

**State of Nevada**

**Confidential Morbidity Report Form Instructions** Updated May 6, 2020

# **Disease Reporting**

The Nevada Administrative Code Chapter 441A requires reports of specified diseases, food borne illness outbreaks and extraordinary occurrences of illness be made to the local Health Authority. The purpose of disease reporting is to recognize trends in diseases of public health importance and to intervene in outbreaks or epidemic situations. Physicians, veterinarians, dentists, chiropractors, registered nurses, directors of medical facilities, medical laboratories, blood banks, school authorities, college administrators, directors of childcare facilities, nursing homes, and correctional institutions are required to report. Failure to report is a misdemeanor and may be subject to an administrative fine of $1,000 for each violation.

# **HIPAA and Public Health Reporting**

HIPPA laws were developed so as not to interfere with the ability of local public health authorities to collect information. According to 45 CFR 160.204(b): “Nothing in this part shall be constructed to invalidate or limit the authority, power, or procedures established under any law providing for the reporting of disease or injury, child abuse, birth, or death, public health surveillance, or public health investigation or intervention.”

# **Nevada Reportable Diseases**

|  |  |
| --- | --- |
| AIDSAmebiasisAnimal bite from a rabies-susceptible species\*AnthraxArsenic:Exposures andElevated LevelsBotulism\*†BrucellosisCampylobacteriosisCD4 lymphocyte counts <500/μLChancroidChikungunya virus diseaseChlamydiaCholeraCoccidioidomycosisCoronavirus Disease 2019 (COVID-19)\*†CryptosporidiosisDengueDiphtheria†Drowning‡Drug-Resistant Streptococcus pneumoniae Invasive DiseaseEhrilichosis/ anaplasmosisE. coli 0157:H7EncephalitisEnterobacteriaceae, Carbapenem-resistant (CRE), including Carbapenem-resistant Enterobacter spp., Escherichia coli and Klebsiella spp.Exposures of Large Groups of People‡Extraordinary occurrence of illness (e.g. Smallpox, Dengue, SARS)\*†GiardiasisGonorrheaGranuloma inguinaleGroup A Streptococcal Invasive DiseaseHaemophilus influenzae (invasive)Hansen’s Disease (leprosy)HantavirusHemolytic-uremicsyndrome (HUS)Hepatitis A, B, C, delta, unspecifiedHIV infectionInfluenzaLead: Exposures and Elevated Levels | LegionellosisLeptospirosisListeriosisLyme Disease Lymphogranuloma venereumMalariaMeasles (rubeola)†Meningitis (specify type)Meningococcal Disease\*Mercury: Exposures and Elevated Levels‡MumpsOutbreaks of Communicable Disease\*†Outbreaks of Foodborne Disease\*†PertussisPlague\*†Poliomyelitis†PsittacosisQ FeverRabies (human or animal)\*†Relapsing FeverRespiratory SyncytialVirus (RSV)RotavirusRubella (including congenital)†Saint Louis encephalitis virus (SLEV)SalmonellosisSevere Reaction to ImmunizationShigellosisSpotted Fever RickettsiosesSyphilis (including congenital)TetanusToxic Shock SyndromeTrichinosisTuberculosis† Latent Tuberculosis <5 years ageTularemiaTyphoid FeverVancomycinintermediate Staphylococcusaureus (VISA) and Vancomycinresistant Staphylococcus aureus (VRSA)InfectionVibriosis, Non-CholeraViral HemorragicFeverWest Nile VirusYellow FeverYersiniosisZika virus disease |

\* Must be reported immediately

† Must be reported when suspect

‡ Reportable in Clark County Only

All cases, suspect cases, and carriers must be reported within 24 hours

# **Contact Information**

# **Instru­­ctions for Completing the Morbidity Report Form**

## **Provider Information**

### Attending Physician/Phone/Fax

The physician primarily responsible for the care of this patient

### Person Reporting/Phone/Fax

Provide if different than attending physician

### Facility Name/Phone

List the locations for facilities with multiple locations.

### Report Date

The date that this report is submitted

## Patient Information

Sufficient information must be provided to allow the patient to be contacted. If insufficient information is provided, you will be contacted to provide that information. Attaching a patient face sheet to this report is an acceptable method of providing the patient demographic information.

### Address/County/City/State/Zip

The home address of the patient, including the county

### Date of Birth / Age

The patient’s date of birth or age if birthdate is unknown.

### Parent or Guardian Name

For patients under the age of 18, the name of the person(s) responsible for the patient

### Phone

The home phone of the patient

### Occupation / Employer / School

The occupation or employer of the patient, or the name of the school attended for students

### Social Security Number

This information greatly assists in the investigation of cases, allowing easier access to laboratory and medical records.

### Medical Record Number

A patient identifier unique to the facility or office

### Gender / Sex Assigned at Birth

The current gender of the patient and the sex assigned at birth

### Pregnant / Pregnancy EDC

The pregnancy status of the patient and their estimated date of confinement (projected delivery date)

### Marital Status

The marital status of the patient

### Race / Ethnicity

Race and ethnicity categories have been chosen to match those used by the Centers for Disease Control and Prevention

### Primary Language Spoken

Providing this information makes it easier to contact non-English-speaking patients and arrange for translators

### Birth Country and Arrival Date

If the patient was not born in the United States, provide the patient’s country of origin and date of arrival in the US.

### Incarcerated

The incarceration status of the patient. If the patient is currently incarcerated, list the facility in the comments section

## **Disease Information**

### Disease or Condition Name

This form should be used for all legally reportable diseases in the state of Nevada

### Onset Date

The date of the first symptom experienced by the patient

### Diagnosis Date

The date that this disease was diagnosed. For reports of suspect illness, enter the date the illness was suspected.

