



Provider Guidance

For Testing, Reporting, and Managing Childhood Lead Exposure

Nevada Childhood Lead Poisoning Prevention Program (NvCLPPP), in partnership with all health districts in Nevada, aims to reduce the long-term health risk of childhood lead poisoning through improved methods of surveillance, education, and intervention. We hope providers use this resource as a guide to test children for lead, report results to local health authorities, and provide the necessary care and resources to children who have been exposed to lead.

Forms and Resources for Providers



Childhood Lead Risk Questionnaire
(English and Spanish versions available)



Nevada Confidential
Morbidity Report Form



NvCLPPP Blood Lead
Testing Plan



NvCLPPP Newsletter
Sign-Up



Scientific Studies on
Lead Exposure



Order Free Educational
Materials for Your Office

NvCLPPP is part of the Nevada Institute for Children's Research and Policy at the UNLV School of Public Health.
Visit nvclppp.org | Email nvclppp@unlv.edu | Call **702-895-1040** (Southern Nevada) **775-453-0434** (Northern Nevada)

Lead Overview

Exposure Effects and Need for Testing

Children are **STILL** exposed to lead.

The CDC has lowered the Blood Lead Reference Value (BLRV) to 3.5 µg/dL for lead exposure in children under six years old. However, studies show there is **no safe level of lead** in the body - even low blood lead levels (BLLs) can have adverse effects.¹

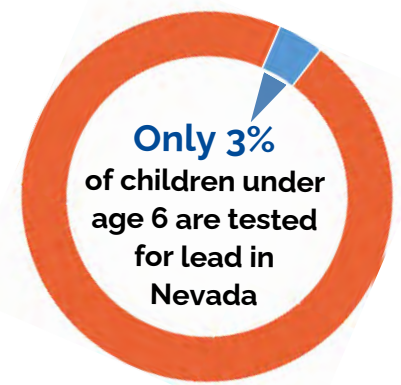
While lower levels of lead exposure present no observable symptoms, the effects of lead poisoning cause damage over time, especially in children. The greatest risk is to brain development, where irreversible damage may occur.²

Lead exposure may cause:

- Brain and nervous system damage
- Reduced IQ and learning disabilities
- Behavioral problems
- Slowed growth and development
- Hearing and speech developmental delays
- Premature birth and low birth weight

There is a significant need to increase blood lead testing.

- Per Medicaid and CHIP policies, all children who are covered by Medicaid and CHIP are required to receive a blood lead test at 12 and 24 months of age or at least once before age 6.
- There are currently over 218,000 children under 6 in Nevada but only 3% are tested for lead.
- Our communities are ethnically diverse and at risk to a variety of non-traditional lead sources.



See for yourself!

For the most up-to-date testing rates, data, and more, visit:
<https://nvclppp.org/childhood-lead-poisoning-across-nevada/>

1. Koller, K., Brown, T., Spurgeon, A., & Levy, L. (2004). Recent Developments in Low-Level Lead Exposure and Intellectual Impairment in Children. Environmental Health Perspectives, 112(9), 987-994. doi:10.1289/ehp.6941

2. Lanphear, B. P., Rauch, S., Auinger, P., Allen, R. W., & Hornung, R. W. (2018). Low-level lead exposure and mortality in US adults: A population-based cohort study. The Lancet Public Health, 3(4). doi:10.1016/s2468-2667(18)30025-2

Lead Sources in Nevada

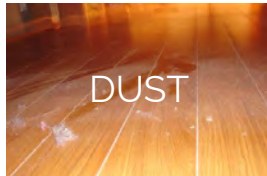
It's More Than Just Paint

Federal, state, and local regulations have played a significant role in reducing childhood lead poisoning by regulating the use of lead in specific products. Nevertheless, the potential for childhood lead exposure remains. Common sources of lead, also known as **traditional sources**, include lead based paint, dust, and soil. Less common sources, also known as **non-traditional sources**, include consumer goods such as folk remedies, cosmetics, toys, and jewelry.

Traditional Lead Sources



built before the
ban of lead-
based paint



from deteriorated
lead-based paint
and outside
sources



produced before
1978 is likely to
be lead-based



contaminated
from
deteriorating
surfaces and
manufacturing



primarily from
corrosion of
leaded pipes,
faucets, or
solder

Non-Traditional Lead Sources



Jewelry & Toys
Particularly those
made cheaply or in
other countries



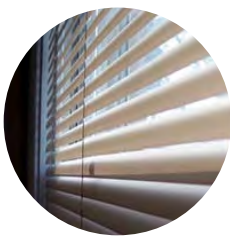
Imported Food Products
Certain ethnic foods,
candies, spices, and
product packaging



Ceramic Dishware
May contain lead
in the glaze, paint,
or clay



Keys
Lead can be found in
keys of all kinds: house
keys, car keys, etc.



