

Fax to JCDHE Disease Containment: 913-826-1300

Please include disease-specific laboratory results, if available AND clinical notes regarding the disease condition.*

To report urgent diseases, call the KDHE Epidemiology Hotline: 877-427-7317

Today's Date: _____

Patient Name: _____
Last First Middle

Mobile phone: _____ Occupation/Workplace: _____

Residential address: _____

City: _____ State: _____ Zip: _____

Date of Birth (if unknown, provide age): _____

Race: White Black Asian American Indian / Alaska Native Native Hawaiian / Pacific Islander
 Ethnicity: Hispanic Non-Hispanic
 Sex: Male Female → Pregnant? Yes No Unknown

Associated with high-risk setting or institution? Daycare Health Care Food Handler School
 Nursing Home Correctional Shelter Other

Name and city of high-risk setting or institution: _____

Disease or condition suspected: _____

Onset date: _____ Diagnosis Date: _____

Symptoms (list prominent symptoms): _____

Hospitalized? Yes → Hospital: _____ No Unknown
 Died? Yes No

Diagnostics:

Laboratory name: _____ Specimen collection date: _____

Test(s) performed: _____ Test result(s): _____

Facility and Physician Information:

Facility name: _____ Facility city: _____

Physician name: _____ Phone #: _____

Name of person reporting: _____ Phone #: _____

Treatment Information:

Treated? Yes → No Unknown
 Treatment type, dosage, and duration: _____
 Treatment Start Date: _____

*If you have questions regarding this form, please call Disease Containment at 913-826-1303 or review the instructions following this form.

NOTES FOR ALL RELEVANT SECTIONS

- To make a report online or find supplemental forms for varicella and pertussis visit: <https://www.jocogov.org/dept/health-and-environment/health/disease-reporting/forms-reports>.
- Do not use this form to report weekly aggregate influenza incidence. Please refer to above link for aggregate form.
- Risk factors, diagnostics, treatments, and symptoms shown below are examples. To see a list of reportable disease resources available online, go to http://www.kdheks.gov/epi/disease_reporting.html
- For additional information or to report a suspect case of a reportable disease/condition, you may also contact the Disease Containment Hotline at 913-826-1303 or KDHE Epi Hotline at 877-427-7317.
- All dates should be in MONTH/DAY/YEAR (01/01/2005) format.
- To be complete, all addresses should include the city, state, and zip code.
- All telephone numbers should include the area code.

PATIENT INFORMATION

- Name: Provide the patient's full name.
- Age: If the patient is less than one year, provide patient age in months; or if less than one month, provide patient age in days.
- Race/ethnicity: Patient race/ethnicity is determined by the self-identification of each patient.
- Address: If homeless, provide an address where the patient can be located (i.e., shelter, etc.).
- Occupation/Workplace: Provide patient's work place or occupation.
- Please also indicate high-risk setting as this may speed implementation of public health action. Indicate if other cases (individuals with similar symptoms) are associated with the patient's disease/condition. Other risk/background information may include environmental exposure or exposure due to animals, recreation, and occupation.

DISEASE

- Disease name(s): Specify the disease(s)/condition(s) that is reported on this form, as defined by Kansas statute (K.S.A. 65-118, 65-128 and 65-6001 through 65-6007; and by K.A.R. 28-1-2 and 28-1-18)
- Onset date: Indicate the date when the symptoms started.
- Diagnosis date: Indicate the date when a physician diagnosed the disease/condition.
- Provide the vaccination history for the disease/condition, including vaccine type and manufacturer. Please include vaccine record with report.

SYMPTOMS

- Onset date: Indicate the date when each symptom started.
- Symptom: Indicate the symptom(s) associated with the disease/condition. Symptoms may include jaundice, fever, headache, rash, lesion, discharge, cough, swelling, etc.
- Pertinent information: Provide any additional symptoms-related comments. Attach additional clinical notes.
- Patient hospitalized: Indicate if the patient was hospitalized due to the reported disease/condition.
- Please provide date of death if patient expired.

DIAGNOSTICS - Please attach a copy of all lab results. Do not complete this section if lab results are attached.

- Laboratory name: Please list all laboratories that performed diagnostics.
- Specimen date: Indicate the collection date for each specimen.
- Test performed: Indicate each type of test performed. Examples of tests are carboxyhemoglobin, chest x-ray, culture, EIA, gram stain, ICP/MS, PCR, RBC/Serum Cholinesterase, RPR, serum organochlorine panel, etc.
- Test results: Indicate the result for each test, including qualitative/quantitative results.
 - Examples of qualitative results are positive, reactive, negative, equivocal, undetectable, etc.
 - Examples of quantitative results are 1:16, 2.0 mm, 2000 IU/mL, 65 mcg/dL, 1.8 IV, 10 ppb, index value, etc.
 - Examples of quantitative results for tuberculosis when administering the Mantoux test - (PPD), indicate the diameter of the induration (i.e., 2 mm, 15 mm, etc.).
- Include Liver function results when available: ALT = alanine aminotransferase (SGPT); AST = aspartate aminotransferase (SGOT)

FACILITY AND PHYSICIAN INFORMATION

- Facility Name and City: Provide the name and city location of the facility where the Reporter is employed. Facilities include hospital, physician, local public health agency, etc.
- Physician name: Physician who saw or diagnosed patient. Information is used for follow up contact.
- Name of Person reporting: Provide the name of the individual who completed this form.

