



Nebraska Department of Health and Human Services
Regulation and Licensure

Cert.# _____

REPORTABLE DISEASES, POISONINGS AND ORGANISMS
Health Care Provider Confidential Communication



Provider Info.

Person Reporting:		Week Ending
Clinic/Institution:	Address/Box #	Fax # Phone #
Town:	State	Zip Code

Patient Information

For Physician and Hospital Reporting

TODAY'S DATE _____ ATTENDING PHYSICIAN _____ DATE OF ONSET _____

PATIENT'S NAME: (Last) _____ (First) _____ (MI) _____

IF < 19, PARENT'S NAME: (Last) _____ (First) _____ (M) _____

ADDRESS: CITY/TOWN _____ COUNTY _____ STATE _____ ZIP _____

AGE _____ /DOB: _____ RACE White Black Am Indian Asian or Pacific Islander

SEX Male Female ETHNICITY Hispanic Non-Hispanic

PHONE _____ MARITAL STATUS Single Married Other

Disease: _____ Status: Case Suspected case Asympt. carrier

Check all of the following that apply Patient was hospitalized. Patient has contact with children in day care.

Suspected food or waterborne illness. Patient died as a result of this illness. Patient is a foodhandler.

Patient is part of an outbreak. Blood level test result _____ µg/dL

Treatment (drug, dosage, route, administration)

I request additional report forms. Please send _____ copies.

White Copy - HHS Regulation and Licensure Canary Copy - Health Care Provider

HHS-9-(DC) Rev. 1/01 (86009)
(Previous version 5/97 should **NOT** be used)



HEALTH CARE PROVIDERS - REPORTABLE DISEASES, POISONINGS, ORGANISMS AND EVENTS

Acquired Immunodeficiency Syndrome (AIDS);
Amebiasis (*Entamoeba histolytica*);
Anthrax (*Bacillus anthracis*);*
Babesiosis (*Babesia* species);
Botulism (*Clostridium botulinum*);*
Brucellosis (*Brucella* species);*
Campylobacteriosis (*Campylobacter* species);
Chlamydia trachomatis infections (nonspecific urethritis, cervicitis, salpingitis, neonatal conjunctivitis, pneumonia);
Cholera (*Vibrio cholerae*);
Clusters, outbreaks or unusual events, including possible bioterroristic attacks;
Creutzfeldt-Jakob Disease (subacute spongiform encephalopathy);
Cryptosporidiosis (*Cryptosporidium parvum*);
Dengue virus infection;
Diphtheria (*Corynebacterium diphtheriae*);
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);
Food-poisoning, outbreak-associated;
Giardiasis (*Giardia lamblia*);
Glanders [*Burkholderia (Pseudomonas) mallei*];*
Gonorrhea (*Neisseria gonorrhoeae*): venereal infection and ophthalmia neonatorum;
***Haemophilus influenzae* infection (invasive disease only);**
Hantavirus infection;
Hemolytic uremic syndrome (post-diarrheal illness);
Hepatitis A (IgM antibody-positive or clinically diagnosed during an outbreak);
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;
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*);
Maarburg virus;*
Malaria (*Plasmodium* species);
Measles (Rubeola);
Melioidosis [*Burkholderia (Pseudomonas) pseudomallei*];*
Meningitis (*Haemophilus influenzae* or *Neisseria meningitidis*);
Meningitis, viral or caused by *Streptococcus pneumoniae*;
Meningococcemia (*Neisseria meningitidis*);
Methemoglobinemia/nitrate poisoning (methemoglobin greater than 5% of total hemoglobin);
Mumps;
Pertussis/whooping cough (*Bordetella pertussis*);
Plague (*Yersinia pestis*);*
Poisoning or illness due to exposure to agricultural chemicals (herbicides, pesticides, and fertilizers), industrial chemicals or mercury;
Poliomyelitis;
Psittacosis (*Chlamydia psittaci*);
Q fever (*Coxiella burnetii*);*

Rabies, (human and animal cases and suspects);
Retrovirus infections (other than HIV);
Rheumatic fever, acute (cases meeting the Jones criteria only);
Rocky Mountain Spotted Fever (*Rickettsia rickettsii*);
Rubella and congenital rubella syndrome;
Salmonellosis, including typhoid (*Salmonella* species);
Shiga toxin, resulting in gastroenteritis;
Shigellosis (*Shigella* species);
Smallpox;*
Staphylococcal enterotoxin B intoxication;*
***Staphylococcus aureus*, vancomycin-intermediate/resistant (MIC>4µg/mL);**
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*);
Tularemia (*Francisella tularensis*);*
Typhus Fever, louse-borne (*Rickettsia prowazekii*) and flea-borne/endemic murine (*Rickettsia typhi*);
Venezuelan equine encephalitis;*
Yellow Fever;
Yersiniosis (*Yersinia* species).

Bold type: Report immediately

Regular type: Report within seven days

***Potential agents of bioterrorism**