

# Nebraska Reportable Diseases Title 173 Regulations

Immediate Notification: Douglas Co. (402) 444-7214, after hrs: (402) 444-7000  
 Lancaster Co. (402) 441-8053, after hrs (402) 440-1817 All Other Counties: (402) 471-2937  
 Nebraska Public Health Laboratory Specimen Collection/Packaging & Shipping Questions (402) 559-9444

Condition	Labs- automated ELR		Labs reporting manually		Healthcare providers	
	immediate	within 7 days	immediate	within 7 days	immediate	within 7 days
<i>Acinetobacter</i> spp. infection (all species)		x				
Carbapenem-Resistant <i>Acinetobacter baumannii</i>		x				
Acquired Immunodeficiency Syndrome (AIDS), as described in 173 NAC 1-005.01C2				x		x
Adenovirus infection		x				
<i>Aeromonas</i> spp. infection		x				
Amebae-associated infection ( <i>Acanthamoeba</i> spp, <i>Entamoeba histolytica</i> , and <i>Naegleria fowleri</i> )		x		x		x
<b>Anthrax (<i>Bacillus anthracis</i>) *^</b>	x		x		x	
Arboviral infections (including, but not limited to, West Nile virus, St. Louis encephalitis virus, Western Equine encephalitis virus, Chikungunya virus, Rift Valley fever virus, Zika and Dengue virus) ^		x		x		x
Astrovirus infection		x				
Babesiosis ( <i>Babesia</i> species)		x		x		x
<b>Botulism (<i>Clostridium botulinum</i>) *^</b>	x		x		x	
<b>Brucellosis (<i>Brucella abortus</i> ^, <i>B. melitensis</i> ^, and <i>B. suis</i> *^)</b>	x		x		x	
Campylobacteriosis ( <i>Campylobacter</i> species) <b>Do not forward to NPHL for banking or subtyping unless requested</b>		x		x		x
Candidosis <i>Candida auris</i> *** (may misidentify on Maldi, Vitek, MicroScan, Rapid Yeast Plus)	x		x		x	
Carbapenem-Resistant Enterobacteriales infection (suspected or confirmed) ^ (Not to include <i>Proteus</i> or <i>Providencia</i> spp. or <i>Morganella morganii</i> )	x		x		x	
Carbon monoxide poisoning (Use break point for non-smokers)		x		x		x
Chancroid ( <i>Haemophilus ducreyi</i> ) ±		x		x		x
Chikungunya virus		x		x		x
<i>Chlamydia pneumoniae</i> infection ( <i>Chlamydia</i> )		x				
<i>Chlamydia trachomatis</i> infections (nonspecific urethritis, cervicitis, salpingitis, neonatal conjunctivitis, pneumonia) ±		x		x		x
Cholera ( <i>Vibrio cholerae</i> ) ^	x		x		x	
<i>Citrobacter</i> spp. infection		x				
Coccidioidomycosis ( <i>Coccidioides immitis/posadasii</i> )	x		x		x	
Coronavirus infection (Not MERS)		x				
<i>Clostridium difficile</i> infection (antibiotic-associated colitis and pseudomembranous colitis)		x		x		x
Creutzfeldt-Jakob Disease (transmissible spongiform encephalopathy [14-3-3 protein from CSF or any laboratory analysis of brain tissue suggestive of CJD])		x		x		x
Cryptosporidiosis ^		x		x		x
Cyclosporiasis ^		x		x		x
Dengue fever		x		x		x
Diphtheria ( <i>Corynebacterium diphtheriae</i> )	x		x		x	
<b>Eastern equine encephalitis (EEE virus) *^</b>	x		x		x	
<b>Ebola virus disease, suspected *^</b>	x		x		x	
Ehrlichiosis, human granulocytic ( <i>Anaplasma phagocytophila</i> )		x		x		x
Ehrlichiosis, human monocytic ( <i>Ehrlichia chaffeensis</i> )		x		x		x
Encephalitis (caused by viral agents)		x		x		x
<i>Entamoeba histolytica</i> infection		x		x		x
<i>Enterobacter</i> spp. infection, all isolates		x				
<i>Enterococcus</i> spp. infection, all isolates		x				
Enterovirus infection		x				
<i>Escherichia coli</i> gastroenteritis ( <i>E. coli</i> O157-H7^ and other Shigatoxin-positive <i>E. coli</i> from gastrointestinal infection, Enterohemorrhagic <i>E. coli</i> , Enteropathogenic <i>E. coli</i> , Enterotoxigenic <i>E. coli</i> , <i>Shigella</i> / Enteroinvasive <i>E. coli</i> ) ^		x		x		x
<i>Escherichia coli</i> infection, non-gastrointestinal		x				
Food-poisoning, outbreak-associated	x		x		x	
Giardiasis ( <i>Giardia lamblia</i> ) <b>Do not forward to NPHL for banking or subtyping unless requested.</b>		x		x		x
<b>Glanders [<i>Burkholderia (Pseudomonas) mallei</i>] *^</b>	x		x		x	