Mini-blinds
Certain non-glossy
vinyl mini-blinds
contain lead



Folk Medicines
Remedies such as greta,
azarcon, bhasma, and
others may contain lead



Cosmetics
Traditional makeups such
as kohl, surma, and others
contain high lead levels

CDC Case Definitions

For Lead in Blood

Laboratory Criteria

A blood lead test is the only acceptable laboratory method for confirming lead exposure. The table below summarizes the CDC laboratory criteria for confirmatory and supportive laboratory evidence for lead exposure in children.

Specimen	BLRV	Criteria	Type of Evidence
Venous	3.5 µg/dL	A single venous sample tested by GFAAS or ICP/MS that is at or above the reference value	Confirmatory
Capillary	3.5 µg/dL	Two capillary samples at or above the reference value collected within 12 weeks of each other	Confirmatory and Supportive
Capillary	3.5 µg/dL	A single capillary sample at or above the reference value in a child under 16 years of age	Supportive

Confirmed cases meet the confirmatory laboratory evidence. Suspected cases meet the supportive laboratory evidence.

Criteria to Distinguish a New Case

Children who meet the confirmed case classification criteria should be counted as a case only once annually. To distinguish a new case from an existing case, the following should be applied

- A confirmed case based on a venous test should be enumerated as a new case if the case was not enumerated as a confirmed case in the previous calendar year.

OR

- A confirmed case based on two capillary tests within 12 weeks of each other should be enumerated as a new case if the case was not enumerated as a confirmed case in the previous calendar year.

Responding to Lead in Children

CDC Recommended Actions

Test Results (µg/dL)	Venous Confirmation Retest Within	Recommended Actions Based on BLL	Venous Retest - After Recommended Actions
<3.5	None	- Education on the sources and prevention of lead exposure - Routine assessment focusing on iron and calcium intake - Follow-up blood lead monitoring at recommended intervals	Retest according to AAP Bright Futures Periodicity Schedule
3.5-9	3 months	Above actions, plus: - Environmental exposure history to identify potential lead sources - Refer to health department for environmental investigation of home	3 months for first 2-4 tests 6-9 months after BLLs are declining
10-19	1 month	- Lab work: iron status, hemoglobin, hematocrit - Discuss child's diet and nutrition with focus on calcium and iron and refer to supportive services if needed (WIC) - Developmental monitoring and referral to support services if needed	1-3 months for first 2-4 tests 3-6 months after BLLs are declining
20-44	Within 2 weeks	Above actions, plus: - Complete history and physical exam - Environmental investigation of home and refer for lead hazard reduction program - Consider abdominal x-ray (if lead ingestion is suspected) - Contact Pediatric Environmental Health Specialty Unit or Nevada Poison Center for guidance	2 weeks-1 month for first 2-4 tests 1-3 months after BLLs are declining
≥45	ASAP Within 48 hours	Above actions, plus: - Complete history and physical exam with detailed neurological exam - Perform abdominal X-ray and, if needed, bowel decontamination - Consider hospitalization if lead-safe environment cannot be assured, or source of lead has not been identified and further exposure is possible - Commence gastrointestinal decontamination or chelation therapy with consultation from medical toxicologist or pediatrician experienced in lead poisoning	ASAP or medically indicated

Resources for Families

Of Children with BLLs above the CDC's BLRV

Nevada Early Intervention Services (NEIS)

For children up to the age of 3, NEIS will advise parents about developmental concerns, meet with families to develop educational strategies, and offer services based on a developmental evaluation. NEIS offers evaluations from pediatricians, audiologists, and a metabolic clinic and provides resources for genetic counseling, nutrition, and more.

 dhhs.nv.gov/Programs/IDEA/Early_Intervention_Programs/

Carson City

 **775-687-0101**

Elko

 **775-753-1214**

Clark County

 **702-486-7670**

Washoe County

 **775-688-1341**

Child Find Department

A department of the Clark County School District, Child Find evaluates children aged 3 and older who have never been enrolled in a Clark County school for developmental delays and disabilities. Child Find can then refer children to special education programs with plans specifically tailored to their needs. Child Find also connects families to other community services as needed.

