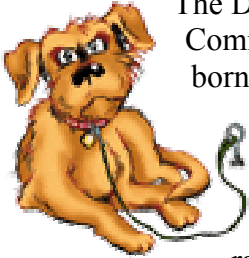




Communicable Disease Reporting – Animal Bites



The District Health Department Communicable Disease and Vector-borne Disease Programs would like to clarify communicable disease reporting especially as it pertains to the reporting of an “animal bite by a rabies-susceptible species.”

Nevada Administrative Code (NAC) 441A.155 defines a “rabies-susceptible animal as any mammal, including, but not limited to, a bat, cat, dog, cow, horse, ferret, cougar, coyote, fox, skunk and raccoon, and any wild or exotic carnivorous mammal.”

In the past, local animal control agencies participated in animal bite reporting by picking up reports from the hospital emergency departments. This system has been discontinued. To simplify reporting, clinicians need to report animal bites in the same manner as all other communicable diseases as mandated in NAC 441A. Failure to report is a misdemeanor.

The pathogenesis of rabies in dogs, cats, and ferrets is well understood. The purpose of confining and observing these species involved in bite incidents is to verify the biting animal was not capable of transmitting rabies at the time of the bite. An animal is capable of transmitting rabies if the disease has reached the stage where it is shedding virus in its saliva. When a rabid animal has reached this stage, it is very near death. If the biting animal is alive and well 10 days following the bite date, it could not have transmitted rabies on the date of the bite incident.

There are several documents that address the management of biting domestic animals. Locally, these are: NAC 441A.425, the Compendium of Animal Rabies Prevention and Control, Washoe County Code 55.610 and Reno Municipal Code

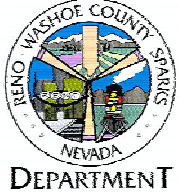
8.28.520. Under these codes and recommendations, the investigator (usually an animal control officer) will attempt to locate the biting animal and place it in a 10-day quarantine. Quarantine may be at the home of the owner if the animal is currently vaccinated against rabies. The animal must be examined by a licensed veterinarian at the first sign of any illness during the 10-day quarantine period. If symptoms of rabies develop during the quarantine period, the animal must be euthanized and tested for rabies. In Nevada, the Animal Disease Laboratory (ADL), Nevada Department of Agriculture, performs the testing. If at the end of the quarantine period, the animal is free of signs and symptoms of rabies, it must be returned to the owner upon payment of all costs of quarantine, veterinary care and examination.

The pathogenesis of rabies in other species is not so well understood. Management of bites by these animals is the sole responsibility of the district health officer, who by local codes, is the designated “rabies control authority.” The District Health Department Vector-borne Disease Program investigates these bites. The manner in which such animals are handled depends on: the species of animal, the circumstances of the bite, the epidemiology of rabies in the area, the biting animal’s history, current health status and potential for exposure to rabies. To contact the Vector-borne Disease Program, please call 785-4599.

Please use the attached **Bite Incident Report Form** to report animal bites. All other communicable disease may be reported by using the attached **Confidential Case Report Form**. Please fax all forms to our confidential fax line at 328-3764. For information on reporting, please call 328-2447.

For information on preventing dog bites visit:
<http://www.cdc.gov/ncipc/duip/biteprevention.htm>

Please share this document with all physicians & staff in your facility/office.



Fax reports to: (775) 328-3764

Physicians, laboratories, and other health care providers are required to report suspected and confirmed diagnoses of the following diseases and conditions to the District Health Department, pursuant to Nevada Administrative Code Chapter 441A.

IMMEDIATE

Report the following diseases when suspect **within 24 hours anytime, day or night, including weekends and holidays**, by calling **(775) 328-2447**:

- ✓ **Animal bite by a rabies-susceptible species**
- ✓ **Extraordinary occurrence of any illness**
- ✓ **Foodborne botulism**
- ✓ **Foodborne illness outbreak**
- ✓ **Meningococcal disease**
- ✓ **Plague**
- ✓ **Rabies (human or animal)**

**Required Information:**

- ♦ Disease or suspected disease
- ♦ Patient's full name
- ♦ Address
- ♦ Telephone number
- ♦ Date of birth (if known)
- ♦ Sex, Race (if known)
- ♦ Occupation (if known)
- ♦ Employer (if known)
- ♦ Date of disease onset
- ♦ Date of diagnosis
- ♦ Health Care Provider's name & contact information
- ♦ Any other information requested by the health authority, if available.

IMPORTANT

Report within one working day. Evening or weekend reports **not required.** Reports may be made by telephone, CCR card, or electronic communication. **Fax is preferred.**

Acquired immunodeficiency syndrome (AIDS)	Influenza
Amebiasis	Legionellosis
Anthrax	Leptospirosis
Botulism, infant	Listeriosis
Botulism, wound	Lyme disease
Botulism, other	Lymphogranuloma venereum
Brucellosis	Malaria
Campylobacteriosis	✓ Measles (rubeola)
▲ CD4 cell count <500	Meningitis (specify type)
Chancroid	Mumps
Chlamydia trachomatis infection of the genital tract	Pertussis
Cholera	Poliomyelitis
Coccidioidomycosis	Psittacosis
Cryptosporidiosis	Q Fever
Dengue	Relapsing fever
✓ Diphtheria	Respiratory syncytial virus infection (RSV)
E. coli 0157:H7	Rocky Mountain Spotted Fever
Encephalitis	Rotavirus
Giardiasis	✓ Rubella (including congenital rubella syndrome)
Gonococcal infection	Salmonellosis
Granuloma inguinale	Severe reaction to immunization
Haemophilus influenzae type b invasive disease	Shigellosis
Hansen's Disease (leprosy)	Syphilis (including congenital syphilis)
Hantavirus	Tetanus
Hemolytic-uremic syndrome (HUS)	Toxic shock syndrome
Hepatitis A	Trichinosis
Hepatitis B	✓ Tuberculosis
Hepatitis C	Tularemia
Hepatitis delta	Typhoid fever
Hepatitis, unspecified	Yersiniosis
Human immunodeficiency virus infection (HIV)	

