



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

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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**