

KANSAS NOTIFIABLE DISEASE FORM

Today's Date: ____ / ____ / ____


Patient's Name: _____ Last First Middle		
Day Phone: _____		Evening Phone: _____
Residential Address: _____		
City: _____	Zip: _____	County: _____
Ethnicity:	Hispanic or Latino	Not Hispanic or Latino
		Unknown
Race: <i>(Circle all that apply)</i>		
	American Indian/Alaska Native	Asian
		Black or African American
	Native Hawaiian or Other Pacific Islander	White
		Unknown
Sex:	M F	Date of Birth: ____ / ____ / ____
		Age if DOB unknown: _____
Disease Name: _____		
Symptoms:	Onset: ____ / ____ / ____	List the 3 most prominent symptoms:
Symptom 1: _____	Symptom 2: _____	Symptom 3: _____
Outbreak associated?	Y N	Died? Y N
		Hospitalized? Y N
Institutional Residence?	None	Nursing Home
		Correctional
		Residential
		Hospital
		Psych
Physician Name: _____		Physician Phone: _____
Laboratory Information:		
Specimen Collection Date: ____ / ____ / ____	Date Reported To You: ____ / ____ / ____	
Name of Test Performed: _____	Results of Test: _____	
Name of Laboratory: _____	Laboratory Results Attached? Y N	
Treatment Information:		
Date of Treatment: ____ / ____ / ____	Treatment Type and Dosage: _____	
Treatment Status:	Complete	On-going
		Discontinued


Name of person reporting: _____ **Phone:** _____

Comments: _____

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) (Revised 04/2006)

2006 REPORTABLE DISEASES IN KANSAS for health care providers, hospitals, and laboratories
(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 4/28/06)

 - 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) 296-1633

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 influenzae, 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 

Meningococemia  

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/ μ l 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)