✓ **Suspect case report required**

▲ **Laboratories only must report**

Contacts for Disease Specific Questions:

AIDS, HIV, CD4<500	328-2504	Bill Mullen, RN	Disease Intervention Specialist
AIDS, HIV, CD4<500	328-6107	Cory Sobrio, RN	Disease Intervention Specialist
Sexually Transmitted Diseases	328-2475	Kathy Hong, RN	Disease Intervention Specialist
Sexually Transmitted Diseases	328-2474	Gloria Laxamana, RN	Disease Intervention Specialist
TB	785-4788	Ruth Atwell, RN	TB Control Program Coordinator
TB	785-4787	Judy Medved-Gonzalez, RN	TB Control Program Clinic Nurse
All other reportable diseases and conditions	328-2447	Pam Young, RN	Community Health Epidemiologist
All other reportable diseases and conditions	328-2487	Denise Stokich, RN	Community Health Epidemiologist

Please share this document with all physicians & staff in your facility/office.



BITE INCIDENT REPORT

Today's Date: ____/____/____

PLEASE PRINT

Person Bitten	
Name: _____	Age: _____
Street Address: _____	
City: _____	Zip: _____
Phone: Home: _____	Work: _____

Owner of Animal	
Name: _____	
Street Address: _____	
City: _____	Zip: _____
Phone: Home: _____	Work: _____

Animal	
Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____	
Breed: _____	Color: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Seems: <input type="checkbox"/> Well <input type="checkbox"/> Sick <input type="checkbox"/> Vicious	
Was: <input type="checkbox"/> Leashed <input type="checkbox"/> Fenced <input type="checkbox"/> Loose	
Current Rabies Shot? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Bite	
Address where bite occurred: _____	
Date Bitten: _____	
Time _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Where on body bitten: _____	
Skin Broken? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Medical care obtained?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete the following:
Physician: _____	Hospital: _____

Explain circumstances of bite incident:	

This information is accurate to the best of my knowledge.

**Signature of victim
or reported by:** _____

DO NOT FILL IN, FOR OFFICE USE ONLY	
Date Quarantined: _____	Location of Quarantine: _____
Date Received: _____	Date out of Quarantine: _____
Remarks: _____	

Date: _____

To: Washoe County District Health Department Communicable Disease Program
Confidential Fax (775) **328-3764**

From: _____ of _____ Phone: _____
Name of Person Faxing Name of Healthcare Provider/Facility Fax: _____

Re: Reportable Communicable Disease _____ Number of Pages Faxed

***** Please fax copies of client's face sheet & pertinent lab results if available. *****

CONFIDENTIAL CASE REPORT—REPORTABLE COMMUNICABLE DISEASE

Patient's Last Name:		First:	Initial:	DOB: ____/____/____	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race (✓ one): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Ethnicity (✓ one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Address:		Phone #:
			City:	State:	Zip:
		Country of Birth: <input type="checkbox"/> US <input type="checkbox"/> Other: _____	Occupation:	Employer:	
Disease:				Onset Date:	
Comments: Lab Results, Tests, Symptoms, Treatment:				Date of Diagnosis:	
Is client pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If pregnant: EDC: ____/____/____ Delivery Hospital: <input type="checkbox"/> WMC <input type="checkbox"/> SMRMC <input type="checkbox"/> Other: _____				

LIST OF REPORTABLE DISEASES AND CONDITIONS

- | | | | |
|---|---|-----------------------------------|--|
| AIDS | †Extraordinary occurrence of illness | Listeriosis | Rocky Mountain Spotted Fever |
| Amebiasis | †Foodborne disease outbreak | Lyme Disease | Rotavirus |
| *Animal bite from a rabies susceptible species | Giardiasis | Lymphogranuloma venereum | †Rubella (including congenital) |
| Anthrax | Gonorrhea | Malaria | Salmonellosis |
| *†Botulism | Granuloma inguinale | †Measles (rubeola) | Severe Reaction to Immunization |
| Brucellosis | Haemophilus influenzae (invasive) | Meningitis (specify type) | Shigellosis |
| Campylobacteriosis | Hansen's Disease (leprosy) | Meningococcal disease | Syphilis (including congenital) |
| Chancroid | Hantavirus | Mumps | Tetanus |
| Chlamydia | Hemolytic uremic syndrome (HUS) | Pertussis | Toxic Shock Syndrome |
| Cholera | Hepatitis A, B, C, delta, unspecified | *†Plague | Trichinosis |
| Coccidioidomycosis | HIV infection | Q Fever | †Tuberculosis |
| Cryptosporidiosis | Influenza | Poliomyelitis | Tularemia |
| Dengue | Legionellosis | Psittacosis | Typhoid Fever |
| †Diphtheria | Leptospirosis | *†Rabies (human or animal) | Yersiniosis |
| E. coli 0157:H7 | | Relapsing Fever | |
| Encephalitis | | Respiratory Syncytial Virus (RSV) | |

***Must be reported immediately.**

†Must report when suspect.