____

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

Note: To speak with an STD Disease Investigator directly, call (775) 328-6155; (775) 328-6164; (775) 328-6165; (775) 328-2475. For HIV Disease Investigators, contact (775) 328-6142 or (775) 328-6164.
Last date revised: 11/14/2017

Date: _____ **General Communicable Disease Report Form**

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

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

Patient's Last Name:	**First:**	**Initial:**	**DOB:** ____/____/____

Sex:	**Race (✓ one):**	**Ethnicity (✓ one):**	**Address:**		**Phone #:**
☐ M ☐ F	☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black ☐ White ☐ Other: _____ ☐ Unknown	☐ Hispanic ☐ Non-Hispanic ☐ Unknown	**City:**	**State:**	**Zip:**
		Country of Birth: ☐ US ☐ Other: _____	**Occupation:**	**Employer:**	

Disease:	**Onset Date:**
Comments: Lab Results, Tests, Symptoms, Treatment:	**Date of Diagnosis:**

Is client pregnant?	**If pregnant:**
☐ Yes ☐ No ☐ N/A	EDC: ____/____/____ Delivery Hospital: ☐ RRMC ☐ SMRMC ☐ Other: _____

LIST OF REPORTABLE DISEASES AND CONDITIONS

AIDS
Amebiasis
Anaplasmosis
Animal bite from a rabies susceptible species*
Anthrax*†¶
Botulism*†¶
Brucellosis¶
Campylobacteriosis¶
Carbapenemase-producing organisms (CPO) ▲§
CD4 lymphocyte counts▲
Chancroid
Chlamydia
Cholera
Coccidioidomycosis
Cryptosporidiosis
Diphtheria†¶
Ehrlichiosis
Encephalitis
Enterohemorrhagic *E. coli* (STEC) including 0157:H7¶
Extraordinary occurrence of illness (e.g. Smallpox, SARS)*†
Giardiasis
Gonorrhea
Granuloma inguinale
Haemophilus influenzae (invasive disease)¶
Hansen's Disease (leprosy)
Hantavirus
Hemolytic uremic syndrome (HUS)
Hepatitis A, B, C, delta, E, unspecified
HIV infection
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)*†
Pertussis¶
Plague*†¶
Poliomyelitis*†
Psittacosis
Q Fever¶
Rabies (human or animal)*†
Relapsing Fever
Respiratory Syncytial Virus (RSV)
Rotavirus
Rubella (including congenital)†
Salmonellosis¶
Severe Reaction to Immunization
Shigellosis¶
Spotted fever rickettsioses (including RMSF)
Staph aureus, vancomycin-intermediate or resistant¶
Strep pneumo (invasive)¶
Syphilis (including congenital)
Tetanus¶
Toxic Shock Syndrome
Trichinosis
Tuberculosis†¶
Tularemia*†¶
Typhoid Fever
Vibriosis¶
Viral hemorrhagic fever *†
West Nile Virus
Yellow Fever
Yersiniosis¶

***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.

REPORTING REQUIREMENTS
Updated January 2018
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
Anaplasmiosis
Animal bite from a rabies susceptible species
ANTHRAX*†¶
BOTULISM *†¶
Brucellosis¶
Campylobacteriosis¶
Carbapenem resistant organisms ▲§¶
CD4 lymphocyte counts▲
Chancroid
Chlamydia trachomatis genital tract infection
Cholera
Coccidioidomycosis
Cryptosporidiosis
Diphtheria†¶
Ehrlichiosis
Encephalitis
Enterohemorrhagic *Escherichia coli* (shiga toxin-producing *E. coli*, including *E. coli* O157:H7)¶
EXTRAORDINARY OCCURRENCE OF ILLNESS (E.G., SMALLPOX, SARS, ZIKA)*†
Giardiasis
Gonococcal infection
Granuloma inguinale
Haemophilus influenza, 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 riskettsioses (including RMSF)
Staphylococcus aureus (vancomycin-intermediate or vancomycin-resistant)¶
Streptococcus pneumoniae (invasive)
Syphilis (including congenital)
Tetanus¶
Toxic shock syndrome
Trichinosis
Tuberculosis†¶
TULAREMIA*†¶
Typhoid fever
Vibriosis¶
VIRAL HEMORRHAGIC FEVER*†
West Nile Virus
Yellow fever
Yersiniosis¶

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

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	Kelly Verling, RN, 328-6165; Cory Sobrio, RN, 328-2475; Victoria Nicolson Hornblower, RN, 328-6155	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

WASHOE COUNTY HEALTH DISTRICT
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FAX COMPLETED REPORTS TO: (775) 328-3764

ANIMAL BITE REPORT – To Be Completed By Health Care Provider

INSTRUCTIONS FOR COMPLETING FORM:	**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. **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.

Today's Date: ____/____/____ **Name of Hospital/ Urgent Care/Clinic:** _____

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 _____ ☐ AM ☐ PM

Where on body bitten: _____ Skin Broken? ☐ Yes ☐ No

☐ **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: ☐ Dog ☐ Cat ☐ Ferret ☐ Other: _____

Owner's Name: _____

☐ **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? ☐ Yes ☐ 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: _____