

Nebraska Reportable Diseases Title 173 Regulations

Immediate Notification: Douglas Co. (402)444-7214 (after hrs 402- 444-7000)
 Lancaster Co (402) 441-8053 (after hrs 402-440-1817) All Other Counties 402-471-1983
 Nebraska Public Health Laboratory 24/7 pager 402-888-5588

Updated 5/3/2017 Condition	Labs- automated ELR			Labs reporting manually			Healthcare providers		
	immediate	within 7 days	monthly	immediate	within 7 days	monthly	immediate	within 7 days	monthly
<i>Acinetobacter spp.</i> (all species)		x							
Acquired Immunodeficiency Syndrome (AIDS), as described in 173 NAC 1-005.01C2		x			x			x	
Adenovirus		x							
<i>Aeromonas spp.</i>		x							
Amebae-associated infection (<i>Acanthamoeba spp</i> , <i>Entamoeba histolytica</i> , and <i>Naegleria fowleri</i>)		x			x			x	
Anthrax (<i>Bacillus anthracis</i>)* ^	x			x			x		
Arboviral infections (including, but not limited to, West Nile virus, St. Louis encephalitis virus, Western Equine encephalitis virus, Chikungunya virus, Rift Valley fever virus, Zika and Dengue virus)		x			x			x	
Astrovirus		x							
Babesiosis (<i>Babesia</i> species)		x			x			x	
Botulism (<i>Clostridium botulinum</i>)*	x			x			x		
Brucellosis (<i>Brucella abortus</i>^, <i>B. melitensis</i>^, and <i>B. suis</i>)**^	x			x			x		
Burkholderia (<i>Pseudomonas</i>) pseudomallei *^	x			x			x		
Campylobacteriosis (<i>Campylobacter</i> species) Do not forward to NPHL for banking or subtyping unless requested		x			x			x	
Carbapenem-Resistant Enterobacteriaceae (suspected or confirmed)**	x			x			x		
Carbon monoxide poisoning (Use break point for non-smokers)		x			x			x	
Chancroid (<i>Haemophilus ducreyi</i>) ±		x			x			x	
Chikungunya virus		x			x			x	
<i>Citrobacter spp.</i>		x							
<i>Chlamydomyces (Chlamydia) pneumoniae</i>		x							
<i>Chlamydia trachomatis</i> infections (nonspecific urethritis, cervicitis, salpingitis, neonatal conjunctivitis, pneumonia)±		x			x			x	
Cholera (<i>Vibrio cholerae</i>) ^	x			x			x		
<i>Clostridium difficile</i>		x			x			x	
Coccidioidomycosis (<i>Coccidioides immitis/posadasii</i>)	x			x			x		
Coronavirus (Not MERS)		x							
Creutzfeldt-Jakob Disease [transmissible spongiform encephalopathy (14-3-3 protein from CSF or any laboratory analysis of brain tissue suggestive of CJD)]		x			x			x	
Cryptosporidiosis (<i>C. hominis</i> and <i>C. parvum</i>)^		x			x			x	
Cyclosporiasis (<i>Cyclospora cayatanensis</i>)^		x			x			x	
Dengue virus infection		x			x			x	
Diphtheria (<i>Corynebacterium diphtheriae</i>)	x			x			x		
Eastern equine encephalitis (EEE virus)*^	x			x			x		
Ebola virus disease suspected ^	x			x			x		
Ehrlichiosis, human granulocytic (<i>Anaplasma phagocytophilum</i>)		x			x			x	
Ehrlichiosis, human monocytic (<i>Ehrlichia chaffeensis</i>)		x			x			x	
Encephalitis (caused by viral agents)		x			x			x	
<i>Entamoeba histolytica</i>		x			x			x	
<i>Enterobacter spp.</i> , all isolates		x							
<i>Enterococcus spp.</i> , all isolates		x							
Enterovirus		x							
<i>Escherichia coli</i> gastroenteritis (<i>E. coli</i> O157-H7 and other Shigatoxin-positive <i>E. coli</i> from gastrointestinal infection) ^		x			x			x	
<i>Enterobacteriaceae</i> <i>E. coli</i> , <i>Enteropathogenic E. coli</i> , <i>Enterotoxigenic E. coli</i> , <i>Shigella/Enteroinvasive E. coli</i>		x							
<i>Escherichia coli</i> , non-gastrointestinal		x							
