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March 5, 2014

Vol. 34, No. 04

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Epi-News 2003-2013 Index Subject and Publication Date

Epi-News has been archived on the Washoe County Health District's (WCHD) website at www.washoecounty.us/health/cdpp/epinews.html since 2001. For the convenience of Epi-News readers, we have compiled an index of the subjects addressed in the Epi-News during the past 11 years in a table format with links to respective issues. There are more than 40 subjects addressed in the Epi-News. The subjects varied from air quality and chronic diseases to various emerging

infectious diseases and outbreaks. You can click here <http://www.washoecounty.us/health/cdpp/epinews.html> to find a list of subjects and associated issues. WCHD is grateful to those readers for their questions, suggestions, and excellent feedback during the past years. Your continued readership is highly appreciated. To sign up for Epi-News distribution list, please send your email to EpiCenter@washoecounty.us.

Reporting of Communicable Diseases by Nevada Law Confusions and Clarifications

Nevada Administrative Codes ([NAC 441A.225 through NAC 441A.260](#)) describe duties of different personnel to report communicable diseases (CD). Such personnel include not only healthcare providers, director of medical laboratories, infection preventionist (IP) in medical facilities, but also public safety officer, directors of schools, daycares, correctional facilities, blood banks, and insurers, etc. In Washoe County, reporting of CDs from non-primary medical fields such as schools, daycares, blood banks, and insurance company, etc, has been very stable. From recent inquiries to CD Program at WCHD from the community, some confusion or incorrect assumptions still exist. These assumptions can be summarized as follows and all of these assumptions are **NOT** in compliance with Nevada Administrative Code:

1. If laboratories report CDs, physicians do not need to report these CDs.
2. If laboratories report CDs to ordering physicians, it is only the ordering party's legal responsibility to report.
3. If physicians in hospitals report CDs, designated infection preventionists for these hospitals do not need to report these CDs.
4. ALL communicable diseases are reportable.

[NAC 441A.230](#), [NAC 441A.235](#), and [NAC 441A.240](#) specifies the duty of healthcare providers, duty of director or other person in charge of medical laboratory, and duty of director or other person in charge of medical facility to report CDs, respectively. Therefore, it is mandatory for different persons to fulfill their own legal responsibilities, rather than depending on others.

As to what, when, how to report CDs, it is highly recommend to keep the following three pages at hand in your office all the time. Using the Confidential **Case Report (CCR)** form to report general communicable diseases or conditions listed on the form and using the **Animal Bite Report** form to report an animal bite from a rabies susceptible species. WCHD has noticed that some urgent care facilities are still using old animal bite report forms, which is inappropriate.

Not ALL communicable diseases are reportable. For example, sporadic norovirus *or Clostridium difficile* (C. diff) bacteria infections are not reportable in Nevada unless there is an outbreak or a suspect outbreak. Please refer to the list of reportable diseases on the following page. The list was updated in NAC in 2011. If you still have an old list, please discard it. It is important to check WCHD's webpage at <http://www.washoecounty.us/health/cdpp/reporting.html> **every year** for any updates of reporting requirements for communicable diseases.



The Washoe County Health District (WCHD) would like to thank healthcare providers in the community for their dedication to communicable disease reporting and cooperation for communicable disease investigations. Your continued support to the Communicable Disease Program at WCHD is highly appreciated. The dedicated and confidential reporting phone and fax numbers are 775-328-2447 (Phone) and 775-328-3764 (Fax).



Fax reports to: (775) 328-3764

Physicians, laboratories, and other health care providers are required to report suspected and confirmed diagnoses of the following diseases and conditions to the Washoe County Health District, pursuant to Nevada Administrative Code Chapter 441A.

REPORT IMMEDIATELY

Report the following diseases **within 24 hours, anytime, day or night, including weekends and holidays**, by calling **(775) 328-2447**:

- ✓ Extraordinary occurrence of any illness (e.g. Smallpox, SARS)*†
- ✓ Botulism*†
- ✓ Foodborne illness outbreak*†
- ✓ Meningococcal disease*
- ✓ Plague*†
- ✓ Rabies (human or animal)* †



Required Information:

- ◆ Disease or suspected disease
- ◆ Patient's full name
- ◆ Address
- ◆ Telephone number
- ◆ Date of birth (if known)
- ◆ Sex, Race (if known)
- ◆ Occupation (if known)
- ◆ Employer (if known)
- ◆ Date of disease onset
- ◆ Date of diagnosis
- ◆ Health Care Provider's name & contact information
- ◆ Any other information requested by the health authority, if available.

REPORT WITHIN ONE WORKING DAY

Fax completed reports with accompanying labs & demographic information to 328-3764.

Acquired immunodeficiency syndrome (AIDS)	Listeriosis
Amebiasis	Lyme disease
Animal bite from a rabies susceptible species*	Lymphogranuloma venereum
Anthrax	Malaria
Brucellosis	Measles (rubeola)†
Campylobacteriosis	Meningitis (specify type)
CD4 lymphocyte counts <500/μL▲	Mumps
Chancroid	Pertussis
<i>Chlamydia trachomatis</i> infection of the genital tract	Poliomyelitis
Cholera	Psittacosis
Coccidioidomycosis	Q Fever
Cryptosporidiosis	Relapsing fever
Diphtheria†	Respiratory syncytial virus infection (RSV)
Ehrlichiosis†‡	Rocky Mountain Spotted Fever
Encephalitis	Rotavirus
Enterohemorrhagic <i>Escherichia coli</i> (shiga toxin-producing <i>E. coli</i> O157:H7)†‡	Rubella (including congenital)†
Giardiasis	Salmonellosis
Gonococcal infection	Severe reaction to immunization
Granuloma inguinale	Shigellosis
Haemophilus influenzae (invasive disease)†‡	<i>Staphylococcus aureus</i>, vancomycin-intermediate†‡
Hansen's Disease (Leprosy)	<i>Staphylococcus aureus</i>, vancomycin-resistant†‡
Hantavirus	<i>Streptococcus pneumoniae</i> (drug-resistant or invasive)†‡
Hemolytic-uremic syndrome (HUS)	Syphilis (including congenital)
Hepatitis A	Tetanus
Hepatitis B	Toxic shock syndrome
Hepatitis C	Trichinosis
Hepatitis Delta	Tuberculosis†
Hepatitis, unspecified	Tularemia
Human immunodeficiency virus infection (HIV)	Typhoid fever
Influenza	West Nile Virus Infection
Legionellosis	Yellow fever†‡
Leptospirosis	Yersiniosis

