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COMMUNICABLE DISEASE REPORTING – WHEN IN DOUBT, REPORT IT OUT

[Nevada Revised Statutes \(NRS\) Chapter 441A](#) and [Nevada Administrative Code \(NAC\) Chapter 441A](#) are state regulations that mandate the reporting, by health care providers, of over 60 diseases or conditions to the local health authority. **Health care providers include physicians, nurses, physician's assistants, and veterinarians licensed in accordance with state law.**

How do I report?

Health care providers in Washoe County can fax completed reports to our confidential reporting fax at **(775) 328-3764**. Reports should be made within one working day. Diseases requiring immediate investigation and/or prophylaxis (invasive meningococcal disease, foodborne botulism, extraordinary occurrence of illness, plague or rabies) should also be reported by telephone to **(775) 328-2447** (24 hours a day, 7 days a week).

What information should I include about a patient when I report a case or suspect case?

Sufficient information must be provided to allow the patient to be contacted. Including a patient face sheet with your report is an acceptable method of providing the patient demographic information. Please include the following:

- The communicable disease or suspected communicable disease.
- The name, address, and telephone number of the case or suspected case.
- The name, address, and telephone number of the health care provider making the report.
- The occupation, employer, gender, race, ethnicity and date of birth (or age if DOB unknown) of the case or suspected case.
- The date of onset and the date of diagnosis of the communicable disease.
- Relevant clinical and laboratory data (for example, liver enzyme test results for patients with hepatitis, pregnancy status for women with acute or chronic hepatitis B). Appropriate lab reports should be included.
- Relevant epidemiological history, including suspected risk factors and/or exposures (e.g., history of injection drug use for hepatitis B or C), travel history, history of ill close contacts, and other information you think is useful.

My patient lives in Winnemucca, but my office is in Reno. Which health authority do I report to?

A health care provider should report the case or suspected case to **the health authority having**

jurisdiction where the office of the health care provider is located. If the health care provider's office is located in [Washoe County](#), the health care provider must report to the health authority for Washoe County, which is the Washoe County District Health Department.

If a communicable disease is reported by the laboratory, does that mean I don't need to report?

No. Even if a patient with a reportable condition is reported by a laboratory, the clinician is still legally required to report the case to the local health authority. Reports from laboratories do not include important clinical or epidemiologic data and are not as timely as clinician reporting of suspected cases. In fact, the movement of laboratory reporting to the national level along with the increased use of out-of-state laboratories has weakened the strength of communicable disease reporting by laboratories in Washoe County.

Should I await laboratory confirmation before reporting?

Not necessarily. Some diseases are reportable when suspected, i.e. before laboratory testing is completed. These include botulism, foodborne illness outbreaks, extraordinary occurrence of illness (such as Smallpox, SARS), measles, rabies (human or animal), rubella and tuberculosis. When in doubt, report it out.

Does HIPAA change the obligation to report?

No. the Health Insurance Portability and Accountability Act (HIPAA) specifically allows the exchange of protected health information for public health purposes. HIPAA rules (in the U.S. Code of Federal Regulations) state that "Nothing in this part shall be construed to invalidate or limit the authority, power, or procedures established under any law providing for the reporting of disease or injury, child abuse, birth or death, public health surveillance, or public health investigation or intervention."

I am not the patient's primary care provider, am I still required to report?

Yes. Specialists, subspecialists, and consultants as well as primary care clinicians are all required to report a patient with a reportable condition. This regulation ensures that cases do not go unreported. It is recommended that you document in the patient's medical record when you have reported the case to the local health authority.


For more information on reporting, please call the Communicable Disease Program at 328-2447, or visit our website at: <http://www.washoecounty.us/health/cdpp/reporting.html>.

Please share this document with all physicians & staff in your facility/office.



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 District Health Department, pursuant to Nevada Administrative Code Chapter 441A.

