

# KANSAS NOTIFIABLE DISEASE FORM

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

|   |  |  |                            |
|---|--|--|----------------------------|
| <b>Patient's Name:</b> _____<br>Last First Middle |  |  |                            |
| <b>Day Phone:</b> _____                           |  | <b>Evening Phone:</b> _____                |                            |
| <b>Residential Address:</b> _____                 |  |  |                            |
| <b>City:</b> _____                                | <b>Zip:</b> _____                        | <b>County:</b> _____                       |                            |
| <b>Ethnicity:</b>                                 | Hispanic or Latino                       | Not Hispanic or Latino                     | Unknown                    |
| <b>Race:</b> <i>(Circle all that apply)</i>       |  |  |                            |
| American Indian/Alaska Native                     |  | Asian                                      | Black or African American  |
| Native Hawaiian or Other Pacific Islander         |  | White                                      | Unknown                    |
| <b>Sex:</b> M F                                   | <b>Date of Birth:</b> ____ / ____ / ____ | <b>Age if DOB unknown:</b> _____           |                            |
| <b>Disease Name:</b> _____                        |  |  |                            |
| <b>Symptoms:</b> Onset: ____ / ____ / ____        |  | <b>List the 3 most prominent symptoms:</b> |                            |
| Symptom 1: _____                                  |  | Symptom 2: _____                           | Symptom 3: _____           |
| <b>Outbreak associated?</b> Y N                   | <b>Died?</b> Y N                         | <b>Hospitalized?</b> Y N                   |                            |
| <b>Institutional Residence?</b> None              | Nursing Home                             | Correctional                               | Residential Hospital Psych |
| <b>Physician Name:</b> _____                      |  | <b>Physician Phone:</b> _____              |                            |
| <b>Laboratory Information:</b>                    |  |  |                            |
| Specimen Collection Date: ____ / ____ / ____      |  | Date Reported To You: ____ / ____ / ____   |                            |
| Name of Test Performed: _____                     |  | Results of Test: _____                     |                            |
| Name of Laboratory: _____                         |  | Laboratory Results Attached? Y N           |                            |
| <b>Treatment Information:</b>                     |  |  |                            |
| 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:**  
KDHE Office of Surveillance and Epidemiology, 1000 SW Jackson, Suite 210, Topeka, KS 66612-1274  
Fax: 877-427-7318 (toll-free) (Revised 07/2008)

**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 4/28/2006)

**☎** - 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 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** ☎

Streptococcal invasive, drug-resistant disease from Group A *Streptococcus* or *Streptococcus pneumoniae* Ⓜ

Syphilis, including congenital syphilis

Tetanus

Toxic shock syndrome, streptococcal and staphylococcal

Transmissible Spongiform Encephalopathy (TSE) or prion disease (includes CJD)

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/  $\mu$ 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: 877-427-7317**

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Fax: 877-427-7318 (toll-free)