Public Health Update
October 1, 2019
2019 – 2020 Influenza Season Kick-Off

The Southern Nevada Health District (SNHD) Office of Epidemiology and Disease Surveillance (OEDS) has begun surveillance for the 2019 – 2020 influenza season on October 1, 2019 and will continue through May 16, 2020. Weekly influenza surveillance reports will be distributed throughout the season. The weekly reports will contain information on influenza and trends seen in Clark County and the nation. All healthcare providers shall report influenza cases to SNHD.

Changes in influenza reporting:

A healthcare provider shall report an influenza case that is
1. associated with a hospitalization or death; or
2. known or suspected to be of a viral strain that:
   a. has been determined by the Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO) to pose a risk of a national or global pandemic; or
   b. is novel or untypeable.

How to report influenza cases to SNHD?

There are two ways to report an influenza case:
1. Report online by completing the Online Provider Disease Reporting Form at https://www.southernnevadahealthdistrict.org/diseasereports/forms/disease-reporting (Recommended).
2. Complete and fax the State of Nevada Confidential Morbidity Report Form to (702) 759-1414.

CDC recommendations for this flu season¹:

- Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications.
- Vaccination is particularly important for
  o health care personnel, including all persons working in healthcare settings who have the potential for exposure to patients and/or to infectious materials;
  o people aged ≥ 6 months who are at increased risk of complications and severe illness due to influenza;
  o contacts and caregivers of persons
    - <5 years of age; or
    - ≥50 years of age; or
    - with medical conditions that put them at higher risk for severe complications from influenza.
• A licensed vaccine appropriate for age and health status should be used. Consult package information for age indications.
• Vaccination should be offered by the end of October; however, vaccination should continue to be offered as long as influenza viruses are circulating, and unexpired vaccine is available.
• Children aged 6 months through 8 years might need 2 doses of vaccines. Those who require 2 doses should receive their first dose as soon as possible after vaccine becomes available, and the second dose ≥4 weeks later.
• All women who are pregnant or who might be pregnant during the influenza season should receive influenza vaccine. Influenza vaccine can be administered at any time during pregnancy.
• Live attenuated influenza vaccine (LAIV4) is not recommended for pregnant women, persons with certain chronic medical conditions and immunocompromised persons. Contraindications and precautions of LAIV4 can be found at https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm?deliveryName=USCDC_7_3%20-%20DM8978#laiv4contraindications.
• Health care personnel or hospital visitors who receive LAIV4 should avoid providing care for severely immunosuppressed persons requiring a protected environment for 7 days after vaccination.
• A previous severe allergic reaction to influenza vaccine, regardless of the component suspected of causing the reaction, is a contraindication to future receipt of the vaccine.
• Travelers who wish to reduce the risk for influenza infection should consider influenza vaccination, preferably ≥2 weeks before departure.

How to prevent the spread of flu?

• Always cover your mouth and nose when you cough or sneeze (try to cough or sneeze into your sleeve).
• Clean your hands often—especially before entering, and after exiting, patient care areas/rooms.
• Use soap and water to wash your hands or an alcohol-based hand rub to disinfect your hands.
• Avoid touching your eyes, nose, or mouth.
• Get your flu shot. The best way to prevent the spread of the flu is by getting vaccinated each year.

Where can I get the flu vaccine?

The Health District is offering flu shots at its clinics. Please arrive by 4 p.m. to allow time for processing:

- Southern Nevada health District Main Facility, 280 S. Decatur Blvd., Las Vegas
  Monday — Friday, 8am — 4:30pm
- East Las Vegas Public Health Center, 560 N. Nellis Blvd., Suite D-1, Las Vegas
  Monday — Friday, 8am — 4:30pm
- Southern Nevada Health District Henderson Clinic, 874 American Pacific Dr., Henderson
  Monday — Thursday, 8am — 4:30pm, Friday 8am — 1pm
  Closed daily 1pm — 2pm
  By appointment only. Call (702) 759-0960.
- Mesquite Public Health Center, 830 Hafen Lane, Mesquite
  Tuesday and Thursday, 8am — 4:30pm
  Closed noon — 1pm
  By appointment only, call (702) 759-1682
If you have any questions on influenza or influenza surveillance, please contact OEDS at (702) 759-1300.