REPORT IMMEDIATELY	REPORT WITHIN ONE WORKING DAY																																																													
<p>Report the following diseases within 24 hours, anytime, day or night, including weekends and holidays, by calling (775) 328-2447:</p> <ul style="list-style-type: none"> ✓ Extraordinary occurrence of any illness (e.g. Smallpox, SARS)*† ✓ Botulism*† ✓ Foodborne illness outbreak*† ✓ Meningococcal disease* ✓ Plague*† ✓ Rabies (human or animal)* †  <p>Required Information:</p> <ul style="list-style-type: none"> ◆ 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. 	<p>Fax completed reports with accompanying labs & demographic information to 328-3764.</p> <table border="0"> <tr> <td>Acquired immunodeficiency syndrome (AIDS)</td> <td>Legionellosis</td> </tr> <tr> <td>Amebiasis</td> <td>Leptospirosis</td> </tr> <tr> <td>Animal bite from a rabies susceptible species*†</td> <td>Listeriosis</td> </tr> <tr> <td>Anthrax</td> <td>Lyme disease</td> </tr> <tr> <td>Brucellosis</td> <td>Lymphogranuloma venereum</td> </tr> <tr> <td>Campylobacteriosis</td> <td>Malaria</td> </tr> <tr> <td>CD4 lymphocyte counts <500/μL▲</td> <td>Measles (rubeola)†</td> </tr> <tr> <td>Chancroid</td> <td>Meningitis (specify type)</td> </tr> <tr> <td><i>Chlamydia trachomatis</i> infection</td> <td>Mumps</td> </tr> <tr> <td>Cholera</td> <td>Pertussis</td> </tr> <tr> <td>Coccidioidomycosis</td> <td>Poliomyelitis</td> </tr> <tr> <td>Cryptosporidiosis</td> <td>Psittacosis</td> </tr> <tr> <td>Diphtheria†</td> <td>Q Fever</td> </tr> <tr> <td>E. coli 0157:H7</td> <td>Relapsing fever</td> </tr> <tr> <td>Encephalitis</td> <td>Respiratory syncytial virus infection (RSV)</td> </tr> <tr> <td>Giardiasis</td> <td>Rocky Mountain Spotted Fever</td> </tr> <tr> <td>Gonococcal infection</td> <td>Rotavirus</td> </tr> <tr> <td>Granuloma inguinale</td> <td>Rubella (including congenital)†</td> </tr> <tr> <td>Haemophilus influenzae (invasive disease)</td> <td>Salmonellosis</td> </tr> <tr> <td>Hansen's Disease (leprosy)</td> <td>Severe reaction to immunization</td> </tr> <tr> <td>Hantavirus</td> <td>Shigellosis</td> </tr> <tr> <td>Hemolytic-uremic syndrome (HUS)</td> <td>Syphilis (including congenital)</td> </tr> <tr> <td>Hepatitis A</td> <td>Tetanus</td> </tr> <tr> <td>Hepatitis B</td> <td>Toxic shock syndrome</td> </tr> <tr> <td>Hepatitis C</td> <td>Trichinosis</td> </tr> <tr> <td>Hepatitis delta</td> <td>Tuberculosis†</td> </tr> <tr> <td>Hepatitis, unspecified</td> <td>Tularemia</td> </tr> <tr> <td>Human immunodeficiency virus infection (HIV)</td> <td>Typhoid fever</td> </tr> <tr> <td>Influenza</td> <td>West Nile Virus Infection</td> </tr> <tr> <td></td> <td>Yersiniosis</td> </tr> </table>		Acquired immunodeficiency syndrome (AIDS)	Legionellosis	Amebiasis	Leptospirosis	Animal bite from a rabies susceptible species*†	Listeriosis	Anthrax	Lyme disease	Brucellosis	Lymphogranuloma venereum	Campylobacteriosis	Malaria	CD4 lymphocyte counts <500/μL▲	Measles (rubeola)†	Chancroid	Meningitis (specify type)	<i>Chlamydia trachomatis</i> infection	Mumps	Cholera	Pertussis	Coccidioidomycosis	Poliomyelitis	Cryptosporidiosis	Psittacosis	Diphtheria†	Q Fever	E. coli 0157:H7	Relapsing fever	Encephalitis	Respiratory syncytial virus infection (RSV)	Giardiasis	Rocky Mountain Spotted Fever	Gonococcal infection	Rotavirus	Granuloma inguinale	Rubella (including congenital)†	Haemophilus influenzae (invasive disease)	Salmonellosis	Hansen's Disease (leprosy)	Severe reaction to immunization	Hantavirus	Shigellosis	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		Yersiniosis
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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	Gloria Laxamana, 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 _____ 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. * * ***

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:	
		Country of Birth: <input type="checkbox"/> US <input type="checkbox"/> Other: _____		City:	State:
		Occupation:	Employer:	Phone #:	Zip:
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)* † | Leptospirosis | Rocky Mountain Spotted Fever |
| Amebiasis | Foodborne illness outbreak* † | Listeriosis | Rotavirus |
| Animal bite from a rabies susceptible species* | Giardiasis | Lyme Disease | Rubella (including congenital) † |
| Anthrax | Gonorrhea | Lymphogranuloma venereum | Salmonellosis |
| Botulism* † | Granuloma inguinale | Malaria | Severe Reaction to Immunization |
| Brucellosis | Haemophilus influenzae (invasive) | Measles (rubeola) † | Shigellosis |
| Campylobacteriosis | Hansen's Disease (leprosy) | Meningitis (specify type) | Syphilis (including congenital) |
| CD4 lymphocyte counts <500/μL▲ | Hantavirus | Meningococcal disease* | Tetanus |
| Chancroid | Hemolytic uremic syndrome (HUS) | Mumps | Toxic Shock Syndrome |
| Chlamydia | Hepatitis A, B, C, delta, unspecified | Pertussis | Trichinosis |
| Cholera | HIV infection | Plague* † | Tuberculosis † |
| Coccidioidomycosis | Influenza | Poliomyelitis | Tularemia |
| Cryptosporidiosis | Legionellosis | Psittacosis | Typhoid Fever |
| Diphtheria* † | | Q Fever | West Nile Virus |
| E. coli 0157:H7 | | Rabies (human or animal)* † | Yersiniosis |
| Encephalitis | | Relapsing Fever | |
| | | Respiratory Syncytial Virus (RSV) | |

***Must report immediately**

†Must report when suspect

▲Laboratories only must report