

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"/> Chemical respiratory exposures	<input type="checkbox"/> Pesticide poisoning	
<input type="checkbox"/> Non-communicable respiratory illness	<input type="checkbox"/> Toxic hepatitis	<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: 			

Iowa Department of Public Health Reporting under Iowa Administrative Code [641]-1 (139A)

139A: <https://www.legis.iowa.gov/docs/code/139A.pdf> Iowa Code 2017
 641-1: <https://www.legis.iowa.gov/docs/aco/chapter/641.1.pdf> IAC 2/1/17

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.

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 Reportable Diseases, Conditions, & Poisonings Reportable to the Bureau of Environmental Health Services (EHS)		
<p>Report these exposures using the Iowa Disease Surveillance System (IDSS) idph.iowa.gov/cade/idss or by phone, fax, or mail using the disease specific forms found at idph.iowa.gov/ehs/reportable-diseases</p> <p>Arsenic Poisoning Cadmium Poisoning Carbon Monoxide Poisoning Methemoglobinemia Mercury Poisoning</p>	<p>Report these occupational conditions by phone, fax, or mail using the <i>Environmental and Occupational Reporting Form</i> found at idph.iowa.gov/ehs/reportable-diseases</p> <p>Hypersensitivity pneumonitis Non-communicable respiratory illness Chemical respiratory exposures (chemical pneumonitis) Pesticide exposure Severe skin disorder Toxic hepatitis</p>	<p>Blood Lead Tests Routine Reporting</p> <p>Report ALL test results electronically including all specified data information. Call 800-972-2026 for information on electronic reporting</p> <p>Blood Lead Test Immediate Reporting</p> <p>Blood Lead Tests of 20 mcg/dL or higher must also be reported by phone to IDPH EHS Lead Program 800-972-2026</p>
<p>Agricultural/Farm injuries: Report using the <i>Ag/farm Injuries Reporting Form</i> found at idph.iowa.gov/ehs/reportable-diseases Trauma facilities should include information in the Trauma Registry System as appropriate. Questions: 515-281-4930</p>	<p>Harmful Algal Blooms Microcystin Poisoning (Blue-green algae): idph.iowa.gov/ehs/algal-blooms or call 800-972-2026</p>	

Bureau of Environmental Health Services Contact Information

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

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

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

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

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

Center for Acute Disease Epidemiology Contact Information

24-hour Disease Reporting Hotline 800-362-2736

Fax number: 515-281-5698

Questions regarding reporting using the Iowa Disease Surveillance System (IDSS): 800362-2736

Other common disease reporting to the Iowa Department of Public Health

Bureau of Immunization & TB Reporting

Both clinically suspected and laboratory confirmed tuberculosis disease are to be reported.

Phone: (515) 281-8636 or (515) 281-7504

Fax: (515) 281-4570

24/7 disease reporting telephone hotline: 800-362-2736

Information: idph.iowa.gov/imm/tb/reporting

Bureau of HIV, STD, and Hepatitis

Do NOT use the *Environmental and Occupational Report Form*.

For HIV/AIDS reporting information call (515) 242-5141

For STDs reporting information call (515) 281-3031

(chlamydia, gonorrhea, and syphilis)

For reporting information for all forms of viral hepatitis, contact

idph.iowa.gov/hivstdhep/hep