### Date Admitted/Discharged

For any patients admitted to a hospital, the date of admission and discharge (if the patient has been discharged)

### Deceased / Date of Death

If the patient has died, list the date of death. If known, list the cause of death under comments.

### Symptoms

All relevant symptoms

### Laboratory Testing

If laboratory testing has been ordered, please attach the laboratory results to this form. If relevant tests are pending, list them in the comments section, as well as the name of the laboratory performing the testing

### Treatment

Treatment information is necessary for the reporting of sexually transmitted diseases, and helpful in the investigation of other illnesses. If this field is left blank, you will be contacted to provide this information

## **Comments**

Provide any additional information that may be useful in the investigation or to explain answers given elsewhere on this form.**Carson City Health & Human Services**

900 E. Long St.

Carson City, NV 89706

http://gethealthycarsoncity.org

Phone: (775) 887-2190

After-Hours Phone: (775) 887-2190

Confidential Fax (775) 887-2138

## **Nevada Division of Public and Behavioral Health**

4150 Technology Way

Carson City, Nevada 89706

http://health.nv.gov

Phone: (775) 684-5911 (24 Hours)

Confidential Fax: (775) 684-5999

After Hours Duty Officer: (775) 400-0333

## **Southern Nevada Health District**

PO Box 3902

Las Vegas, NV 89127

http://www.snhd.info

Confidential Fax: (702) 759-1414

### Epidemiology

Phone: (702) 759-1300 (24 hours)

Confidential Fax: (702) 759-1414

### STDs, HIV, and AIDS

Phone: (702) 759-0727

Confidential Fax: (702) 759-1454

### Tuberculosis

Phone: (702) 759-1015

Confidential Fax: (702) 759-1435

## **Washoe County Health District**

1001 E. Ninth St., Building B

P. O. Box 11130

Reno, Nevada 89520-0027

http://www.washoecounty.us/health/

Phone: (775) 328-2447 (24 hours)

Confidential Fax: (775) 328-3764

## **Animal Control Contact Information**

[Click this Link for Contact Sheet](file:///C%3A%5CUsers%5Ct.robb%5CDownloads%5CAnimal%20Control%20Contacts.pdf)

# **How to Report**

Completed reports can be faxed to the numbers listed on the front of this form. Diseases requiring immediate investigation and/or prophylaxis (e.g., invasive meningococcal disease, plague) should be also reported by telephone to the appropriate health jurisdiction.



**State of Nevada**

**Confidential Morbidity Report Form** Update May 6, 2020

# **Provider:**

|  |  |  |
| --- | --- | --- |
| Attending PhysicianClick or tap here to enter text. | Physician PhoneClick or tap here to enter text. | Physician FaxClick or tap here to enter text. |
| Persson Reporting / Job TitleClick or tap here to enter text. | Reporter PhoneClick or tap here to enter text. | Reported FaxClick or tap here to enter text. |
| Facility NameClick or tap here to enter text. | Facility PhoneClick or tap here to enter text. | Report DateClick or tap here to enter text. |

# **Patient:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NameClick or tap here to enter text. | Gender | [ ]  Female [ ]  Male[ ]  Nonbinary | Race | [ ]  White[ ]  Black[ ]  Asian [ ]  American Indian[ ]  Pacific Islander[ ]  Other |
| AddressClick or tap here to enter text. | CountyClick or tap here to enter text. | Sex assigned at birth | [ ]  Female [ ]  Male |
| CityClick or tap here to enter text. | StateClick or tap here to enter text. | ZipClick or tap here to enter text. | Pregnant | [ ]  No[ ]  Yes | Ethnicity | [ ]  Hispanic[ ]  Non-Hispanic |
| Date of Birth / AgeClick or tap here to enter text. | Parent or Guardian NameClick or tap here to enter text. | Pregnancy EDCClick or tap here to enter text. | Primary Language SpokenClick or tap here to enter text. |
| Home PhoneClick or tap here to enter text. | Occupation / Employer / SchoolClick or tap here to enter text. | Marital Status | [ ]  Single[ ]  Married[ ]  Widowed[ ]  Separated[ ]  Divorced[ ]  Unknown | Birth Country and Arrival DateClick or tap here to enter text. |
| Social Security NumberClick or tap here to enter text. | Medical Record NumberClick or tap here to enter text. | Incarcerated | [ ]  No[ ]  Yes |

# **Disease:**

|  |  |  |  |
| --- | --- | --- | --- |
| Disease or Condition NameClick or tap here to enter text. | Admission DateClick or tap here to enter text. | Deceased | [ ]  No[ ]  Yes |
| Onset DateClick or tap here to enter text. | Diagnosis DateClick or tap here to enter text. | Discharge DateClick or tap here to enter text. | Date of DeathClick or tap here to enter text. |
| SymptomsClick or tap here to enter text. |
| Was laboratory testing ordered? | [ ]  No [ ]  Yes | *If yes, attach the results or provide the laboratory name if the results are unavailable*Click or tap here to enter text. |
| Was the patient treated? | [ ]  No[ ]  Yes | *If yes, provide the treatment details (drug name, dosage, duration, dates etc.)*Click or tap here to enter text. |

# **Comments:**

|  |
| --- |
| Click or tap here to enter text. |

# Fax completed forms to:

Carson City: (775) 887-2138

Clark County: (702) 759-1454

Washoe County: (775) 328-3764

All Other Areas: (775) 684-5999