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Gonorrhea ( <i>Neisseria gonorrhoeae</i> ): venereal infection and ophthalmia neonatorum ±		x		x		x
<i>Haemophilus influenzae</i> infection (sterile site only) ^	x		x		x	
Hansen's Disease [Leprosy ( <i>Mycobacterium leprae</i> )]		x		x		x
Hantavirus pulmonary syndrome (Sin Nombre virus)	x		x		x	
Hemolytic uremic syndrome (post-diarrheal illness)	x		x		x	
Hepatitis A infection (IgM antibody-positive or clinically diagnosed during an outbreak)	x		x		x	
Hepatitis B infection (positive surface antigen tests, e antigen tests, and all IgM core antibody tests, both positive and negative). For new Hepatitis B positive tests in pregnant women call DHHS epidemiology at 402 471-2937; otherwise within 24 hours by ELR is sufficient. ±	x		x		x	
Hepatitis C infection (all positive screening tests [e.g. EIA, ELISA, etc] to include signal-to-cutoff ratio [S:CO] are reportable; all confirmatory tests [e.g., RIBA, NAT tests such as PCR for qualitative, quantitative and genotype testing] are reportable regardless of result [i.e., both positive and negatives tests])		x		x		x
Hepatitis D infection		x		x		x
Hepatitis E infection	x		x		x	
Herpes simplex, primary genital infection ±		x		x		x
Histoplasmosis ( <i>Histoplasma capsulatum</i> )		x		x		x
Human immunodeficiency virus infection, as described in 173 NAC 1-005.01C2, Type 1 and suspected cases of HIV Type 2 ±		x		x		x
Human Metapneumovirus infection		x				
Human Rhinovirus infection		x				
<b>Influenza due to novel or pandemic strains (includes highly pathogenic avian influenza virus) *^</b>	x		x		x	
Influenza deaths, pediatric (<20 years of age)		x		x		x
Influenza detected outside of flu season		x				
Influenza (all tests positive and negative, including subtype if available) - ELR laboratories only		x				
Influenza, rapid test summary report (laboratories only)		x		x		x
Kawasaki disease (mucocutaneous lymph node syndrome)		x		x		x
<i>Klebsiella spp.</i> infection		x				
<b>Lassa fever virus *^</b>	x		x		x	
Lead poisoning (all analytical values for blood lead analysis must be reported)		x		x		x
Legionellosis ( <i>Legionella spp</i> )		x		x		x
Leptospirosis ( <i>Leptospira interrogans</i> )		x		x		x
Listeriosis ( <i>Listeria monocytogenes</i> ) ^		x		x		x
Lyme disease ( <i>Borrelia burgdorferi</i> )		x		x		x
Lymphocytic choriomeningitis virus infection		x		x		x
Lymphogranuloma venereum [LGV ( <i>Chlamydia trachomatis</i> )] ±		x		x		x
Marburg virus disease, suspected ^	x		x		x	
Malaria ( <i>Plasmodium spp.</i> )		x		x		x
Measles (Rubeola)	x		x		x	
<b>Melioidosis [<i>Burkholderia (Pseudomonas) pseudomallei</i>] *^</b>	x		x		x	
Meningitis ( <i>Haemophilus influenzae</i> or <i>Neisseria meningitidis</i> ) ^	x		x		x	
Meningitis, including viral, bacterial, and fungal (all such cases must be reported within seven days except those caused by <i>Haemophilus influenzae</i> and <i>Neisseria meningitidis</i> , which must be reported immediately)		x		x		x
Meningococcal disease ( <i>Neisseria meningitidis</i> , sterile sites only) ^	x		x		x	
Methemoglobinemia/nitrate poisoning (methemoglobin greater than 5% of total hemoglobin)		x		x		x
Middle East Respiratory Syndrome (suspected or confirmed MERS-CoV) ^	x		x		x	
Mpox virus infection	x		x		x	
Mumps		x		x		x
<i>Mycobacterium spp.</i> , invasive infection (including <i>M. tuberculosis</i> complex and atypical <i>Mycobacterium spp.</i> associated with invasive disease) Send only MTB complex or slow growing MAI group to NPHL ^		x		x		x
<i>Mycoplasma pneumoniae</i> infection		x				
Necrotizing fasciitis		x		x		x

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Norovirus infection (laboratories only - forward to NPHL if outbreak associated or as requested)		x		x		
Parainfluenza (all types)		x				
