

REPORTABLE DISEASES, POISONINGS AND ORGANISMS
Health Care Provider Confidential Communication



Person Reporting: _____ Week Ending _____

Provider Info.

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) _____ (MI) _____

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.

Submit To: Nebraska Department of Health and Human Services
Division of Public Health
Communicable Disease
P.O Box 95026
Lincoln, Nebraska 68509-5026

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*);
Marburg virus;*

Malaria (*Plasmodium* species);
Measles (Rubeola);
Melioidosis [*Burkholderia (Pseudomonas) pseudomallei*];*
Meningitis (*Haemophilus influenzae* or *Neisseria meningitidis*);
Meningitis, viral or caused by *Streptococcus pneumoniae*;
Meningococemia (*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>4 g/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**