

**Laboratory Summary of Reportable Diseases, Poisonings and Organisms
(Including Sexually Transmitted Diseases)
Nebraska Department of Health and Human Services**

Submit on copy not later than Tuesday of each week to: Nebraska Department of Health and Human Services
Regulation and Licensure
Communicable Disease
P.O Box 95007
Lincoln, Nebraska 68509-5007

PATIENT'S NAME		ADDRESS Street, City, State, Zip	Date of Birth/Age	Sex	Name of Test	Result	Date	PHYSICIAN		
Last	First							Name	Phone	City

This notification shall be submitted weekly. If no reportable conditions have been detected, the notification should be submitted so indicating.

Name of Laboratory _____ Designated laboratory contact _____ Telephone: _____

For Week Ending _____ Date _____ Fax: _____

White copy - HHS - Regulation and Licensure

Canary copy - Laboratory



LABORATORIES REPORTABLE DISEASES, POISONINGS, ORGANISMS AND EVENTS

Report Immediately:

Anthrax (*Bacillus anthracis*);*
Botulism (*Clostridium botulinum*);*
Brucellosis (*Brucella* species);*
Cholera (*Vibrio cholerae*);
Diphtheria (*Corynebacterium diphtheriae*);
Food-poisoning, outbreak-associated;
Glanders [*Burkholderia (Pseudomonas) mallei*];*
Haemophilus influenzae infection (invasive disease only);
Hemolytic uremic syndrome (post-diarrheal illness);
Hepatitis A (IgM antibody-positive or clinically diagnosed during an outbreak);
Maarburg virus;*
Measles (Rubeola);
Meloidosis [*Burkholderia (Pseudomonas) pseudomallei*];*
Meningitis (*Haemophilus influenzae* or *Neisseria meningitidis*);
Meningococemia (*Neisseria meningitidis*);
Pertussis/whooping cough (*Bordetella pertussis*);
Plague (*Yersinia pestis*);*
Poliomyelitis;
Q fever (*Coxiella burnetii*);*
Rabies, (human and animal cases and suspects);
Rubella and congenital rubella syndrome;
Smallpox;*
Staphylococcal enterotoxin B intoxication;*
Staphylococcus aureus, vancomycin-intermediate/resistant (MIC>4µg/mL);
Tularemia (*Francisella tularensis*);*
Typhus Fever, louse-borne (*Rickettsia prowazekii*) and flea-borne/endemic murine (*Rickettsia typhi*);
Venezuelan equine encephalitis;*
Yellow Fever.
(*Potential agents of bioterrorism)

Clusters, Outbreaks or Unusual Events, Including Possible Bioterroristic Attacks*: Clusters, outbreaks or epidemics of any health problem, infectious or other, including food poisoning, influenza or possible bioterroristic attack; increased disease incidence beyond expectations; unexplained deaths possibly due to unidentified infectious causes; any unusual disease or manifestations of illness.

Report Within Seven Days:

Acquired Immunodeficiency Syndrome (AIDS) as described in 1-004.01C2 and 1-004.02C1;
Amebiasis (*Entamoeba histolytica*);
Babesiosis (*Babesia* species);
Campylobacteriosis (*Campylobacter* species);
Chlamydia trachomatis infections (nonspecific urethritis, cervicitis, salpingitis, neonatal conjunctivitis, pneumonia);
Creutzfeldt-Jakob Disease (subacute spongiform encephalopathy);
Cryptosporidiosis (*Cryptosporidium parvum*);
Dengue virus infection;
Ehrlichiosis, human monocytic (*Ehrlichia chaffeensis*);
Ehrlichiosis, human granulocytic (*Ehrlichia phagocytophila*);
Encephalitis (caused by viral agents);
Escherichia coli gastroenteritis (*E. coli* O157-H7 and other pathogenic *E. coli* from gastrointestinal infection);
Giardiasis (*Giardia lamblia*);
Gonorrhea (*Neisseria gonorrhoeae*): venereal infection and ophthalmia neonatorum;
Hantavirus infection;
Hepatitis B [surface antigen or IgM core antibody positive; for laboratories doing confirmatory tests (e.g., blood banks), results of confirmatory tests for surface antigen or core antibody supersede results of screening tests];
Hepatitis C (requires a positive serologic test; when a confirmatory test is done, the results of the confirmatory test supersede results of the screening test);
Hepatitis D and E;
Herpes simplex, primary genital infection and neonatal, less than 30 days of age;
Human Immunodeficiency Virus infection as described in 1-004.01C2 and 1-004.02C1;
Immunosuppression as described in 1-004.02C1, e;
Influenza (DFA positive or culture confirmed);
Kawasaki disease (mucocutaneous lymph node syndrome);
Lead poisoning (all analytical values for blood lead analysis shall be reported);
Legionellosis (*Legionella* species);
Leprosy (*Mycobacterium leprae*);

Leptospirosis (*Leptospira interrogans*);
Listeriosis (*Listeria monocytogenes*);
Lyme disease (*Borrelia burgdorferi*);
Malaria (*Plasmodium* species);
Meningitis, viral or caused by *Streptococcus pneumoniae*;
Methemoglobinemia/nitrate poisoning (methemoglobin greater than 5% of total hemoglobin);
Mumps;
Poisoning or illness due to exposure to agricultural chemicals (herbicides, pesticides, and fertilizers), industrial chemicals or mercury;
Psittacosis (*Chlamydia psittaci*);
Retrovirus infections (other than HIV);
Rheumatic fever, acute (cases meeting the Jones criteria only);
Rocky Mountain Spotted Fever (*Rickettsia rickettsii*);
Salmonellosis, including typhoid (*Salmonella* species);
Shiga toxin, resulting in gastroenteritis;
Shigellosis (*Shigella* species);
Streptococcal disease (all invasive disease caused by Groups A and B streptococci and *Streptococcus pneumoniae*);
Syphilis (*Treponema pallidum*);
Syphilis, congenital;
Tetanus (*Clostridium tetani*);
Toxic Shock Syndrome;
Trichinosis (*Trichinella spiralis*);
Tuberculosis (*Mycobacterium tuberculosis* and human cases of *Mycobacterium bovis*);
Yersiniosis (*Yersinia* species).

Report Once A Month By Tabular Summary

Enterococcus spp., vancomycin-resistant (MIC>=32 µg/mL and/or resistant by disk diffusion) and intermediate (MIC=8-16 µg/mL);
Staphylococcus aureus, methicillin-resistant (MIC>=4µg/mL and/or resistant by disk diffusion);
Staphylococcus aureus, vancomycin-intermediate/resistant (MIC>4µg/mL);
Streptococcus pneumoniae, penicillin-intermediate (MIC=0.12-1.0 µg/mL) and penicillin-resistant (MIC>=2.0 µg/mL).