Carson City

 carsoncityschools.com

 **775-283-2350**

Clark County

 ssd.ccsd.net/child-find-department

 **702-799-7463**

Elko

 ecsdnv.net/Special-Services

 **775-738-5196**

Washoe County

 washoeschools.net/domain/657

 **775-327-0685 (ext #2)**

Women, Infants, and Children (WIC) of the Nevada State Division of Public and Behavioral Health

WIC may offer the services of registered dietitians who provide families with nutritional counseling. WIC also connects families in need with available services in the community. WIC services require income-based qualification.

 NevadaWIC.org  **1-800-8-NEV-WIC (1-800-863-8942)**

Testing and Reporting Requirements

Per NRS 442.700

In Nevada, childhood blood lead testing and reporting laws are defined by NRS 442.700. In summary, NRS 442.700 encourages the following:

1. Each provider of health care or other services who:
 - a. Is qualified to conduct a blood lead test is encouraged to perform, or cause to be performed, a test when a child reaches **12 and 24 months** of age, or at least once before the child reaches **6 years** of age
 - b. Provides early and periodic screening, diagnostic and treatment services to children is encouraged to conduct a blood lead test in accordance with the guidelines of the Centers for Medicare and Medicaid Services
2. Any blood lead test performed using a capillary sample that results in a blood lead level greater than the reference value should be confirmed by a follow-up venous blood lead test
3. All blood lead tests, regardless of results, should be reported to the appropriate health authority. The report **must** include:
 - a. The name, sex, race, ethnicity and date of birth of the child
 - b. The address of the child, including the county and zip code
 - c. The date on which the sample was collected
 - d. The type of sample that was collected
 - e. The name and contact information of the ordering provider

Scan the QR code to access
the complete NRS 442.700



Nevada Health Authorities

Contact Information

Providers are required to report ALL blood lead test results to their corresponding health authority. Electronic reporting is preferred if the option is available. If electronic reporting is not available, fax the Morbidity Report Form to your health authority. Please verify the latest reporting procedures with your local health authority.

Southern Nevada Health District (Clark)

Electronic Reporting Form (Preferred): <https://tinyurl.com/SNHDRreportForm>

Fax: 702-759-1414

24-Hour Phone: 702-759-1300

Website: snhd.info

Northern Nevada Public Health (Washoe)

Fax: 775-328-3764

24-Hour Phone: 775-328-2447

Website: nnph.org

Carson City Health and Human Services (Carson City, Douglas, Lyon)

Fax: 775-887-2138

Phone: 775-887-2190

Website: gethealthycarsoncity.org

Central Nevada Public Health (Churchill, Eureka, Mineral, Pershing)

Fax: 775-867-2697

Phone: 775-867-8181

Website: centralnevadahd.org

NV Department of Health and Human Services (All other counties)

Fax: 775-684-5999

24-Hour Phone: 775-684-5911

Website: dpbh.nv.gov

Lead Testing Quick Guide

With LeadCare® II Analyzers

Collecting Capillary Specimens for Lead

Supplies Needed for Testing

-  **LeadCare® II Test Kit**
-  **Sterile Lancet**
-  **Alcohol Wipe**
-  **Gauze pads**
-  **Bio-hazard container**
-  **Disposable gloves**
-  **Lab coat & safety glasses**
-  **Band-aids®**
-  **Absorbent cover for supplies to be placed on**
-  **Soap & water to clean collection site**
-  **Neutralizing Solution**
(7.5% Sodium Bicarbonate NaHCO_3)

Calibrating

Calibrate your analyzer to the lot number in use per manufacturer instructions

Calibrate with key and button:

- The first time you use the analyzer
- Each time you use a new test kit
- When the analyzer displays a recalibration message

Collecting Capillary Specimens for Lead

Personal, Patient, and Area Prep

1. Designate a clean work area dedicated to blood lead testing.
2. Insure supplies to be used, and packaging, are lead-free. (i.e. alcohol swabs, gauze pads, paper towels, disposable gloves)
3. Handwashing is required. Alcohol swabs do not remove lead.
4. If sink is not available, soap and water solution dispensed from a goose-neck squirt bottle, may be used to thoroughly rinse designated finger.