***Must report immediately †Must report when suspect ▲Laboratories only must report ‡Revised in 2011**

Contacts for Disease Specific Questions:

AIDS, HIV, CD4<500	328-6142	Cory Sobrio, RN	Disease Intervention Specialist
AIDS, HIV, CD4<500	328-6151	Angie Penny, RN	Disease Intervention Specialist
Sexually Transmitted Diseases	328-2475	Kathy Sobrio, RN	Disease Intervention Specialist
TB	785-4787	Diane Freedman, RN	TB Control Program Coordinator
TB	785-4786	Judy Medved-Gonzalez, RN	TB Control Program Case Manager
TB	785-4786	Karen Barrett, RN	TB Control Program Case Manager
All other reportable diseases and conditions	328-2447	On-call Staff Member	Public Health Investigator or Epidemiologist

Date: _____

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

From: _____ of _____ Phone: _____
Name of Person Faxing Name of Healthcare Provider/Facility 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

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

LIST OF REPORTABLE DISEASES AND CONDITIONS

- | | | | |
|--|--|-----------------------------------|--|
| AIDS | Extraordinary occurrence of illness (e.g. Smallpox, SARS)*† | Lyme Disease | Rubella (including congenital)† |
| Amebiasis | Foodborne illness outbreak*† | Lymphogranuloma venereum | Salmonellosis |
| Animal bite from a rabies susceptible species* | Giardiasis | Malaria | Severe Reaction to Immunization |
| Anthrax | Gonorrhea | Measles (rubeola)† | Shigellosis |
| Botulism*† | Granuloma inguinale | Meningitis (specify type) | Staph aureus, vancomycin-intermediate or resistant†¶ |
| Brucellosis | Haemophilus influenzae (invasive disease) | Meningococcal disease* | Strep pneumo (drug-resistant or invasive)¶ |
| Campylobacteriosis | Hansen's Disease (leprosy) | Mumps | Syphilis (including congenital) |
| CD4 lymphocyte counts <500/μL▲ | Hantavirus | Pertussis | Tetanus |
| Chancroid | Hemolytic uremic syndrome (HUS) | Plague*† | Toxic Shock Syndrome |
| Chlamydia | Hepatitis A, B, C, delta, unspecified | Poliomyelitis | Trichinosis |
| Cholera | HIV infection | Psittacosis | Tuberculosis† |
| Coccidioidomycosis | Influenza | Q Fever | Tularemia |
| Cryptosporidiosis | Legionellosis | Rabies (human or animal)*† | Typhoid Fever |
| Diphtheria*† | Leptospirosis | Relapsing Fever | West Nile Virus |
| Ehrlichiosis¶ | Listeriosis | Respiratory Syncytial Virus (RSV) | Yellow Fever¶ |
| Encephalitis | | Rocky Mountain Spotted Fever | Yersiniosis |
| Enterohemorrhagic <i>E. coli</i> (STEC) including 0157:H7¶ | | Rotavirus | |

***Must report immediately** **†Must report when suspect** **▲Laboratories only must report** **¶Revised in 2011**

PLEASE PRINT CLEARLY

Washoe County



Health District

FAX COMPLETED REPORTS TO:
(775) 328-3764

ANIMAL BITE REPORT – To Be Completed By Health Care Provider

INSTRUCTIONS FOR COMPLETING FORM:	<p>This form should be completed by the health care provider, unless the person bitten did not seek medical care. PLEASE PRINT LEGIBLY. Complete all sections in full.</p> <p>Fax completed form as soon as possible to Washoe County Health District at 328-3764. This allows the local rabies control authority to evaluate & monitor the biting animal & fulfills the health care provider's requirement to report animal bites under Nevada Administrative Code 441A. The original form should stay with the patient's chart.</p> <p>Questions? Please call 328-2447.</p>
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Today's Date: ____/____/____	Name of Hospital/ Urgent Care/Clinic: _____
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Exposed Person	Name: _____ Age: _____
	Parent/Guardian's Name if patient is a minor: _____
	Street Address: _____ City: _____ State: _____ Zip: _____
	Phone: Home: _____ Work: _____ Cell: _____

Bite	Date Bite Occurred: _____ Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
	Where on body bitten: _____ Skin Broken? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> If bite occurred at exposed person's address, check this box and skip to Animal Information. If not, complete the following: Address/place where bite occurred: _____
	Street Address: _____ City: _____ State: _____ Zip: _____

Animal Information	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other: _____
	Owner's Name: _____
	<input type="checkbox"/> If owner is exposed person, check this box & skip to Medical care obtained. If not, complete the following:
	Street Address: _____ City: _____ Zip: _____
	Phone: Home: _____ Work: _____ Cell: _____

Medical care obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete the following:
Health care provider: _____	Hospital/Urgent Care/Clinic: _____

Explain circumstances of bite incident:	_____

This information is accurate to the best of my knowledge.

Signature of Person Bitten or Parent/Guardian: _____