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2018 Communicable Disease Annual Report

Communicable diseases are a continuing threat to all people, regardless of age, gender, lifestyle, ethnic background or socioeconomic status. They cause illness, suffering and even death, and place an enormous financial burden on society. Indeed, Joshua Lederberg, Nobel laureate once commented “We live in evolutionary competition with microbes – bacteria and viruses. There is no guarantee that we will be the survivors.” Although some communicable diseases have been controlled by modern advances, new ones are constantly emerging. The Washoe County Health District (WCHD) relies on healthcare providers, laboratories, and others to report the occurrence of notifiable diseases. Without such data, trends cannot be accurately monitored, unusual occurrences of diseases (such as outbreaks) might not be detected or appropriately investigated, and the effectiveness of control and prevention activities cannot be easily evaluated.

The [Communicable Disease Annual Summary](#) is a compilation of communicable disease surveillance data in Washoe County.

Reportable Disease List

Reporting of specific communicable diseases to Washoe County Health District (WCHD) is mandated by [Nevada Administrative Code \(NAC\) 441A.225](#). WCHD has updated the [Reportable Disease List](#) for your convenience.

Newly Reportable Diseases by Nevada Law

NAC regulations added certain communicable diseases to the list of diseases considered reportable in Nevada, as follows:

- 1) Chikungunya virus disease
- 2) Dengue
- 3) *Enterobacteriaceae*, Carbapenem-resistant (CRE), including Carbapenem-resistant *Enterobacter spp.*, *Escherichia coli* and *Klebsiella spp.*
- 4) Poliomyelitis
- 5) Saint Louis encephalitis virus (SLEV)
- 6) Zika virus disease

Epi-News 2009-2019 Topic Index

Epi-News has been archived on the Washoe County Health District's (WCHD) website at <http://tinyurl.com/WashoeEpiNews> since 2001. For your convenience we have compiled an [Epi-News Topic Index](#) of the subjects addressed in the Epi-News during the past 10 years in a table format with links to respective issues. If you would like to be added to the Epi-News distribution list, please send your email address to EpiCenter@washoecounty.us.

Reporting Forms

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

1. [CD Confidential Case Report](#) (CCR) for general communicable diseases, updated 10/2019.
2. [STD Confidential Case Report](#) for sexually transmitted diseases (i.e., chlamydia, gonorrhea, syphilis, and HIV), updated 10/2019.
3. [Animal Bite Report](#) to report an animal bite from a rabies susceptible animal updated 10/2019.

Please print these three forms and the Reportable Disease List and make copies for your staff. Take a moment to review them and make sure that you are using the most current form. Please discard all old reporting forms and reportable disease lists.

Correction

In the August 29, 2019 edition of the Epi-News, Syphilis and Congenital Syphilis, the frequency of HIV testing post syphilis treatment was erroneously stated. The HIV status of a person with syphilis should be determined through history or through additional testing. If a person with primary or secondary syphilis is co-infected with HIV, they should be evaluated clinically and serologically for treatment failure at 3, 6, 9, 12, and 24 months after therapy.



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. Our confidential reporting phone and fax numbers are 775-328-2447 (Phone) and 775-328-3764 (Fax).

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: <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"/> 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 | Extraordinary occurrence of illness (e.g. Smallpox, SARS)* † | Malaria¶ | Shiga toxin-producing <i>Escherichia coli</i> ¶ |
| Animal bite from a rabies susceptible animal* | Giardiasis | Measles (rubeola) † | Shigellosis¶ |
| Anthrax* † ¶ | Granuloma inguinale | Meningitis (specify type) | Spotted fever rickettsioses (including RMSF) |
| Botulism* † ¶ | Haemophilus influenza, type b (invasive disease)¶ | Meningococcal disease* † ¶ | Staph aureus, vancomycin-intermediate or resistant¶ |
| Brucellosis¶ | Hansen's Disease (leprosy) | Mumps | Strep pneumo (invasive)¶ |
| Campylobacteriosis¶ | Hantavirus | Outbreaks, all (e.g., foodborne, healthcare-associated, Norovirus)* † | Syphilis (including congenital) |
| Carbapenemase-resistant organisms ▲ § | Hemolytic uremic syndrome (HUS) | Pertussis¶ | Tetanus¶ |
| CD4 lymphocyte counts▲ | Hepatitis A, B, C, delta, E, unspecified | Plague* † ¶ | Toxic Shock Syndrome |
| Chancroid | HIV infection | Poliomyelitis* † | Trichinosis |
| Chikungunya | Illness known or suspected to be the result of intentional transmission or bioterrorism* † | Poliomyelitis* † | Tuberculosis † ¶ |
| Chlamydia | Influenza | Psittacosis | Tularemia* † ¶ |
| Cholera | Legionellosis¶ | Q Fever¶ | Typhoid Fever |
| Coccidioidomycosis | Leptospirosis | Rabies (human or animal)* † | Vibriosis¶ |
| Cryptosporidiosis | Listeriosis¶ | Relapsing Fever | Viral hemorrhagic fever* † |
| 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.

PLEASE PRINT CLEARLY

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. 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 and 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.
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Today's Date: ____/____/____	Name of Hospital/ Urgent Care/Clinic: _____
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Exposed Person	Name: _____	Age: _____ <input type="checkbox"/> Months <input type="checkbox"/> Years
	Parent/Guardian's Name if patient is a minor: _____	Date of Birth: ____/____/____
	Street Address: _____	City: _____ State: _____ Zip: _____
	Phone: Home: _____	Work: _____ Cell: _____

Bite	Date of Bite: _____	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: _____
	Age: _____ Breed: _____ Color: _____ Name of Animal (if known) _____
	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: _____ State: _____ 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: _____