Lexington Reportable Disease Form

## Lexington-Fayette County Health Department

## Division of Epidemiology

## 805 Newtown Circle, Ste B

### Lexington, Kentucky 40511

**Ph: 859-231-9791 Fax: 859-288-7512**

**Disease Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| DEMOGRAPHIC DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient’s Last Name First MI | | | | | | | | | | | | | | | | Date of Birth  / / | | | | | | | | Age | | Gender  M F  Unk | | | | |
| Address City State Zip | | | | | | | | | | | | | | | | | | | | | | | | | | County of Residence | | | | |
| Phone Number | | | | | | Patient ID Number | | | | | Ethnic Origin  His.  Non-His. | | | | | | | | Race  W B A/PI Am.Ind. Other | | | | | | | | | | | |
| DISEASE INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disease/Organism | | | | | | | | | | | | | | | | | Date of Onset  / / | | | | | | | | | | Date of Diagnosis  / / | | | |
| List Symptoms/Comments | | | | | | | | | | | | | | | | | | | | | Highest Temperature Unk | | | | | | | | | |
| Days of Diarrhea Unk | | | | | | | | | |
| Died? Yes No Unk  Date of Death: / / | | | | | Is Patient Pregnant? Yes No  If yes, # of weeks\_\_\_\_\_ | | | | | | | Outbreak Associated?  Yes No Unk | | | | | | | | | | | | | Food Handler?  Yes No Unk | | | | | |
| Hospitalized? Yes No Unk  Hospital Name: | | | | | | | | | | | | | | | | | | | | | Admission Date  / / | | | | | | | | Discharge Date  / / | |
| School/Daycare Associated? Yes No Unk  Name of School/Daycare: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REPORTING INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Person or Agency completing form* | | | | | | | | | | | | | | | | | | *Attending Physician* | | | | | | | | | | | | |
| Name: Agency: | | | | | | | | | | | | | | | | | | Name: | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | Address: | | | | | | | | | | | | |
| Phone: Date of Report: / / | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | | | |
| LABORATORY INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | Name or Type of Test | | | | | Name of Laboratory | | | | | | | Specimen Source | | | | | | | | Results | | | | | | | |
|  | | |  | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |
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| ADDITIONAL INFORMATION FOR SEXUALLY TRANSMITTED DISEASES ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Method of case detection: Prenatal Community & Screening Delivery Instit. Screening Reactor Provider Report Volunteer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disease | Stage | | | | | | | | Disease | | | | | Site (*Check all that apply*) | | | | | | | | | | | | | | Resistance | | |
|  | Primary (lesion) | | | Secondary (symptoms) | | | | | Gonorrhea | | | | | Genital, uncomplicated | | | | | | | | Ophthalmic | | | | | | Penicillin | | |
| Syphilis | Early Latent | | | Late Latent | | | | | Chlamydia | | | | | Pharyngeal | | | | | | | | PID/Acute | | | | | | Tetracycline | | |
|  | Congenital | | | Other | | | | | Chancroid | | | | | Anorectal | | | | | | | | Salpingitis | | | | | | Other \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  | | |  | | | | |  | | | | | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  | | |
| Date of Specimen  Collection | | Laboratory Name | | | | | Type of Test | | | Results | | | Treatment Date | | | | | | | Medication | | | | | | | | | | Dose |
|  | |  | | | | |  | | |  | | |  | | | | | | |  | | | | | | | | | |  |
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| If syphilis, was previous treatment given for this infection? Yes No  If yes, give approximate date and place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

902 KAR 2:020 require health professionals to report the following diseases to the local health departments serving the jurisdiction in which the patient resides or to the Kentucky Department for Public Health (KDPH). Copies of 902 KAR 2:020 are available upon request.

The following should be reported IMMEDIATELY by TELEPHONE:

**Unexpected pattern of cases, suspected cases or deaths which may indicate a newly recognized infectious agent**

**An outbreak, epidemic, related public health hazard or act of bioterrorism, such as SMALLPOX**

**Outbreaks or Unusual Public Health Occurrences**

**902 KAR 2:065** requires long term care facilities to report an outbreak (2 or more cases) of influenza-like illnesses (ILI) within 24 hours to the local health department or the KDPH. Copies of 902 KAR 2:065 are available upon request.

**KRS 258:065** requires animal bites shall be reported to local health departments within twelve (12) hours

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| **Lexington-Fayette County Health Department Epidemiology**  **Telephone 859-231-9791**  **After-hours or Emergencies: 859-335-7071**  **FAX 859-288-7512** |

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| **Report within 24 hours** |  |  |
| Anthrax | Hansen’s disease  Hantavirus infection | Rabies, human |
| Arboviral disease, neuroinvasive\* | Rubella |
| Arboviral disease, non-neuroinvasive\* | **Hepatitis A** | Rubella syndrome, congenital |
| Botulism | Listeriosis | **Salmonellosis** |
| Brucellosis | Measles | **Shigellosis** |
| **Campylobacteriosis** | Meningococcal infections | **Syphilis (primary, secondary, early latent** |
| Cholera | **Pertussis** | **or congenital)** |
| Cryptosporidiosis | Plague | Tetanus |
| Diphtheria | Poliomyelitis | Tularemia |
| *E. coli* 0157:H7 | Psittacosis | Typhoid Fever |
| ***E. coli* shigatoxin positive (STEC)** | Q Fever | Vibriosis |
| ***Haemophilus influenzae,* invasive disease** | Rabies, animal | Yellow Fever |
|  |  |  |
| **Report within 1 business day** |  |  |
| Animal conditions known to be | Hepatitis B infection in a pregnant woman | **Toxic Shock Syndrome** |
| communicable to man | Hepatitis B Infection in a child born in or | **Tuberculosis** |
| **Foodborne outbreak / intoxication** | after 1992 | Waterborne outbreak |
| **Hepatitis B, acute** | Mumps |
|  |  |  |
| **Report within 5 business days** |  |  |
| AIDS | **Histoplasmosis** | **Rabies, post exposure prophylaxis** |
| Chancroid | HIV infection | Rocky Mountain Spotted Fever |
| ***Chlamydia trachomatis* infections** | **Lead poisoning** | *Streptococcus pneumoniae,* |
| Ehrlichiosis | **Legionellosis** | drug-resistant invasive disease |
| **Gonorrhea** | Lyme disease | Syphilis (other than primary, secondary, |
| Granuloma inguinale | Lymphogranuloma venereum | early latent or congenital) |
| **Hepatitis C, acute** | Malaria | Toxoplasmosis |
|  |  |  |
| **Report within 3 months** |  |  |
| Asbestosis | Coal Worker’s Pneumonoconiosis | Silicosis |

**\*** Includes California group, Eastern Equine, St. Louis, Venezuelan Equine Western Equine, and West Nile Viruses

Cases in **Bold** are the most commonly reported conditions.