



## Davis County Health Department CONFIDENTIAL DISEASE REPORT FORM

<b>Patient's Name (Last)</b>		<b>(First)</b>		<b>Date of Birth</b> ____/____/____	
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b>Phone Number</b>		<b>Alternate Phone Number</b>			
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race (check all that apply)</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown			<b>Ethnicity (check one)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown	
<b>Disease</b>				<b>Date of Onset</b> ____/____/____	
<b>Laboratory tested?</b>	<b>Laboratory results/Serotype</b>	<b>Specimen source</b>	<b>Date of Collection</b> ____/____/____		
<b>Name of Laboratory</b>				<b>Phone</b>	
<b>Name of Ordering Provider</b>				<b>Phone</b>	
<b>Name of Ordering Facility</b>				<b>Phone</b>	
<b>Died?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Cause of Death</b>			<b>Date of Death</b> ____/____/____	
<b>Hospitalized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name of Hospital</b>	<b>Admission Date</b> ____/____/____	<b>Discharge Date</b> ____/____/____		
<b>Pregnant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, estimated weeks at diagnosis? _____					
<b>Man having sex with men (MSM)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Food Service Worker?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Facility Employed</b>		<b>Position</b>		
<b>Health Care Provider?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Facility Employed</b>		<b>Position</b>		
<b>Day Care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Facility Employed/Attending</b>		<input type="checkbox"/> Attend <input type="checkbox"/> Employee		
<b>Was the patient treated for this disease?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prescribed <input type="checkbox"/> Administered	<b>Treatment</b> _____	<b>Dosage</b> _____	<b>Date:</b> ____/____/____		
	<b>Treatment</b> _____	<b>Dosage</b> _____	<b>Date:</b> ____/____/____		
	<b>Comments</b> _____				
<b>Name of Person Reporting</b>			<b>Telephone Number</b>		
<b>Reporting Agency</b>			<b>Date Reported</b> ____/____/____		
<b>Comments</b>					

**Please send completed form and a copy of lab results to: Davis County Health Department  
FAX (801) 525-5210  
Davis County Health Department 24/7 Disease Reporting Line (801) 525-5220**

# REPORTABLE DISEASES

UTAH LAW REQUIRES THAT THE FOLLOWING DISEASES BE REPORTED TO YOUR LOCAL HEALTH DEPARTMENT OR THE UTAH DEPARTMENT OF HEALTH IMMEDIATELY.

**Davis County Health Department Disease Reporting Line: (801) 525-5220**

- Anthrax\* (*Bacillus anthracis*)
- Botulism\* (*Clostridium botulinum*)
- Cholera (*Vibrio cholerae*)
- Diphtheria\* (*Corynebacterium diphtheria*)
- *Haemophilus influenzae*\*, invasive
- Hepatitis A
- Influenza infection, non-seasonal strain\*
- Middle East Respiratory Syndrome (MERS)
- Measles\* (Rubeola virus)
- Meningococcal disease\* (*Neisseria meningitidis*)
- Plague\* (*Yersinia pestis*)
- Poliovirus, paralytic and non-paralytic
- Rabies, human and animal
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox (Variola virus)
- *Staphylococcus aureus*\*, from any clinical specimen with resistance (VRSA) or intermediate resistance (VISA) to vancomycin isolated from any site
- Transmissible spongiform encephalopathies (prion diseases), including Creutzfeldt-Jakob disease
- Tuberculosis\* (*Mycobacterium tuberculosis*)
- Tularemia\* (*Francisella tularensis*)
- Typhoid\*, cases and carriers
- Viral hemorrhagic fevers, e.g. Ebola, Lassa, Marburg, and Nipah virus-related illnesses
- Yellow Fever
- Unusual Diseases or Outbreaks of any kind

UTAH LAW REQUIRES THAT THE FOLLOWING DISEASES BE REPORTED TO YOUR LOCAL HEALTH DEPARTMENT OR THE UTAH DEPARTMENT OF HEALTH WITHIN 3 DAYS AFTER IDENTIFICATION.

