

**Iowa Department of Public Health  
Environmental and Occupational Surveillance  
Reportable Poisonings, Injuries, Diseases, Conditions, and Exposures**

IDPH Environmental Health (EH) hotline (Mon-Fri 8 am-4:30 pm): 800-972-2026

IDPH 24/7 Disease reporting hotline: 800-362-2736

IDPH Environmental Health Fax: 515-281-4529

IDPH Bureau of Environmental Health Services (EHS) Reportable Conditions Web Page:

<http://idph.iowa.gov/ehs/reportable-diseases>

**OUTBREAK REPORTING - CALL THE 24/7 DISEASE REPORTING HOTLINE: 800-362-2736**

**IMMEDIATELY** report to the department outbreaks of any kind, diseases (including those not specifically noted) that occur in unusual numbers or circumstances, unusual syndromes, or uncommon diseases. Outbreaks may be infectious, environmental or occupational in origin and include food-borne outbreaks or illness secondary to chemical exposure (e.g., pesticides, carbon monoxide, anhydrous ammonia).

**BIOTERRORISM REPORTING - CALL THE 24/7 DISEASE REPORTING HOTLINE: 800-362-2736**

**IMMEDIATELY** report diseases, syndromes, poisonings and conditions of any kind suspected or caused by a biological, chemical, or radiological agent or toxin when there is reasonable suspicion that the disease, syndrome, poisoning or condition may be the result of a deliberate act such as terrorism (but are not limited to) anthrax, mustard gas, sarin gas, ricin, tularemia and small pox.

**ELEVATED BLOOD LEAD TEST RESULTS GREATER THAN OR EQUAL TO 20 UG/DL- CALL THE EH HOTLINE: 800-972-2026**

**DAILY during regular business hours (Mon-Fri 8am to 4:30 pm)** report all blood lead test results greater than or equal to 20 ug/dL to the Environmental Health hotline and fax a hard copy of the result to the EH fax.

**ROUTINE REPORTING**

Reports not meeting the conditions given for immediate reporting shall report as directed below, using electronic or web-based reporting if available, or another IDPH approved reporting format. Iowa trauma nurse coordinators and data registrars in the trauma hospitals of Iowa can continue to use the Trauma Registry software for reporting agricultural related injuries and traumatic brain and spinal cord injuries. Refer to the IDPH EHS Reportable Conditions Web page for more details, approved formats, forms, and specific disease/poisoning/injury/condition reporting information.

**WHO IS REQUIRED TO REPORT**

Mandatory Reporting is required of health care providers, clinics, hospitals, clinical laboratories, and other health care facilities; school nurses or school officials; poison control and information centers; medical examiners; occupational nurses. Hospitals, health care providers, and clinical laboratories outside the state of Iowa for confirmed or suspect cases in an Iowa resident. Complete information can be found in the Iowa Administrative Code [641] Chapter 1, which is linked at the IDPH EHS Reportable Conditions Web page.

More information is available on the IDPH website: <http://idph.iowa.gov/ehs/reportable-diseases>  
or call the Environmental Health hotline during regular business hours.

| POISONING OR CONDITION                | CASES TO REPORT  | WHEN TO REPORT               | HOW TO REPORT  |
|---------------------------------------|--|------------------------------|--|
| <b>Agricultural related injury</b>    | A non-household injury to a farmer, farm worker, farm family member, or other individual, which occurred on a farm, or in the course of handling, producing, processing, transporting or warehousing farm commodities                                      | Quarterly (recommend weekly) | Report by fax or mail using the Farm Injury Report Form.   |
| <b>Arsenic poisoning</b>              | Blood arsenic values equal to or greater than 70 µg/L<br>Urine arsenic values equal to or greater than 100 µg/g of creatinine  | Weekly                       | Report by IDSS, phone, fax, or mail.   |
| <b>Blood lead testing</b>             | All analytical results greater than or equal to 20 micrograms per deciliter (µg/dL) in a child under the age of 6 years or a pregnant woman  | Daily                        | Phone: 800-972-2026  |
|                                       | All other analytical values for all blood lead analyses  | Weekly                       | Electronic format specified by the department  |
| <b>Cadmium poisoning</b>              | Blood cadmium values equal to or greater than 5 µg/L<br>Urine cadmium values equal to or greater than 3 µg/g of creatinine   | Weekly                       | Report by IDSS, phone, fax, or mail.   |
| <b>Carbon monoxide (CO) poisoning</b> | Blood carbon monoxide level equal to or greater than 10% carboxyhemoglobin or its equivalent with a breath analyzer test, or a clinical diagnosis of CO poisoning regardless of any test result  | Daily                        | Report by IDSS, phone, fax, or mail.<br>Or:<br>Iowa Statewide Poison Control Center<br>800-222-1222 for 24 hour consultation followed by fax to IDPH EH. |
| <b>Hypersensitivity pneumonitis</b>   | A disease in which the air sacs (alveoli) of the lungs become inflamed when certain dusts are inhaled to which the person is sensitized or allergic. Includes but is not limited to farmer's lung, silo filler's disease, and toxic organic dust syndrome. | Weekly                       | Report by phone, fax, or mail.   |
| <b>Mercury poisoning</b>              | Blood mercury values equal to or greater than 2.8 µg/dL<br>Urine mercury values equal to or greater than 20 µg/L   | Weekly                       | Report by IDSS, phone, fax, or mail.   |