TREATMENT

- Type of treatment: Indicate the medication(s) and/or therapy(ies) prescribed for treatment of the disease(s)/condition(s).
 - Make note of reasons for not treating including– but not limited to – ‘False Positive’, ‘Previously Treated’, and ‘Age’.
- Dosage: Indicate the number of units (i.e., 50, 500, etc.), measurement (i.e., cc, mg, etc.), and number of times taken each day and/or week for each medication.
- Treatment Start Date: Indicate when treatment was initiated.

REPORTABLE DISEASES IN KANSAS

(K.S.A. 65-118, 65-128, 65-6001 - 65-6007, K.A.R. 28-1-2, 28-1-4, and 28-1-18. Changes effective as of 5/11/2018)

For **4-hour reportable diseases** report to the KDHE Epidemiology Hotline: 877-427-7317. For **all other reportable diseases** fax a Kansas Reportable Disease Form and any lab results to Johnson County Department of Health and Environment: 913-826-1300 or to KDHE: 877-427-7318 within 24 hours or by the next business day.

Acute flaccid myelitis

Anthrax ☎

Anaplasmosis

Arboviral disease, neuroinvasive and nonneuroinvasive
(including chikungunya virus, dengue virus, La Crosse, West Nile virus, and Zika virus)

Babesiosis

Blood lead levels (any results)

Botulism ☎

Brucellosis

Campylobacteriosis

Candida auris ☎

Carbapenem-resistant bacterial infection or
colonization ☎

Carbon monoxide poisoning

Chancroid

Chickenpox (varicella)

Chlamydia trachomatis infection

Cholera ☎

Coccidioidomycosis

Cryptosporidiosis

Cyclosporiasis

Diphtheria ☎

Ehrlichiosis

Giardiasis

Gonorrhea (include antibiotic susceptibility results,
if performed)

Haemophilus influenzae, invasive disease ☎

Hansen's disease (leprosy)

Hantavirus

Hemolytic uremic syndrome, post-diarrheal

Hepatitis, viral (A, B, C, D, and E, acute and chronic)

Hepatitis B during pregnancy

Hepatitis B in children <5 years of age (report all
positive, negative, and inconclusive lab results)

Histoplasmosis

Human Immunodeficiency Virus (HIV) (Report the
CD4+ T-lymphocyte cell counts, report viral
load of any value, and report each pregnancy of
women diagnosed with HIV)

Influenza deaths in children <18 years of age

Leptospirosis

Influenza, novel A virus infection ☎

Legionellosis

Listeriosis ☎

Lyme disease

Malaria

Measles (rubeola) ☎

Meningococcal disease ☎ ☎

Mumps ☎

Pertussis (whooping cough)

Plague (*Yersinia pestis*) ☎

Poliovirus ☎

Psittacosis

Q Fever (*Coxiella burnetii*, acute and chronic)

Rabies, human ☎

Rabies, animal

Rubella ☎

Salmonellosis, including typhoid fever ☎

**Severe Acute Respiratory Syndrome-associated
coronavirus (SARS-CoV)** ☎ ☎

Shiga toxin-producing *Escherichia coli* (STEC) ☎

Shigellosis ☎

Smallpox ☎

Spotted fever rickettsiosis

Streptococcus pneumoniae, invasive disease ☎

Syphilis, all stages, including congenital syphilis

Tetanus ☎

Toxic shock syndrome, streptococcal and other
Transmissible spongiform encephalopathy (TSE) or
prion disease

Trichinellosis or trichinosis

Tuberculosis, active disease ☎ ☎

Tuberculosis, latent infection

Tularemia, including laboratory exposures

**Vaccinia, post vaccination infection or secondary
transmission**

Vancomycin-intermediate and resistant *Staphylococcus
aureus* (VISA and VRSA)

Vibriosis (all *cholerae* and non-*cholerae* *Vibrio*
species) ☎

Viral hemorrhagic fevers ☎

Yellow fever

☎ **Outbreaks, unusual occurrence of any disease, exotic or newly recognized diseases, suspect acts of terrorism, and unexplained deaths due to an unidentified infectious agent should be reported within 4 hours by telephone to the Epidemiology Hotline: 877-427-7317**

☎ - Indicates that a telephone report is required by law within four hours of suspect or confirmed cases to KDHE toll-free at 877-427-7317

☎ - Indicates that bacterial isolate, original clinical specimen, or nucleic acid must be sent to:

Division of Health and Environmental Laboratories, 6810 SW Dwight St, Topeka, KS 66620-0001
Phone: (785) 296-1620