

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) 440-8000 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				
Alpha-Gal Syndrome (All tests positive and negative)		x				
Carbapenem-Resistant <i>Acinetobacter baumannii</i>	x					
Acquired Immunodeficiency Syndrome (AIDS), as described in 173 NAC 1-005.01C2		x		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
Anthrax (<i>Bacillus anthracis</i>) *^	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
Botulism (<i>Clostridium botulinum</i>) *^	x		x		x	
Brucellosis (<i>Brucella abortus</i> ^, <i>B. melitensis</i> ^, and <i>B. suis</i> ^)	x		x		x	
Campylobacteriosis (<i>Campylobacter</i> species) Do not forward to NPHL for banking or subtyping unless requested		x		x		x
Candidoyma auris (formerly <i>Candida auris</i>)*** (NAAT positive and negative, culture, AST) (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>Chlamydophila 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				
<i>Clostridium difficile</i> infection (antibiotic-associated colitis and pseudomembranous colitis)		x		x		x
Coccidioidomycosis (<i>Coccidioides immitis/posadasii</i>)	x		x		x	
Congenital cytomegalovirus (All tests positive and negative)		x				
Coronavirus infection (Not MERS)		x				
Creutzfeldt-Jakob Disease (transmissible spongiform encephalopathy [14-3-2 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	
Eastern equine encephalitis (EEE virus) *^	x		x		x	
Ebola virus disease, suspected *^	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 Shiga toxin-positive <i>E. coli</i> , <i>Shigella</i> / Enteroinvasive <i>E. coli</i> from gastrointestinal infection) ^		x		x		x
<i>Escherichia coli</i> gastroenteritis (Enteropathogenic <i>E. coli</i> , Enterotoxigenic <i>E. coli</i>)		x				
<i>Escherichia coli</i> infection, non-gastrointestinal		x				
Food-poisoning, outbreak-associated	x		x		x	

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Giardiasis (<i>Giardia lamblia</i>) Do not forward to NPHL for banking or subtyping unless requested.		x		x		x
Glanders [<i>Burkholderia (Pseudomonas) mallei</i>] *^	x		x		x	
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				
Influenza due to novel or pandemic strains (includes highly pathogenic avian influenza virus) *^	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</i> spp. infection		x				
Lassa fever virus *^	x		x		x	
Lead poisoning (all analytical values for blood lead analysis must be reported)		x		x		x
Legionellosis (<i>Legionella</i> spp)		x		x		x
Leptospirosis (<i>Leptospira interrogans</i>)		x		x		x
<i>Listeriosis</i> (<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</i> spp.)		x		x		x
Measles (Rubeola)	x		x		x	
Melioidosis [<i>Burkholderia (Pseudomonas) pseudomallei</i>] *^	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</i> spp., invasive infection (including <i>M. tuberculosis</i> complex and atypical <i>Mycobacterium</i> spp. associated with invasive disease) Send only MTB complex or slow growing MAI group to NPHL ^		x		x		x
<i>Mycoplasma pneumoniae</i> infection		x				

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Necrotizing fasciitis		x		x		x
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>Plesiomonas 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>Chlamydophila [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</i> spp infection, including <i>S.typhi</i> (Salmonella 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
Shigellosis ^ (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 Streptococci)		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

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Varicella zoster mortality (all ages)		x		x		x
Venezuelan equine encephalitis *^	x		x		x	
Vibriosis (Vibrio spp., not V. cholera)		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	
Yersinia pestis infection *^	x		x		x	
Yersiniosis (Yersinia spp., not Y. pestis)		x		x		x
Zika virus infection		x		x		x

* Potential agents of bioterrorism (Designated as select agents by CDC)

CRE/ CRPA/ CRAB Submission requirements for NPHL:

- A fresh subculture (<18 hours) is optimal to avoid a delay in testing.
- Submit isolates of Enterobacteriales and/or *Pseudomonas aeruginosa* and/or *Acinetobacter baumannii* that are non-susceptible (intermediate or resistant) to carbapenems as mentioned below:
 - Enterobacteriales: Ertapenem MIC \geq 1 μ g/mL, or meropenem MIC \geq 2 μ g/mL, or imipenem MIC \geq 2 μ g/mL, or non-susceptible by disc diffusion method (See rare exceptions below)
 - *Pseudomonas aeruginosa*: Meropenem or imipenem MIC \geq 4 μ g/mL, or non-susceptible by disc diffusion method, and:
 - Labs that report susceptibilities for both cefepime and ceftazidime: Submit CRPA isolates that are resistant (MIC \geq 16) to both of these antibiotics.
 - Or -
 - Labs that report susceptibilities to either cefepime or ceftazidime: Submit CRPA isolates that are resistant (MIC \geq 16) to the antibiotic being reported
 - *Acinetobacter baumannii*: Doripenem \geq 4 μ g/mL or imipenem \geq 4 μ g/mL or meropenem \geq 4 μ g/mL or non-susceptible by disc diffusion method
 - Submit all isolates of in-house or reference laboratory confirmed carbapenemase-producing Enterobacteriales (CPE) or *Pseudomonas aeruginosa* (CP-PA) or *Acinetobacter baumannii* (CP-CRAB)
- Exceptions:
 - DO NOT submit the following isolates
 - *Proteus* species, *Providencia* species, *Morganella morganii*, or *Klebsiella aerogenes* non-susceptible only to imipenem but susceptible to meropenem and ertapenem
 - *Pseudomonas aeruginosa* that are mucoid or from cystic fibrosis patients

*** *Candidoyma auris* (formerly *Candida auris*) may be misidentified using some phenotypic methods. Misidentification can lead to inappropriate patient treatment and delay appropriate infection control precautions. If these *Candida* spp. are identified by the following systems, send isolates to NPHL to confirm.

Vitek 2 YST – *Candida haemulonii* or *Candida duobushaemulonii*

API 20C – *Candida sake*, *Rhodotorula glutinis* (characteristic red color not present) API ID 32C – *Candida intermedia*, *Candida sake*, *Saccharomyces kluyveri*

BC Phoenix yeast identification system – *Candida haemulonii*, *Candida catenulata*

MicroScan – *Candida famata*, *Candida guilliermondii*, *Candida lusitaniae*, *Candida parapsilosis* RapID Yeast Plus - *Candida parapsilosis*

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						