Pertussis [whooping cough ( <i>Bordetella pertussis</i> )] ^	x		x		x	
Plague ( <i>Yersinia pestis</i> ) **^	x		x		x	
<i>Pleisiomonas shigelloides</i> infection		x				
Poisoning or illness due to exposure to agricultural chemicals (pesticides, herbicides, fertilizers, etc.)		x		x		x
Poisoning or illness due to exposure to heavy metals (mercury, arsenic, beryllium, cadmium, chromium, etc.)		x		x		x
Poisoning or illness due to exposure to industrial chemicals		x		x		x
Poisoning or illness due to exposure to radiologic exposures		x		x		x
Poliomyelitis paralytic	x		x		x	
Psittacosis ( <i>Chlamydia psittaci</i> )		x		x		x
<i>Pseudomonas aeruginosa</i>		x				
<i>Pseudomonas aeruginosa</i> (non-mucoid isolates resistant to carbapenems other than ertapenem from non-cystic fibrosis patients)	x		x		x	
Q fever ( <i>Coxiella burnetii</i> ) **^	x		x		x	
Rabies (human and animal cases and suspects)	x		x		x	
Respiratory syncytial virus (all tests positive and negative)		x				
Retrovirus infections (other than HIV)		x		x		x
Rheumatic fever, acute (cases meeting the Jones criteria only)		x		x		x
Rhinovirus infection		x				
Ricin poisoning **^	x		x		x	
Rocky Mountain Spotted Fever ( <i>Rickettsia rickettsii</i> )		x		x		x
Rotavirus gastroenteritis		x				
Rubella and congenital rubella syndrome	x		x		x	
<i>Salmonella spp</i> infection, including <i>S.typhi</i> ( <i>Salmonella</i> serogroups) ^		x		x		x
Saprovirus infection		x				
Severe Acute Respiratory Syndrome [SARS (SARS-associated coronavirus)] ^	x		x		x	
Shiga toxin positive gastroenteritis (enterhemorrhagic <i>E. coli</i> and other shiga toxin-producing bacteria) ^		x		x		x
<i>Shigella spp.</i> Infection ^ (Forward all species except <i>S.sonnei</i> or isolates requiring serogrouping to NPHL. Notify NPHL if speciated as <i>S. dysenteriae</i> for special shipping requirements)		x		x		x
Smallpox **^	x		x		x	
Staphylococcal enterotoxin B intoxication*	x		x		x	
<i>Staphylococcus aureus</i> infection (all isolates)		x				
<i>Staphylococcus aureus</i> infection, vancomycin-intermediate/resistant (MIC>=4mg/mL)	x		x		x	
Streptococcal disease (all invasive disease caused by Groups A and B <i>Streptococci</i> )		x		x		x
<i>Streptococcus pneumoniae</i> infection (all sterile sites)	x		x		x	
<i>Streptococcus pneumoniae</i> infection (all isolates other than sterile sites)		x				
Syphilis ( <i>Treponema pallidum</i> ) RPR reactive and any FTA or other confirmatory test result whether positive or negative; if an EIA is performed first then the follow up RPR results either positive or negative must be reported.		x		x		x
Syphilis, congenital		x		x		x
Tetanus ( <i>Clostridium tetani</i> )		x		x		x
Tick-borne encephalitis, virus complexes (Central European Tick-borne encephalitis virus, Far Eastern Tick-borne encephalitis virus, Kyasanur Forest disease virus. Omsk Hemorrhagic Fever virus, Russian Spring and Summer encephalitis virus)	x		x		x	
Toxic Shock Syndrome		x		x		x
Toxoplasmosis, acute ( <i>Toxoplasma gondii</i> )		x		x		x
Transmissible spongiform encephalopathies		x		x		x
Trichinosis ( <i>Trichinella spiralis</i> )		x		x		x
Tuberculosis (see <i>Mycobacterium</i> ) ^		x		x		x
Tularemia ( <i>Francisella tularensis</i> ) **^	x		x		x	
Typhus Fever, louse-borne ( <i>Rickettsia prowazekii</i> ) **^ and flea-borne/endemic murine ( <i>Rickettsia typhi</i> )	x		x		x	
Varicella zoster primary infections (chicken pox)		x		x		x
Varicella zoster mortality (all ages)		x		x		x

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Venezuelan equine encephalitis *^	X		X		X	
Vibriosis ( <i>Vibrio</i> spp., not <i>V. cholera</i> )		X				
Viral hemorrhagic fever (including but not limited to Ebola virus, Marburg virus, Crimean-Congo Fever and Lassa fever virus) *^	X		X		X	
Yellow Fever	X		X		X	
<i>Yersinia pestis</i> infection *^	X		X		X	