| POISONING OR CONDITION  | CASES TO REPORT   | WHEN TO REPORT               | HOW TO REPORT  |
|---|---|------------------------------|--|
| <b>Methemoglobinemia</b>  | Blood analyses showing greater than 5% of total hemoglobin present as methemoglobin   | Weekly (recommend immediate) | Report by IDSS, phone, fax, or mail.   |
| <b>Microcystin (Blue-green algal) poisoning*</b>  | Gastrointestinal symptoms, respiratory symptoms, dermal symptoms or elevated serum GGT (gamma glutamyl transpeptidase) and a history of exposure within the past seven days to water experiencing an algal bloom  | Daily from May 1 to Oct. 31  | Phone: 800-972-2026  |
| <b>Non-communicable respiratory illness</b>   | An illness indicating prolonged exposure or overexposure to asbestos, silica, silicates, aluminum, graphite, bauxite, beryllium, cotton dust or other textile material, or coal dust. Includes, but is not limited to asbestosis, coal worker's pneumoconiosis, and silicosis.  | Weekly                       | Report by phone, fax, or mail.   |
| <b>Occupationally related asthma, bronchitis or respiratory hypersensitivity reaction</b> | Any extrinsic asthma or acute chemical pneumonitis due to exposure to toxic agents in the workplace. (ICD-10 codes J67.0 to J67.9) All cases of occupationally induced or exacerbated asthma.   | Weekly                       | Report by phone, fax, or mail.   |
| <b>Pesticide poisoning</b>  | Any acute or subacute systemic, ophthalmologic, or dermatologic illness or injury resulting from or suspected of resulting from inhalation or ingestion of, dermal exposure to, or ocular contact with a pesticide. Laboratory confirmation is not required.  | Weekly                       | Iowa Poison Control Center<br>800-222-1222 for 24 hour consultation.<br>And Report by phone, fax, or mail. |
| <b>Severe skin disorder</b>   | Dermatoses, burns, and other severe skin disorders which result in death or which require hospitalization or other multiple courses of medical therapy.   | Weekly                       | Report by phone, fax, or mail.   |
| <b>Traumatic Spinal Cord Injury (TSCI)</b>  | An acute, traumatic lesion of the neural elements in the spinal canal, resulting in any degree of sensory deficit, motor deficit, or bladder/bowel dysfunction. The deficit can be temporary, permanent, or result in death. The lesion can occur at any level of the spinal cord and may be complete or incomplete. Spinal cord injuries include: cauda equina, conus medullaris injuries, central cord syndrome, anterior cord syndrome, posterior cord syndrome, Brown-Sequard syndrome, mixed syndrome, and cord compression. Patients presenting neurological symptoms upon admission which resolve before hospital discharge should also be reported. | Quarterly                    | See EHS Reportable Conditions webpage  |
| <b>Toxic hepatitis</b>  | Any acute or subacute necrosis of the liver or other unspecified chemical hepatitis caused by exposure to nonmedicinal toxic agents other than ethyl alcohol including, but not limited to, carbon tetrachloride, chloroform, tetrachloroethane, trichloroethylene, phosphorus, trinitrotoluene (TNT), chloronaphthalenes, methylenedianilines, ethylene dibromide, and organicsolvents. (ICD-10 codes K71.0 to K71.9)  | Weekly                       | Report by phone, fax, or mail.   |
| <b>Traumatic Brain Injury (TBI)</b>   | Clinically evident brain damage resulting from trauma or anoxia which temporarily or permanently impairs a person's physical or cognitive functions". The injury may be a penetrating or closed head injury resulting in death, or temporary or permanent impairment. Persons with brain injuries may display loss of consciousness, post-traumatic amnesia, a skull fracture, or damage to brain tissue as evidenced by neurological findings that can be reasonably attributed to a traumatic brain injury.   | Quarterly                    | See EHS Reportable Conditions webpage  |

Reporting of the above diseases is required by Iowa Administrative Code [641] Chapter 1

Iowa Department of Public Health  
Lucas State Office Building, 321 E. 12<sup>th</sup> Street Des Moines, Iowa 50319-0075  
Visit our web site at <http://idph.iowa.gov>

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