Food-poisoning, outbreak-associated	x			x			x		
Giardiasis (<i>Giardia lamblia</i>) Do not forward to NPHL for banking or subtyping unless requested.		x			x			x	
Glanders [<i>Burkholderia (Pseudomonas) mallei</i>]*^	x			x			x		
Gonorrhea (<i>Neisseria gonorrhoeae</i>): venereal infection and ophthalmia neonatorum ±		x			x			x	
<i>Haemophilus influenzae</i> infection (sterile site only) ^	x			x			x		

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Hansen's Disease [Leprosy (<i>Mycobacterium leprae</i>)] ^		x			x			x	
Hantavirus pulmonary syndrome (Sin Nombre virus) ^	x			x			x		
Hemolytic uremic syndrome (post-diarrheal illness)	x			x			x		
Hepatitis A (IgM antibody-positive or clinically diagnosed during an outbreak)	x			x			x		
Hepatitis B infection (positive surface antigen tests, e antigen tests, and all IgM core antibody tests, both positive and negative). For new Hepatitis B positive tests in pregnant women call DHHS epidemiology at 402 471-2937; otherwise within 24 hours by ELR is sufficient. ±	x			x			x		
Hepatitis C (all positive screening tests [e.g. EIA, ELISA, etc] to include signal-to-cutoff ratio [S:CO] are reportable; all confirmatory tests [e.g., RIBA, NAT tests such as PCR for qualitative, quantitative and genotype testing] are reportable regardless of result [i.e., both positive and negatives tests])		x			x			x	
Hepatitis D		x			x			x	
Hepatitis E	x			x			x		
Herpes simplex, primary genital infection ±		x			x			x	
Histoplasmosis (<i>Histoplasma capsulatum</i>)		x			x			x	
Human immunodeficiency virus infection, as described in 173 NAC 1-005.01C2, Type 1 and suspected cases of HIV Type 2 ±		x			x			x	
Human Metapneumovirus		x							
Influenza (all tests positive and negative including subtype if available) - ELR laboratories only		x							
Influenza deaths, pediatric (<18 years of age)		x			x			x	
Influenza due to novel or pandemic strains (includes highly pathogenic avian influenza virus)*^	x			x			x		
Kawasaki disease (mucocutaneous lymph node syndrome)		x			x			x	
<i>Klebsiella spp.</i>		x							
Lassa fever virus	x			x			x		
Lead poisoning (all analytical values for blood lead analysis must be reported)		x			x			x	
Legionellosis (<i>Legionella spp</i>)		x			x			x	
Leptospirosis (<i>Leptospira interrogans</i>)		x			x			x	
Listeriosis (<i>Listeria monocytogenes</i>) ^		x			x			x	
Lyme disease (<i>Borrelia burgdorferi</i>)		x			x			x	
Lymphocytic choriomeningitis virus infection		x			x			x	
Lymphogranuloma venereum (LGV [<i>Chlamydia trachomatis</i>]) ±		x			x			x	
Marburg virus* (suspected) ^	x			x			x		
Malaria (<i>Plasmodium spp</i>)		x			x			x	
Measles (Rubeola)	x			x			x		
Melioidosis [<i>Burkholderia (Pseudomonas) pseudomallei</i>] *^	x			x			x		
Meningitis (<i>Haemophilus influenzae</i> ^ or <i>Neisseria meningitidis</i> ^)	x			x			x		
Meningitis, including viral, bacterial, and fungal (all such cases must be reported within seven days except those caused by <i>Haemophilus influenzae</i> and <i>Neisseria meningitidis</i> , which must be reported immediately)		x			x			x	
Meningococcal disease (<i>Neisseria meningitidis, sterile sites only</i>)^	x			x			x		
Methemoglobinemia/nitrate poisoning (methemoglobin greater than 5% of total hemoglobin)		x			x			x	
Middle East Respiratory Syndrome (suspected or confirmed MERS-CoV)^	x			x			x		