Yersiniosis ( <i>Yersinia</i> spp., not <i>Y. pestis</i> )		X		X		X
Zika virus infection		X		X		X
<b>* Potential agents of bioterrorism (Designated as select agents by CDC)</b>						
<p>CRE/ CRPA/ CRAB Submission requirements for NPHL:</p> <ul style="list-style-type: none"> <li>Submit a fresh subculture (&lt;18 hours) to avoid delay in testing</li> <li>Submit isolates of Enterobacteriales and/or <i>Pseudomonas aeruginosa</i> and/or <i>Acinetobacter baumannii</i> that are non-susceptible (<u>intermediate or resistant</u>) to carbapenems as mentioned below: <ul style="list-style-type: none"> <li>Enterobacteriales: Ertapenem MIC <math>\geq</math> 1 <math>\mu</math>g/ml or meropenem MIC <math>\geq</math> 2 <math>\mu</math>g/ml or imipenem MIC <math>\geq</math> 2 <math>\mu</math>g/ml or non-susceptible by disc diffusion method (See rare exceptions below)</li> <li><i>Pseudomonas aeruginosa</i>: Meropenem or imipenem MIC <math>\geq</math> 4 <math>\mu</math>g/ml, or non-susceptible by disc diffusion method and non-susceptible to both Cefepime and Ceftazidime at MIC <math>\geq</math> 16 <math>\mu</math>g/ml</li> <li><i>Acinetobacter baumannii</i>: Doripenem <math>\geq</math> 4 <math>\mu</math>g/ml or Imipenem <math>\geq</math> 4 <math>\mu</math>g/ml or Meropenem <math>\geq</math> 4 <math>\mu</math>g/ml or non-susceptible by disc diffusion method</li> <li>Submit all isolates of in-house or reference laboratory confirmed carbapenemase-producing Enterobacteriales (CPE) or <i>Pseudomonas aeruginosa</i> (CRPA) or <i>Acinetobacter baumannii</i> (CRAB)</li> </ul> </li> <li>Exceptions: <ul style="list-style-type: none"> <li><u>DO NOT</u> submit the following isolates <ul style="list-style-type: none"> <li><i>Proteus</i> species, <i>Providencia</i> species, and <i>Morganella morganii</i> non-susceptible only to imipenem but susceptible to meropenem and ertapenem</li> <li><i>Pseudomonas aeruginosa</i> isolates that are mucoid or from cystic fibrosis patients</li> </ul> </li> </ul> </li> </ul> <p>*** <i>Candida auris</i> may be misidentified using some phenotypic methods. Misidentification can lead to inappropriate patient treatment and delay appropriate infection control precautions. If these <i>Candida</i> spp are identified by the following systems, send isolates to NPHL to confirm.</p> <p>Vitek 2 YST – <i>Candida haemulonii</i> or <i>Candida duobushaemulonii</i>  API 20C – <i>Candida sake</i>, <i>Rhodotorula glutinis</i> (characteristic red color not present)  API ID 32C – <i>Candida intermedia</i>, <i>Candida sake</i>, <i>Saccharomyces kluyveri</i>  BC Phoenix yeast identification system – <i>Candida haemulonii</i>, <i>Candida catenulata</i>  MicroScan – <i>Candida famata</i>, <i>Candida guilliermondii</i>, <i>Candida lusitanae</i>, <i>Candida parapsilosis</i>  RAPID Yeast Plus - <i>Candida parapsilosis</i></p> <p><a href="https://www.cdc.gov/fungal/candida-auris/pdf/Testing-algorithm_by-Method_508.pdf">https://www.cdc.gov/fungal/candida-auris/pdf/Testing-algorithm_by-Method_508.pdf</a></p>						
Immediate Notification for automated ELR Labs - Required to call by telephone to a live public health surveillance official within 24 hours of detection						
Immediate Notification for Labs reporting manually - Required to call by telephone to a live public health surveillance official within 24 hours of detection						
Laboratories must submit the isolate and/or specimen to the Nebraska Public Health Lab for epidemiology purposes						
Immediate Notification for Healthcare Providers - Required to call by telephone to a live public health surveillance official within 24 hours of detection						
^ Laboratories must submit the isolate and/or specimen within 7 days to the Nebraska Public Health Lab as specified in Title 173 NAC 1-007.03						
± STD in accordance with Neb. Rev. Stat. § 71-502.01						