Nebraska Department of Health and Human Services
Division of Public Health

# REPORTABLE DISEASES, POISONINGS AND ORGANISMS

## Health Care Provider Confidential Communication

Cert.#_____

Nebraska Department of Health and Human Services

**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 Onsent

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: | Staus: ☐ 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

HHS-9-(DC) Rev. 3/09 (86009)

# 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>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**