

FAX COVER

TO:	Southern Nevada Health District
CO/DEPT:	Office of Epidemiology
FAX #:	702-759-1414

FROM:	
SUBJECT:	Firefly outbreak case report

COMMENTS:

DATE SENT:	
# PAGES:	, including cover

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State of Nevada
Confidential Morbidity Report Form Updated January 2007



Provider	Attending Physician		Physician Phone	Physician Fax	
	Person Reporting / Job Title		Reporter Phone	Reporter Fax	
	Facility Name		Facility Phone	Report Date	
Patient	Name		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	
	Address		County	Transgender <input type="checkbox"/> No <input type="checkbox"/> Yes, MF <input type="checkbox"/> Yes, FM	
	City	State	Zip	Pregnant <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Date of Birth / Age		Parent or Guardian Name	Pregnancy EDC	Primary Language Spoken
	Home Phone		Occupation / Employer / School	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown	Birth Country and Arrival Date
	Social Security Number		Medical Record Number		Incarcerated <input type="checkbox"/> No <input type="checkbox"/> Yes
Disease	Disease or Condition Name		Admission Date	Deceased <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Onset Date	Diagnosis Date	Discharge Date	Date of Death	
	Symptoms				
	Was laboratory testing ordered? <input type="checkbox"/> No <i>If yes, attach the results or provide the laboratory name if the results are unavailable</i> <input type="checkbox"/> Yes				
Was the patient treated? <input type="checkbox"/> No <i>If yes, provide the treatment details (drug name, dosage, duration, dates etc.)</i> <input type="checkbox"/> Yes					
Comments					

Fax Completed Carson City: (775) 887-2138 Washoe County: (775) 328-3764
Forms To: Clark County: (702) 759-1414 Rest of State: (775) 684-5999

State of Nevada Confidential Morbidity Report Form Instructions

Updated January 2007



Disease Reporting

The Nevada Administrative Code Chapter 441A requires reports of specified diseases, foodborne 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 outbreak or epidemic situations. Physicians, veterinarians, dentists, chiropractors, registered nurses, directors of medical facilities, medical laboratories, blood banks, school authorities, college administrators, directors of child care 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. In December 2006, additional disease reporting requirements were approved by the Southern Nevada District Board of Health, which apply only to Clark County.

HIPAA and Public Health Reporting

HIPAA 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 construed 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."

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 location 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 birth date 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 / Transgender
The gender of the patient, and transgender information if applicable

Pregnant / Pregnancy EDC
The pregnancy status of female patients 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
If the patient 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, 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

Contact Information

Carson City Health & Human Services
900 E. Long St.
Carson City, NV 89706
<http://www.carson-city.nv.us>
Phone: (775) 887-2190
After-Hours Phone: (775) 887-2008
Confidential Fax (775) 887-2138

Nevada State Health Division
4150 Technology Way
Carson City, Nevada 89706
<http://health2k.state.nv.us/>
Phone: (775) 684-5911 (24 Hours)
Confidential Fax: (775) 684-5999

Southern Nevada Health District
625 Shadow Lane
PO Box 3902
Las Vegas, NV 89127
<http://www.cchd.org>
Phone: (702) 759-1000 (24 hours)
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) 868-2822
Tuberculosis Clinic
Phone: (702) 759-1369
Confidential Fax: (702) 633-0975

Washoe County District Health Department
1001 E. Ninth St., Building B
P. O. Box 11130
Reno, Nevada 89520-0027
<http://www.co.washoe.nv.us/health>
Phone: (775) 328-2447 (24 hours)
Confidential Fax: (775) 328-3764

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.

Nevada Reportable Diseases

AIDS	Leptospirosis
Amebiasis	Listeriosis
Animal bite from a rabies-susceptible species*	Lyme Disease
Anthrax	Lymphogranuloma venereum
Arsenic:	Malaria
Exposures and Elevated Levels‡	Measles (rubeola)†
Botulism*†	Meningitis (specify type)
Brucellosis	Meningococcal Disease*
Campylobacteriosis	Mercury:
CD4 lymphocyte counts <500/µL	Exposures and Elevated Levels‡
Chancroid	Mumps
Chlamydia	Outbreaks of Communicable Disease*†
Cholera	Outbreaks of Foodborne Disease*†
Coccidioidomycosis Communicable Disease	Pertussis
Outbreaks†‡	Plague*†
Cryptosporidiosis	Poliomyelitis
Diphtheria†	Psittacosis
Drowning‡	Q Fever
Drug-Resistant <i>Streptococcus pneumoniae</i> Invasive Disease‡	Rabies (human or animal)*†
<i>E. coli</i> O157:H7	Relapsing Fever
Encephalitis	Respiratory Syncytial Virus (RSV)
Exposures of Large Groups of People†‡	Rocky Mountain Spotted Fever
Extraordinary occurrence of illness (e.g. Smallpox, Dengue, SARS)*†	Rotavirus
Giardiasis	Rubella (including congenital)†
Gonorrhea	Salmonellosis
Granuloma inguinale	Severe Reaction to Immunization
Group A <i>Streptococcal</i> Invasive Disease‡	Shigellosis
Haemophilus influenzae (invasive)	Syphilis (including congenital)
Hansen's Disease (leprosy)	Tetanus
Hantavirus	Toxic Shock Syndrome
Hemolytic-uremic syndrome (HUS)	Trichinosis
Hepatitis A, B, C, delta, unspecified	Tuberculosis†
HIV infection	Tularemia
Influenza	Typhoid Fever
Lead:	Vancomycin-intermediate <i>Staphylococcus aureus</i> (VISA) and Vancomycin-resistant <i>Staphylococcus aureus</i> (VRSA)
Exposures and Elevated Levels‡	Infection‡
Legionellosis	Vibriosis, Non-Cholera‡
	West Nile Virus Infection‡
	Yersiniosis

* 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