Monkeypox virus infection *	x			x			x		
Mumps		x (report ASAP)			x (report ASAP)			x (report ASAP)	
<i>Mycobacterium spp</i> , invasive infection (including <i>M. tuberculosis</i> complex and atypical <i>Mycobacterium spp.</i> associated with invasive disease) ^ Send only MTB complex or slow growing MAI group to NPHL		x (report ASAP)			x (report ASAP)			x (report ASAP)	
<i>Mycoplasma pneumoniae</i>		x							
Necrotizing fasciitis		x			x			x	
Norovirus (laboratories only - forward to NPHL if outbreak associated or as requested)		x			x				
Parainfluenza (all types)		x							
<i>Pleisiomonas shigelloides</i>		x							
Pertussis [whooping cough] (<i>Bordetella pertussis</i>) ^	x			x			x		
Plague (<i>Yersinia pestis</i>) * ^	x			x			x		
Poisoning or illness due to exposure to agricultural chemicals (pesticides, herbicides, fertilizers, etc.)		x			x			x	

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Poisoning or illness due to exposure to heavy metals (mercury, arsenic, beryllium, cadmium, chromium, etc.)		x			x			x	
Poisoning or illness due to exposure to industrial chemicals		x			x			x	
Poisoning or illness due to exposure to radiologic exposures		x			x			x	
Poliomyelitis paralytic	x			x			x		
Psittacosis (<i>Chlamydophila psittaci</i>)		x			x			x	
Q fever (<i>Coxiella burnetii</i>) *^	x			x			x		
<i>Pseudomonas aeruginosa</i>		x							
<i>Pseudomonas aeruginosa</i> (non-mucoid isolates resistant to carbapenems other than ertapenem from non-cystic fibrosis patients)**	x			x			x		
Rabies (human and animal cases and suspects)	x			x			x		
Respiratory syncytial virus (all tests positive and negative)		x							
Retrovirus infections (other than HIV)		x			x			x	
Rheumatic fever, acute (cases meeting the Jones criteria only)		x			x			x	
Rhinovirus		x							
Ricin poisoning*	x			x			x		
Rift Valley Fever*	x			x			x		
Rocky Mountain Spotted Fever (<i>Rickettsia rickettsii</i> ^)		x			x			x	
Rotavirus		x							
Rubella and congenital rubella syndrome	x			x			x		
<i>Salmonella spp.</i> , including <i>S.typhi</i> (Salmonella serogroups) ^		x			x			x	
Saprovirus		x							
Severe Acute Respiratory Syndrome [SARS] (SARS-associated coronavirus) suspected ^	x			x			x		
Shiga toxin positive gastroenteritis (enterohemorrhagic <i>E. coli</i> and other shiga toxin-producing bacteria) ^		x			x			x	
<i>Shigella spp.</i> ^ (Forward all species except <i>S.sonnei</i> or isolates requiring serogrouping to NPHL. Notify NPHL if speciated as <i>S. dysenteriae</i> for special shipping requirements)		x			x			x	
Smallpox ^*	x			x			x		
Staphylococcal enterotoxin B intoxication*	x			x			x		
<i>Staphylococcus aureus</i> (all isolates)		x							
<i>Staphylococcus aureus</i> , vancomycin-intermediate/resistant (MIC>=4mg/mL)^	x			x			x		
Streptococcal disease (all invasive disease caused by Groups A and B <i>Streptococci</i>)		x			x			x	
<i>Streptococcus pneumoniae</i> (all sterile sites)^	x			x			x		
<i>Streptococcus pneumoniae</i> (all isolates other than sterile sites) ^		x							
Syphilis (<i>Treponema pallidum</i> - a ll positive tests)		x			x			x	
Tetanus (<i>Clostridium tetani</i>)		x			x			x	
Tick-borne encephalitis, virus complexes (Central European Tick-borne encephalitis virus, Far Eastern Tick-borne encephalitis virus, Kyasanur Forest disease virus. Omsk Hemorrhagic Fever virus, Russian Spring and Summer encephalitis virus)*	x			x			x		
