

Date: \_\_\_\_\_

To: Washoe County Health District Communicable Disease Program  
Confidential Fax (775) 328-3764

From: \_\_\_\_\_ of \_\_\_\_\_  
Name of Person Faxing Name of Healthcare Provider/Facility

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Re: Reportable Communicable Disease \_\_\_\_\_ Number of Pages Faxed

**\* \* \* Please fax copies of client's face sheet & pertinent lab results if available. \* \* \***

\* \* Additional information may be requested as needed to complete the investigation (per NAC 441A.230). \* \*

**CONFIDENTIAL CASE REPORT—REPORTABLE COMMUNICABLE DISEASE**

<b>Patient's Last Name:</b>		<b>First:</b>	<b>Initial:</b>	<b>DOB:</b> ____/____/____	
<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Race (✓ one):</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	<b>Ethnicity (✓ one):</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<b>Address:</b>	<b>Phone #:</b>	
			<b>City:</b>	<b>State:</b>	<b>Zip:</b>
		<b>Country of Birth:</b> <input type="checkbox"/> US <input type="checkbox"/> Other: _____	<b>Occupation:</b>	<b>Employer:</b>	
<b>Disease:</b>				<b>Onset Date:</b>	
<b>Comments:</b> Lab Results, Tests, Symptoms, Treatment:				<b>Date of Diagnosis:</b>	
<b>Is client pregnant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>If pregnant:</b> EDC: ____/____/____ Delivery Hospital: <input type="checkbox"/> RRMC <input type="checkbox"/> SMRMC <input type="checkbox"/> Other: _____				

**LIST OF REPORTABLE DISEASES AND CONDITIONS**

- |  |  |  |   |
|--|--|--|---|
| AIDS   | <b>Extraordinary occurrence of illness (e.g. Smallpox, SARS)*†</b>                               | Lyme Disease   | Severe Reaction to Immunization                     |
| Amebiasis  | Giardiasis   | Lymphogranuloma venereum   | Shigellosis¶  |
| Anaplasmosis   | Gonorrhea  | Malaria¶   | Spotted fever rickettsioses (including RMSF)        |
| <b>Animal bite from a rabies susceptible species*</b>      | Granuloma inguinale  | Measles (rubeola)†   | Staph aureus, vancomycin-intermediate or resistant¶ |
| <b>Anthrax*†¶</b>  | Haemophilus influenzae (invasive disease)¶   | Meningitis (specify type)  | Strep pneumo (invasive)¶                            |
| <b>Botulism*†¶</b>   | Hansen's Disease (leprosy)   | <b>Meningococcal disease*†¶</b>                                  | Syphilis (including congenital)                     |
| Brucellosis¶   | Hantavirus   | Mumps  | Tetanus¶  |
| Campylobacteriosis¶  | Hemolytic uremic syndrome (HUS)  | <b>Outbreaks, all (e.g., foodborne, healthcare-associated)*†</b> | Toxic Shock Syndrome                                |
| Carbapenemase-producing organisms (CPO) ▲§                 | Hepatitis A, B, C, delta, E, unspecified   | Pertussis¶   | Trichinosis   |
| CD4 lymphocyte counts▲                                     | HIV infection  | <b>Plague*†¶</b>   | Tuberculosis†¶                                      |
| Chancroid  | <b>Illness known or suspected to be the result of intentional transmission or bioterrorism*†</b> | <b>Poliomyelitis*†</b>   | <b>Tularemia*†¶</b>                                 |
| Chlamydia  | Influenza  | Psittacosis  | Typhoid Fever                                       |
| Cholera  | Legionellosis¶   | Q Fever¶   | Vibriosis¶  |
| Coccidioidomycosis   | Leptospirosis  | <b>Rabies (human or animal)*†</b>                                | <b>Viral hemorrhagic fever *†</b>                   |
| Cryptosporidiosis  | Listeriosis¶   | Relapsing Fever  | West Nile Virus                                     |
| Diphtheria†¶   |  | Respiratory Syncytial Virus (RSV)                                | Yellow Fever  |
| Ehrlichiosis   |  | Rotavirus  | Yersiniosis¶  |
| Encephalitis   |  | Rubella (including congenital)†                                  |   |
| Enterohemorrhagic <i>E. coli</i> (STEC) including O157:H7¶ |  | Salmonellosis¶   |   |

\*Must report immediately

†Must report when suspect

▲Laboratories only must report

¶ Isolates must be submitted to Nevada State Public Health Lab

§ Reporting of carbapenem-resistant Enterobacteriaceae (CRE), carbapenem-resistant pseudomonas aeruginosa (CRPA), and other carbapenem-resistant Gram negative bacilli (CRGNB) is now being requested pursuant to NAC 441A.235-3(a) from all hospital laboratories in Washoe County.