PURPOSE: To establish all reportable diseases and the form used to report them.

POLICY: All reportable diseases will be sent to KDHE on the appropriate form.

PROCEDURE:

1. Reportable diseases are as follows:

- Indicates that a telephone report is required by law within four hours of suspect or confirmed cases to KDHE toll-free at 1-877-427-7317
- Indicates that an isolates must be sent to: Division of Health and Environmental Laboratories 
  Forbes Field, Building #740, Topeka, KS 66620-0001 
  Phone: (785) 296-1636 
  Acquired Immune Deficiency Syndrome (AIDS) 
  Amebiasis 
  Anthrax’ 
  Arboviral disease (including West Nile virus, Western Equine encephalitis (WEE) and St. Louis encephalitis (SLE)) - indicate virus whenever possible 
  Botulism’ 
  Brucellosis 
  Campylobacter infections 
  Chancroid 
  Chlamydia trachomatis genital infection 
  Cholera’ 
  Cryptosporidiosis 
  Cyclospora infection 
  Diphtheria 
  Ehrlichiosis
Escherichia coli O157:H7 (and other shiga-toxin producing E. coli, also known as STEC)
Giardiasis
Gonorrhea
Haemophilus influenza, invasive disease
Hantavirus Pulmonary Syndrome
Hemolytic uremic syndrome, postdiarrheal
Hepatitis, viral (acute and chronic)
Hepatitis B during pregnancy
Human Immunodeficiency Virus (HIV) (includes Viral Load Tests)
Influenza deaths in children <18 years of age
Legionellosis
Leprosy (Hansen disease)
Listeriosis
Lyme disease
Malaria
Measles (rubeola)
Meningitis, bacterial
Meningococcemia
Mumps
Pertussis (whooping cough)
Plague (Yersinia pestis)
Poliomyelitis
Psittacosis
Q Fever (Coxiella burnetii)
Rabies, human and animal
Rocky Mountain Spotted Fever
Rubella, including congenital rubella syndrome
Salmonellosis, including typhoid fever
Severe Acute Respiratory Syndrome (SARS)
Shigellosis
Smallpox
Spongiform encephalopathy (STE) or prion disease (includes vCJD)
Streptococcal invasive, drug-resistant disease from Group A Streptococcus or Streptococcus pneumoniae

Syphilis, including congenital syphilis
Tetanus
Toxic shock syndrome, streptococcal and staphylococcal
Trichinosis
Tuberculosis, active disease
Tuberculosis, latent infection
Tularemia
Varicella (chickenpox)
Viral hemorrhagic fever
Yellow fever

In addition, laboratories must report:
- Viral load results of reportable diseases
- ALL blood lead levels, as of 12/2002 (KCLPPP/ABLES)
- CD4+ T-lymphocyte count < 500/μl or CD4+ T-lymphocytes <29% of total lymphocytes

Outbreaks, unusual occurrence of any disease, exotic or newly recognized diseases, and suspect acts of terrorism should be reported within 4 hours by telephone to the Epidemiology Hotline: 1-877-427-7317

Mail or fax reports to your local health department and/or to:
Bureau of Epidemiology & Disease Prevention - Disease Surveillance, 1000 SW Jackson, Suite 210, Topeka, KS 66612-1274
Fax: 1-877-427-7318 (toll-free)
2. Form LB-502-1 will be used to report above diseases.
   2.1 These forms are kept in office supervisor's desk.
   2.2 Fill in the blanks with the appropriate information

KANSAS NOTIFIABLE DISEASE FORM

<table>
<thead>
<tr>
<th>Today’s Date: ____ / ____ / ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s Name: ____________________________________________</td>
</tr>
<tr>
<td>Last                      First                     Middle</td>
</tr>
<tr>
<td>Day Phone: ____________________________ Evening Phone: ____________________________</td>
</tr>
<tr>
<td>Residential Address: ____________________________________________</td>
</tr>
<tr>
<td>City: ____________________________ Zip: ____________________________ County: ____________________________</td>
</tr>
<tr>
<td>Ethnicity: Hispanic or Latino                  Not Hispanic or Latino                  Unknown</td>
</tr>
<tr>
<td>Race: (Circle all that apply)</td>
</tr>
<tr>
<td>American Indian/Alaska Native                  Asian                  Black or African American</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander                  White                  Unknown</td>
</tr>
<tr>
<td>Sex:  M  F  Date of Birth: _____ / _____ / ________ Age if DOB unknown: __________</td>
</tr>
<tr>
<td>Disease Name: ____________________________________________</td>
</tr>
<tr>
<td>Symptoms: Onset: ___ / ___ / ____ List the 3 most prominent symptoms: Symptom 1: ___________________ Symptom 2:___________________ Symptom 3:_________________</td>
</tr>
<tr>
<td>Outbreak associated?  Y  N  Died?  Y  N  Hospitalized?  Y  N</td>
</tr>
<tr>
<td>Institutional Residence? None Nursing Home Correctional Residential Hospital Psych</td>
</tr>
<tr>
<td>Physician Name: ____________________________________________ Physician Phone: ____________________________________________</td>
</tr>
<tr>
<td>Laboratory Information:</td>
</tr>
<tr>
<td>Specimen Collection Date: _____ / _____ / ________ Date Reported To You: _____ / _____ / ________</td>
</tr>
<tr>
<td>Name of Test Performed: ____________________________ Results of Test: ____________________________</td>
</tr>
<tr>
<td>Name of Laboratory: ____________________________ Laboratory Results Attached?  Y  N</td>
</tr>
<tr>
<td>Treatment Information:</td>
</tr>
<tr>
<td>Date of Treatment: _____ / _____ / ________ Treatment Type and Dosage: ____________________________</td>
</tr>
<tr>
<td>Treatment Status: Complete On-going Discontinued</td>
</tr>
<tr>
<td>Name of person reporting: ____________________________ Phone: ____________________________</td>
</tr>
<tr>
<td>Comments: ____________________________________________</td>
</tr>
<tr>
<td>Mail or fax reports to your local health department and/or to:</td>
</tr>
<tr>
<td>NUMBER:</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>TITLE:</td>
</tr>
</tbody>
</table>