

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:
KDHE Office of Surveillance and Epidemiology, 1000 SW Jackson, Suite 210, Topeka, KS 66612-1274
Fax: 877-427-7318 (toll-free) Epidemiology Hotline: 877-427-7317

(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/ 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: 877-427-7317

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