

# **DISEASE REPORTING**



Good communication between child care providers, parents, guardians, health care professionals and the health department can play a major role in preventing the spread of communicable diseases. It is important that parent/guardians let child care providers know whenever their children are diagnosed with a contagious disease. Also, providers need to check with the health department to find out if any special control measures are needed.

Many diseases must be reported to the health department. According to Title 173, Nebraska Administrative Code, Chapter 1, there are 76 diseases and poisonings that are reportable. Reportable diseases included in this manual are indicated by a telephone symbol on each fact sheet and the table of contents.

Child care providers are **encouraged** to report diseases to the health department. Physicians, hospitals, and laboratories are required to report. Some communicable diseases can be very serious, so it is important that you call right away, even if you think someone else has already made a report.

# **NEBRASKA REPORTING RULE**

Nebraska Law mandates that Physicians, Hospitals, and Laboratories Report the Following Diseases and Poisonings:

**TO BE REPORTED WITHIN 24 HOURS**



- Anthrax (*Bacillus anthracis*)
- Botulism (*Clostridium botulinum*)
- Brucellosis (*Brucella* species)
- Cholera (*Vibrio cholerae*)
- Diphtheria (*Corynebacterium diphtheriae*)
- Food-poisoning, outbreak-associated
- Glanders (*Burkholderia [Pseudomonas] mallei*)
- Haemophilus influenzae* infection (invasive disease only, including meningitis, epiglottitis, bacteremia, and cellulitis)
- Hemolytic uremic syndrome (post-diarrheal illness)
- Hepatitis A (IgM antibody-positive or clinically diagnosed during an outbreak)
- Marburg virus
- Measles (Rubeola)
- Melioidosis (*Burkholderia [Pseudomonas] pseudomallei*)
- Meningitis (*Haemophilus influenzae* or *Neisseria meningitidis*)
- Meningococemia (*Neisseria meningitidis*)
- Pertussis/Whooping Cough (*Bordetella pertussis*)
- Plague (*Yersinia pestis*)
- Poliomyelitis
- Q fever (*Coxiella burnetii*)
- Rabies (human and animal cases and suspects)
- Rubella and congenital rubella syndrome
- Smallpox
- Staphylococcal enterotoxin B intoxication
- Staphylococcus aureus*, vancomycin-intermediate/resistant
- Tularemia (*Francisella tularensis*)
- Typhus Fever, louse-borne (*Rickettsia prowazekii*) and flea-borne/endemic murine (*Rickettsia typhi*)
- Venezuelan equine encephalitis
- Yellow Fever

**TO BE REPORTED WITHIN 7 DAYS**



- Acquired Immunodeficiency Syndrome (AIDS)  
as described in 1-004.01C2 and 1-004.02C1
- Amebiasis (*Entamoeba histolytica*)
- Babesiosis (*Babesia* species)
- Campylobacteriosis (*Campylobacter* species)
- Chlamydia trachomatis* infections (nonspecific urethritis, cervicitis,  
salpingitis, neonatal conjunctivitis, pneumonia)
- Creutzfeldt-Jakob Disease (subacute spongiform encephalopathy)
- Cryptosporidiosis (*Cryptosporidium parvum*)
- Dengue virus infection
- Ehrlichiosis, human monocytic (*Ehrlichia chaffeensis*)
- Ehrlichiosis, human granulocytic (*Ehrlichia phagocytophila*)
- Encephalitis (caused by viral agents)
- Escherichia coli* gastroenteritis (*E. coli* O157-H7 and  
other pathogenic *E. coli* from gastrointestinal infection)
- Giardiasis (*Giardia lamblia*)
- Gonorrhea (*Neisseria gonorrhoeae*) venereal infection  
and ophthalmia neonatorum
- Hantavirus infection
- Hepatitis B (surface antigen or IgM core antibody positive; for labs doing  
confirmatory tests [e.g., blood banks], results of confirmatory tests for  
surface antigen or core antibody supersede results of screening  
tests)
- Hepatitis C (requires a positive serologic test; when a confirmatory test is  
done, the results of the confirmatory test supersede results of the  
screening test)
- Hepatitis D and E
- Herpes simplex, primary genital infection and neonatal,  
less than 30 days of age
- Human Immunodeficiency Virus Infection  
(as described in 1-004.01C2 and 1-004.02C,  
Immunosuppression as described in 1-004.02C1,e
- Influenza (DFA positive or culture confirmed)
- Kawasaki disease (mucocutaneous lymph node syndrome)
- Lead poisoning (all analytical values for blood lead analysis shall be reported)
- Legionellosis (*Legionella* species)
- Leprosy (*Mycobacterium leprae*)
- Leptospirosis (*Leptospira interrogans*)
- Listeriosis (*Listeria monocytogenes*)
- Lyme disease (*Borrelia burgdorferi*)
- Malaria (*Plasmodium* species)
- Meningitis, viral or caused by *Streptococcus pneumoniae*
- Methemoglobinemia/nitrate poisoning  
(methemoglobin greater than 5% of total hemoglobin)
- Mumps

Poisoning or illness due to exposure to agricultural chemicals (herbicides, pesticides, and fertilizers), industrial chemicals, or mercury  
Psittacosis (*Chlamydia psittaci*)  
Retrovirus infection (other than HIV)  
Rheumatic fever, acute (case meeting the Jones criteria only)  
Rocky Mountain Spotted Fever (*Rickettsia rickettsii*)  
Salmonellosis, including typhoid (*Salmonella* species)  
Shiga toxin, resulting in gastroenteritis  
Shigellosis (*Shigella* species)  
Streptococcal disease (all invasive disease caused by groups A and B streptococci and *Streptococcus pneumoniae*)  
Syphilis (*Treponema pallidum*)  
Syphilis, congenital  
Tetanus (*Clostridium tetani*)  
Toxic Shock Syndrome  
Trichinosis (*Trichinella spiralis*)  
Tuberculosis (*Mycobacterium tuberculosis* and human cases of *Mycobacterium bovis*)  
Yersiniosis (*Yersinia* species)