

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

**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><b>Report by IDSS, phone, fax, or mail using the disease specific forms found at <a href="http://www.idph.state.ia.us/EH/default.asp">www.idph.state.ia.us/EH/default.asp</a></b></p> <p>Arsenic Poisoning Cadmium Poisoning Carbon Monoxide Poisoning Methemoglobinemia Mercury Poisoning</p>	<p><b>Report by phone, fax, or mail using this form:</b></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><b>Medical Providers report by fax or mail using the <u>Farm Injury Report Form</u>:</b> OR <b>Trauma Sites report using the Iowa Trauma Registry (Bureau of EMS):</b> Agricultural related injury</p> <p><b>Report electronically:</b> Lead poisoning (child or adult) (If <math>\geq 20</math> <math>\mu\text{g/dL}</math> report by phone)</p> <p><b>Report by phone:</b> 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](http://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](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.