Joseph P. Iser, MD, DrPH, MSc
Chief Health Officer
Southern Nevada Health District

Attachment: State of Nevada Confidential Morbidity Report Form

References:

Health Alert: conveys the highest level of importance; warrants immediate action or attention
Health Advisory: provides important information for a specific incident or situation; may not require immediate action
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action

280 South Decatur Boulevard, Las Vegas, NV 89127 • Phone (702) 759-1000 • www.snhd.info
## State of Nevada
### Confidential Morbidity Report Form
**Updated July 2019**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Attending Physician</th>
<th>Physician Phone</th>
<th>Physician Fax</th>
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<td>Person Reporting / Job Title</td>
<td>Reporter Phone</td>
<td>Reporter Fax</td>
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<td>Facility Name</td>
<td>Facility Phone</td>
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<th>Patient</th>
<th>Name</th>
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<th>Race</th>
<th>Address</th>
<th>County</th>
<th>Transgender</th>
<th>Ethnicity</th>
<th>Date of Birth / Age</th>
<th>Parent or Guardian Name</th>
<th>Pregnancy EDC</th>
<th>Primary Language Spoken</th>
<th>Home Phone</th>
<th>Occupation / Employer / School</th>
<th>Marital Status</th>
<th>Birth Country and Arrival Date</th>
<th>Incarcerated</th>
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<tr>
<th>Disease</th>
<th>Disease or Condition Name</th>
<th>Admission Date</th>
<th>Deceased</th>
<th>Onset Date</th>
<th>Diagnosis Date</th>
<th>Discharge Date</th>
<th>Date of Death</th>
<th>Symptoms</th>
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<tr>
<th>Comments</th>
<th>Was laboratory testing ordered?</th>
<th>If yes, attach the results or provide the laboratory name if the results are unavailable</th>
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<td></td>
<td>□ No</td>
<td>□ Yes</td>
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<th>Comments</th>
<th>Was the patient treated?</th>
<th>If yes, provide the treatment details (drug name, dosage, duration, dates etc.)</th>
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<td></td>
<td>□ No</td>
<td>□ Yes</td>
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Fax Completed Forms To:
- Carson City: (775) 887-2138
- Washoe County: (775) 328-3764
- Rest of State: (775) 684-5999
- Clark County EPI: (702) 759-1414
- Clark County STD/STI: (702) 759-1454
**Disease Reporting**

The Nevada Administrative Code Chapter 441A requires reports of specified diseases, foodborne illness outbreaks and extraordinary occurrences of illness to be made to the local Health Authority. The purpose of disease reporting is to recognize trends in diseases of public health importance and to intervene in outbreak or epidemic situations. Physicians, veterinarians, dentists, chiropractors, registered nurses, directors of medical facilities, medical laboratories, blood banks, school authorities, college administrators, directors of child care facilities, nursing homes and correctional institutions are required to report. Failure to report is a misdemeanor and may be subject to an administrative fine of $1,000 for each violation. In December 2006, additional disease reporting requirements were approved by the Southern Nevada District Board of Health, which apply only to Clark County.

**HIPAA and Public Health Reporting**

HIPAA laws were developed so as not to interfere with the ability of local public health authorities to collect information. According to 45 CFR 160.204(b): "Nothing in this part shall be construed to invalidate or limit the authority, power, or procedures established under any law providing for the reporting of disease or injury, child abuse, birth, or death, public health surveillance, or public health investigation or intervention."

**Instructions for Completing the Morbidity Report Form**

**Provider Information**

Attending Physician/Phone/Fax
The physician primarily responsible for the care of this patient.

Person Reporting/Phone/Fax
Provide if different than attending physician.

Facility Name/Phone
List the location for facilities with multiple locations.

Report Date
The date that this report is submitted.

**Patient Information**

Sufficient information must be provided to allow the patient to be contacted. If insufficient information is provided, you will be contacted to provide that information. Attaching a patient face sheet to this report is an acceptable method of providing the patient demographic information.

