NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES (NNAMHS)

POLICY AND PROCEDURE

SUBJECT: REPORTING COMMUNICABLE DISEASES

NUMBER: NN-IC-13

ORIGINAL DATE: 09/19/90

REVIEW/REVISE DATE: 06/15/95, 11/05/98, 10/18/01, 11/04/04, 9/6/07, 6/17/10, 7/11/13

APPROVAL, ______Cody L. Phinney________________________Agency Director

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I. PURPOSE

To protect our consumers, staff and the general public by reporting diseases to the Washoe County District Health Department Communicable Disease Program in compliance with Nevada Revised Statues (NRS) 441A.

II. POLICY

NNAMHS will report diseases as listed in Appendix A to the Washoe County District Health Department Communicable Disease Program as reported on Appendix B.

III REFERENCES

1. Washoe County Communicable Disease Reporting System
   http://www.washoecounty.us/health/cdpp/repoting.html
2. Washoe County Health District Reporting Requirements Update
   http://www.washoecounty.us/repository/files/4/Reporting-Chart-Jan-2011.pdf
   http://www.washoecounty.us/repository/files/4/Blank-CD-Reporting-Form.pdf
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3. NRS, Chapter 441A, Communicable Diseases.

IV. PROCEDURE

A. Health care providers, laboratories, and public health officials are responsible to report diseases as listed in Appendix A by phone at 328-2400 or by fax to 328-3764.

B. Each report from shall include the information as required on the form provided in Appendix A. If the report is called in, all the same information will be requested and should be made available. The information is kept confidential, and a release of information is not required...

C. In settings where more than one health care provider may be involved, the health care providers will contact the Infection Control Officer to be sure that they are aware and have the pertinent information.

D. If the diagnosis is made via a laboratory testing, laboratory personnel are also responsible to report to the Health Department. To prevent duplication of reporting, the provider will contact the Infection Control Officer or designee the day the lab test is reported to them. If the Infection Control Officer is not available the provider will make the report.

E. Special Circumstances. As listed in Appendix A, some diseases/occurrences require immediate reporting. In these cases, the Health Care Provider should call the (775) 328-2447 line immediately, even if a diagnosis is only suspected. This line is available at all times and is maintained exclusively for infectious disease reporting.

F. Any increase in communicable diseases or unusual symptom clusters will be reported by the Infection Control Officer to the Washoe County District Health Department Communicable Disease Program in consultation with the Medical physician.

G. Washoe County District Health Department will at times update or change requirements for reporting, especially if there is an ongoing epidemic or pandemic. We will stay current with their criteria and cooperate with all reporting requests.

Appendix A

Washoe County Health District

REPORTING REQUIREMENTS UPDATE January 2011

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
Chlamydia trachomatis 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 *Escherichia coli* (shiga toxin-producing *E. coli*, including *E. coli* O157:H7)¶	Rubella (including congenital)†
	Salmonellosis
Giardiasis	Severe reaction to immunization
Gonococcal infection	Shigellosis
Granuloma inguinale	*Staphylococcus aureus*, vancomycin-intermediate¶
Haemophilus influenzae (invasive disease)¶	*Staphylococcus aureus*, vancomycin-resistant¶
Hansen's Disease (leprosy)	*Streptococcus pneumoniae* (drug-resistant or invasive)¶
Hantavirus	
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	328-2504	Bill Mullen, RN	Disease Intervention Specialist
AIDS, HIV, CD4<500	328-6107	Cory Sobrio, RN	Disease Intervention Specialist
Sexually Transmitted Diseases	328-2475	Kathy Hong, RN	Disease Intervention Specialist
Sexually Transmitted Diseases	328-2474	Linda Gabor, RN	Disease Intervention Specialist
TB	785-4787	Diane Freedman, RN	TB Control Program Coordinator
TB	785-4789	Judy Medved-Gonzalez, RN	TB Control Program Clinic Nurse
All other reportable diseases and conditions	328-2447	On-call Staff Member (Public Health Investigator or Epidemiologist)	

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Appendix B

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:	**Race (✓ one):**	**Ethnicity (✓ one):**	**Address:**		**Phone #:**
☐ M ☐ F	☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black ☐ White ☐ Other: _____ ☐ Unknown	☐ Hispanic ☐ Non-Hispanic ☐ Unknown	**City:**	**State:**	**Zip:**
		Country of Birth: ☐ US ☐ Other: _____	**Occupation:**	**Employer:**	

Disease:	**Onset Date:**
Comments: Lab Results, Tests, Symptoms, Treatment:	**Date of Diagnosis:**

Is client pregnant?	**If pregnant:**
☐ Yes ☐ No ☐ N/A	EDC: ____/____/____ Delivery Hospital: ☐ WMC ☐ SMRMC ☐ Other: _____

LIST OF REPORTABLE DISEASES AND CONDITIONS

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

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

September 2011