Toxic Shock Syndrome		x			x			x	
Toxoplasmosis, acute (<i>Toxoplasma gondii</i>)		x			x			x	
Transmissible spongiform encephalopathies		x			x			x	
Trichinosis (<i>Trichinella spiralis</i>)		x			x			x	
Tuberculosis (to include all <i>M. tuberculosis</i> complex organisms [for genotyping]; culture or nucleic acid test positive or positive histological evidence indicative of tuberculosis infection)		x			x			x	
Tularemia (<i>Francisella tularensis</i>) *^	x			x			x		
Typhus Fever, louse-borne (<i>Rickettsia prowazekii</i>) *^ and flea-borne/ endemic murine (<i>Rickettsia typhi</i>)	x			x			x		
Varicella zoster primary infections (chicken pox)		x			x			x	
Varicella zoster mortality (all ages)		x			x			x	
Venezuelan equine encephalitis*^	x			x			x		
Vibrio cholera ^	x			x			x		
Vibriosis (<i>Vibrio spp.</i> , not <i>V. cholera</i>) ^		x							
Viral hemorrhagic fever (including but not limited to Ebola virus, Marburg virus, Congo Crimean Fever and Lassa fever virus) *^	x			x			x		
Yellow Fever	x			x			x		
<i>Yersinia pestis</i> *^	x			x			x		

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Yersiniosis (<i>Yersinia spp.</i> , not <i>Y. pestis</i>)^		x			x			x	
Zika virus		x			x			x	
* Potential agents of bioterrorism (Designated as select agents by CDC)									
<p>** Resistance to imipenem, doripenem, ertapenem or meropenem as defined by the CDC. Carbapenem-resistant Enterobacteriaceae (CRE) (excluding <i>Proteus</i> species, <i>Providencia</i> species, or <i>Morganella morganii</i>) are reportable to the Nebraska Department of Health and Human Services via electronic lab report, phone or fax within 24 hours.</p> <p>Additionally, laboratories unable to perform phenotypic or molecular testing to confirm carbapenemase production in these organisms should send suspected CRE isolates that meet the criteria below to NPHL. Labs that are able to do such testing should only send isolates positive for carbapenemases to NPHL. Ship as Category B, Biological Substance UN3373. Guidelines for submission are below:</p> <ol style="list-style-type: none"> 1. Submission of all isolates of Enterobacteriaceae that are resistant to any of the carbapenems. Exceptions are <i>Enterobacter cloacae</i> and <i>E. aerogenes</i>: only submit isolates that are resistant to carbapenems other than ertapenem. Do not submit Enterobacteriaceae with known intrinsic resistance to carbapenems; i.e. <i>Proteus</i> species, <i>Providencia</i> species, and <i>Morganella morganii</i>. 2. Submission of all isolates of in-house or reference laboratory confirmed carbapenemase-producing Enterobacteriaceae. 									
Immediate Notification for automated ELR Labs - Required to call by telephone to a live public health surveillance official within 24 hours of detection									
Immediate Notification for Labs reporting manually - Required to call by telephone to a live public health surveillance official within 24 hours of detection									
^ Laboratories must submit the isolate and/or specimen within 7 days to the Nebraska Public Health Lab as specified in Title 173 NAC 1-007.03									
Immediate Notification for Healthcare Providers - Required to call by telephone to a live public health surveillance official within 24 hours of detection									
± STD in accordance with Neb. Rev. Stat. § 71-502.01									