**Address/County/City/State/Zip**
The home address of the patient, including the county.

**Date of Birth / Age**
The patient’s date of birth or age if birth date is unknown.

**Parent or Guardian Name**
For patients under the age of 18, the name of the person(s) responsible for the patient.

**Phone**
The home phone of the patient.

**Occupation / Employer / School**
The occupation or employer of the patient, or the name of the school attended for students.

**Social Security Number**
This information greatly assists in the investigation of cases, allowing easier access to laboratory and medical records.

**Medical Record Number**
A patient identifier unique to the facility or office.

**Gender / Transgender**
The gender of the patient, and transgender information if applicable.

**Pregnant / Pregnancy EDC**
The pregnancy status of female patients and their estimated date of confinement (projected delivery date).

**Mental Status**
The mental status of the patient.

**Race / Ethnicity**
Race and ethnicity categories have been chosen to match those used by the Centers for Disease Control and Prevention.

**Disease Information**

**Disease or Condition Name**
This form should be used for all legally reportable diseases in the state of Nevada.

**Onset Date**
The date the first symptom experienced by the patient.

**Diagnosis Date**
The date that the disease was diagnosed. For reports of suspect illness, enter the date the illness was suspected.

**Date Admitted/Discharged**
For patients admitted to a hospital, the date of admission and discharge (if the patient has been discharged).

**Deceased / Date of Death**
If the patient has died, the date of death. If known, list the cause of death under comments.

**Symptoms**
All relevant symptoms.

**Laboratory Testing**
If laboratory testing has been ordered, please attach the laboratory results to this form. If relevant tests are pending, list them in the comments section, as well as the name of the laboratory performing the testing.

**Treatment**
Treatment information is necessary for the reporting of sexually transmitted diseases, and helpful in the investigation of other illnesses. If this field is left blank, you will be contacted to provide this information.

**Comments**
Provide any additional information that may be useful in the investigation, or to explain answers given elsewhere on this form.

**How To Report**

Completed reports can be faxed to the numbers listed on the front of this form. Diseases requiring immediate investigation and/or prophylaxis (e.g. invasive meningococcal disease, plague) should be also reported by telephone to the appropriate health jurisdiction.

**Nevada Reportable Diseases**

AIDS
Leptospirosis

Amebiasis
Listeriosis

Animal bite from a rabies-susceptible species
Lyme Disease

Cryptosporidiosis
Lymphogranuloma venereum

Dengue
Malaria

E. coli
Meningitis (specific type)

Giardiasis
Measles (rubella)†

Hantavirus
Rabies (human or animal)†

Hemolytic-uremic syndrome (HUS)
Relapsing Fever

Hemophilus influenzae (invasive)
Respiratory Syncytial Virus (RSV)

HIV infection
Shigellosis

HIV infection
Typhoid Fever

Hepatitis A, B, C, delta, unspecified
Vancomycin-resistant Staphylococcus aureus (VRSA)

Influenza†

Influenza, West Nile Virus Infection†

Legionellosis
Yersiniosis

* Must be reported immediately
† Must be reported when suspect
‡ Reportable in Clark County Only

All cases, suspect cases, and carriers must be reported within 24 hours

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**Nevada State Health Division**

4150 Technology Way
Carson City, Nevada 89706
http://www.hs.dhcpp.nv.us/
Phone: (775) 684-5911 (24 Hours)
Confidential Fax: (775) 684-5999

**Contact Information**

**Southern Nevada Health District**

280 S Decatur Blvd
PO Box 3902
Las Vegas, NV 89127
http://www.snhd.info
Phone: (702) 759-1000 (24 hours)
Confidential Fax: (702) 759-1414

**Epidemiology**

Phone: (702) 759-1300 (24 hours)
Confidential Fax: (702) 759-1414
STDs, HIV, and AIDS
Phone: (702) 759-0727

**Tuberculosis Clinic**

Phone: (702) 759-1369
Confidential Fax: (702) 759-1435

**How To Report**

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**State of Nevada**

Confidential Morbidity Report Form Instructions
Updated January 2007