

Disease reporting is required by [Iowa Administrative Code \[641\]-1 \(139A\)](#)
Fax report to 515-281-4529, call 1-800-972-2026 or mail to address above

PATIENT INFORMATION			
Name: _____			
(Last)	(First)	(Middle Initial)	
Address: _____			
City: _____		County: _____	Zip: _____
Phone: Home () -		Work () -	Other () -
DOB: / /		Age: _____	<input type="checkbox"/> Years <input type="checkbox"/> Months
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Due Date: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk
Race: <input type="checkbox"/> White		<input type="checkbox"/> Hawaiian or Pacific Islander	Marital status: <input type="checkbox"/> Single
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Asian	<input type="checkbox"/> Married <input type="checkbox"/> Unknown
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Unknown <input type="checkbox"/> Other	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown			
If minor, Parent name(s): _____			
OCCUPATION INFORMATION			
Occupation: _____		Job title: _____	
Employer name: _____		Address: _____	
City/State: _____		County: _____	Zip code: _____
Worked after symptom onset: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Phone: () -	Type: _____
DISEASE/EVENT INFORMATION			
Test/Diagnosis date: / /		Onset date: / /	
Outcome as of reporting date: <input type="checkbox"/> Survived this illness <input type="checkbox"/> Died from this illness <input type="checkbox"/> Died unrelated to this illness <input type="checkbox"/> Unknown			
Diagnosis:			
<input type="checkbox"/> Hypersensitivity pneumonitis	<input type="checkbox"/> Occupationally related asthma, bronchitis or respiratory hypersensitivity reaction	<input type="checkbox"/> Pesticide poisoning	<input type="checkbox"/> Toxic hepatitis
<input type="checkbox"/> Non-communicable respiratory illness		<input type="checkbox"/> Severe skin disorder	
Clinical symptoms: _____			
LABORATORY INFORMATION			
Laboratory: _____		Lab city/state/zip: _____	
Collection date: / /		Result date: / /	
Lab test: _____		Specimen source: _____	
Result: _____			
HOSPITALIZATION INFORMATION			
Was the case hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Admission date: / /		Discharge date: / /	<input type="checkbox"/> Still hospitalized
			Days hospitalized: _____
MEDICAL PROVIDER INFORMATION			
Provider name: _____		Facility name: _____	
Provider title: <input type="checkbox"/> ARNP <input type="checkbox"/> DO <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> PA		Address: _____	
Phone: () -		City/State/Zip: _____	
REPORTER INFORMATION			
Reporter name: _____		Reporter facility name: _____	
Reporter phone: _____		Date reported to IDPH: _____	
Comments: _____			

Who is required to report:

Health care providers, hospitals, clinical laboratories, and other health care facilities, school nurses or school officials, laboratories, poison control and poison information centers, medical examiners, occupational nurses and hospitals, health care providers and clinical laboratories are required to report all reportable poisonings and conditions to the Iowa Department of Public Health in the specified format below. Providers who treat Iowa patients outside the state of Iowa are also required to report.

Environmental and Occupational Diseases Reportable to the Iowa Department of Public Health

Diseases reportable to the Division of Environmental Health

<p>Report by IDSS, phone, fax, or mail using the disease specific forms found at www.idph.state.ia.us/EH/default.asp</p> <p>Arsenic Poisoning Cadmium Poisoning Carbon Monoxide Poisoning Methemoglobinemia Mercury Poisoning</p>	<p>Report by phone, fax, or mail using this form:</p> <p>Hypersensitivity pneumonitis Non-communicable respiratory illness Occupationally related asthma, bronchitis or respiratory hypersensitivity reaction Pesticide poisoning Severe skin disorder Toxic hepatitis</p>	<p>Medical Providers report by fax or mail using the <u>Farm Injury Report Form</u>: OR Trauma Sites report using the Iowa Trauma Registry (Bureau of EMS): Agricultural related injury</p> <p>Report electronically: Lead poisoning (child or adult) (If ≥ 20 $\mu\text{g/dL}$ report by phone)</p> <p>Report by phone: Microcystin (Blue-green algal) poisoning</p>
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How to report to the Division of Environmental Health

Phone (Mon-Fri 8 am-4:30 pm): 800-972-2026
Fax: 515-281-4529

Address: Iowa Department of Public Health
Division of Environmental Health
Lucas State Office Building
321 E. 12th Street
Des Moines, Iowa 50319-0075

24-hour Disease Reporting Hotline:
(For use outside of EH office hours) 800-362-2736

Diseases reportable to the Bureau of Emergency Medical Services

Report by phone, fax, or mail using the Brain and Spinal Cord Injury Report Form found at www.idph.state.ia.us/ems/data.asp

Traumatic brain injury (TBI)
Traumatic Spinal Cord Injury (SCI)

How to report to the Bureau of Emergency Medical Services

Fax: 515-281- 0488

Address: Iowa Department of Public Health
Bureau of EMS
Lucas State Office Building
321 E. 12th Street
Des Moines, IA 50319-0075

Infectious and Communicable Diseases Reportable to the Iowa Department of Public Health

Diseases reportable to the Center for Acute Disease Epidemiology (CADE)

Please reference the Epi Manual for reportable infectious and communicable diseases and guidelines. The Epi Manual can be found on the Iowa Department of Public Health website: http://www.idph.state.ia.us/idph_universalhelp/main.aspx?system=IdphEpiManual

How to report to the Center for Acute Disease Epidemiology

24-hour Disease Reporting Hotline: 800-362-2736
Fax number: 515-281-5698

Iowa Disease Surveillance System (IDSS): Contact the Center for Acute Disease Epidemiology at 800-362-2736

STD/HIV/AIDS Reporting to the Iowa Department of Public Health

STD/HIV/AIDS: report by mail

HIV/AIDS cases or HIV-exposed newborn infant:

- *Healthcare providers:* use the Pediatric or Adult Confidential Case Report Form
- *Laboratories:* send copy of lab report or the Iowa Confidential Report of Sexually Transmitted Disease & HIV Infection

Sexually transmitted disease (STD) reporting: Use the Iowa Confidential Report of Sexually Transmitted Disease & HIV Infection for Chlamydia, Gonorrhea and Syphilis

For questions on HIV/AIDS call (515) 242-5141
For questions on STDs call (515) 281-3031

For more information, visit our website at <http://www.idph.state.ia.us>

Report the following **IMMEDIATELY** to the 24/7 DISEASE REPORTING HOTLINE: 800-362-2736

Outbreaks of any kind, unusual syndrome, or uncommon diseases. These could be infectious, environmental or occupational in origin and may include food-borne outbreaks and illness secondary to chemical exposure (e.g. pesticides, anhydrous ammonia).

Diseases or syndromes of any kind caused by a biological, chemical or radiological agent or toxin when there is reasonable suspicion that the agent or toxin may be the result of a deliberate act such as terrorism. Examples of these agents or toxins include (but are not limited to) anthrax, mustard gas, sarin gas, ricin, tularemia, and smallpox.