**Davis County Health Department Disease Reporting Line: (801) 525-5220  
Or FAX (801) 525-5210**

- *Acinetobacter* species\*\*
- Acute Flaccid Myelitis (AFM)
- Adverse event resulting after smallpox vaccination (Vaccinia virus)
- Anaplasmosis (*Anaplasma phagocytophilum*)
- Arbovirus infection, including Chikungunya, West Nile virus\*, and Zika virus\*
- Babesiosis (*Babesia*)
- Botulism\* (*Clostridium botulinum*), infant
- Brucellosis\* (*Brucella* species)
- Campylobacteriosis\* (*Campylobacter*)
- *Candida auris* or *haemulonii*\* isolated from any body site
- Chagas disease
- Chancroid (*Haemophilus ducreyi*)
- Chickenpox (Varicella-zoster virus)
- *Chlamydia trachomatis* infection
- Coccidioidomycosis (*Coccidioides*)
- Colorado tick fever
- Cryptosporidiosis (*Cryptosporidium*)
- Cyclosporiasis (*Cyclospora*)
- Dengue fever
- Ehrlichiosis (*Ehrlichia*)
- Encephalitis, bacterial, fungal, parasitic, protozoan, and viral
- *Enterobacter* species\*\*
- *Escherichia coli*\*\*
- Giardiasis (*Giardia lamblia*)
- Gonorrhea, (*Neisseria gonorrhoeae*) sexually transmitted and ophthalmia neonatorum
- Hantavirus pulmonary syndrome (Sin Nombre virus)
- Hemolytic Uremic Syndrome, post-diarrheal
- Hepatitis B, acute, chronic and perinatal
- Hepatitis C, acute, chronic and perinatal
- Hepatitis, other viral, including D and E
- Human immunodeficiency virus (HIV) infection, including perinatal & acquired immunodeficiency syndrome (AIDS)
- Influenza-associated hospitalization\*
- Influenza-associated death in a person less than 18 years of age
- *Klebsiella* species\*\*
- Legionellosis\* (*Legionella*)
- Leprosy (*Mycobacterium leprae*), Hansen's Disease
- Leptospirosis (*Leptospira*)
- Listeriosis\* (*Listeria monocytogenes*)
- Lyme disease (*Borrelia burgdorferi*)
- Malaria (*Plasmodium*)
- Meningitis, bacterial, fungal, parasitic, protozoan, and viral
- Mumps
- *Mycobacteria* other than tuberculosis\*
- Norovirus, outbreaks only
- Pertussis (*Bordetella pertussis*)
- Pregnancy associated with a Hepatitis B, Hepatitis C, HIV, *Listeria*, Rubella, Syphilis, or Zika virus infection
- *Pseudomonas aeruginosa*\*\*
- Psittacosis (*Chlamydophila psittaci*)
- Q Fever (*Coxiella burnetii*)
- Relapsing fever, tick-borne and louse-borne (*Borrelia*)
- Rubella, including congenital syndrome
- Salmonellosis\* (*Salmonella*)
- Shiga toxin-producing *Escherichia coli* (STEC) infection\*
- Shigellosis\* (*Shigella*)
- Spotted fever rickettsioses, including Rocky Mountain spotted fever (*Rickettsia*)
- Streptococcal disease due to *Streptococcus pneumoniae* and Groups A and B
- Syphilis, all stages, congenital, and syphilitic stillbirths
- Tetanus (*Clostridium tetani*)
- Toxic-Shock Syndrome, staphylococcal or streptococcal
- Trichinellosis (*Trichinella*)
- Vibrios\* (*Vibrio*)

## REPORTABLE DISEASES THROUGH ELECTRONIC LABORATORY REPORTING (ELR) FOR PARTICIPATING LABORATORIES AND HOSPITALS

- *Clostridium difficile*
- Cytomegalovirus (CMV), congenital
- Respiratory syncytial virus (RSV)
- Streptococcal disease, invasive, other

\*Laboratories shall submit isolates of causative agents, or if an isolate is not available, clinical material, to the Utah Public Health Laboratory for these diseases/conditions, including any organism implicated in an outbreak when instructed by authorized local or state health department staff.

\*Includes any clinical specimen, that is resistant to at least one carbapenem-class antibiotic, or that has demonstrated carbapenemase production.

Diseases may be reported to Davis County Health Department by fax (801-525-5210) or telephone (801-525-5220). For questions about disease reporting, please contact Caitlin Pratt by phone (801-525-5204) or by email ([cpratt@co.davis.ut.us](mailto:cpratt@co.davis.ut.us)) or visit <http://www.co.davis.ut.us/health/health-services/disease-control-services/healthcare-professionals-medical-providers>