Testing

1. Scrub area to be punctured with soap & water. If water is not available, thoroughly rinse designated finger with soap and water solution dispensed from a goose-neck squirt bottle. (Note: Alcohol swabs do not remove lead.)
2. Clean area to be punctured with the alcohol pad & dry with gauze pad.
3. Using a lancet, puncture the finger pad to the side of the center.
4. Wipe away the first drop of blood.
5. Hold the heparinized capillary tube almost horizontally, with the green band on top, fill to the 50 μL black line. Filling stops when the blood reaches the black line.
6. Remove the excess blood from the outside of the tube with a clean gauze pad. Use a downward motion to wipe excess blood from the capillary tube.
7. Dispense blood sample into treatment reagent vial. Invert the treatment reagent/blood mixture 8-10 times to mix the blood.
8. Insert a sensor into the LeadCare® II analyzer until it beeps. Use transfer dropper to deposit sample onto the "X". The test will automatically begin. After 3 minutes, the analyzer will beep again to indicate the test is done. Record the result on the display window.
9. Report all results. "Low" in the display window indicates a result less than 3.3 $\mu\text{g}/\text{dL}$ and must be reported as "less than (<) 3.3 $\mu\text{g}/\text{dL}$ ".

Disposal

1. Use an estimated four drops (40 μL ea.) of 7.5% sodium bicarbonate (NaHCO_3) neutralizing solution, to neutralize remaining contents in reagent vial to a pH between 2.0 - 12.5.
2. Dispose this along with other materials in biohazard container.

Lead Testing Quick Guide

With LeadCare® II Analyzers



Troubleshooting for LeadCare® II Analyzers

Common issues, retesting, and information on venous confirmations

Child less than 1 year old

- Do a heel puncture. If difficulty arises with obtaining a specimen from the heel, use the large toe.

Child less than 1 year old

- Please refer to the Troubleshooting section of your LeadCare®II User's Guide.
- Elevated results may result from sample contaminated with lead from skin's surface. Proper handwashing with soap and water is critical first step during the collection procedure.
- Result of 45 or greater (including HIGH result on analyzer)
 - ➡ **Wash hands again** with soap and water.
 - ➡ **Re-test** with a new, second specimen.
- Specimen may have had clotted blood.
- The analyzer has been transported and has not warmed up to room temperature.
- Mix blood with treatment reagent immediately, and run test within 48 hours, or refrigerate for up to 7 days.

Any result equal to or exceeding 3.5 µg/dL or uncertainty in validity of the test

- Refer patient for **confirmatory venous testing**

If receiving a continuous error message

- Contact LeadCare®II Analyzer ProductSupport at 1-800-275-0102

Things to Remember

- Run Controls according to manufacturer instructions.
- The accuracy of the test depends on **handwashing prior** to sample collection and filling the capillary tube properly.



NVCLPPP.ORG

NvCLPPP Childhood Lead Poisoning Risk Questionnaire

The CLPRQ should be completed during a health care visit for children under 6 years of age.

A blood lead test should be performed according the AAP Bright Future's Periodicity Schedule or more often if deemed necessary.

Child's name: _____ Today's date: _____

Age: _____ Birthdate: _____ Zip Code: _____

Respond to the following questions by circling the appropriate answer.

RESPONSE

- | | | | |
|---|-----|----|------------|
| 1. Is this child eligible for or enrolled in Medicaid, Head Start, or WIC? | Yes | No | Don't Know |
| 2. Does this child have a sibling with a blood lead level of 3.5 µg/dL or higher? | Yes | No | Don't Know |
| 3. Does this child live in or regularly visit a home built before 1978? | Yes | No | Don't Know |
| 4. In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978? | Yes | No | Don't Know |
| 5. Is this child a refugee or an adoptee from any foreign country? | Yes | No | Don't Know |
| 6. Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)? | Yes | No | Don't Know |
| 7. Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)? | Yes | No | Don't Know |
| 8. At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)? | Yes | No | Don't Know |
| 9. Does this child reside in a high-risk zip code? (see next page for list) | Yes | No | Don't Know |

If there is any **"Yes"** or **"Don't Know"** response a blood lead test is not needed if both of the following apply:

- the child has proof of two consecutive blood lead test results (documented below) that are each less than 3.5 mcg/dL (with one test at age 2 or older), **and**
- there has been no change in the child's living conditions

Test 1: Blood Lead Result: _____ µg/dL Date: _____ Test 2: Blood Lead Result: _____ µg/dL Date: _____

If responses to all the questions are "No":

- Re-evaluate according the AAP Bright Future's Periodicity Schedule or more often if deemed necessary

Refer to the **2023 NvCLPPP Blood Lead Testing Plan (BLTP)** for special considerations about testing children with developmental/intellectual disabilities who may be at increased risk for lead exposure. The BLTP can be found on the NvCLPPP website: nvclppp.org

Encuesta de NvCLPPP sobre el envenenamiento por plomo en los niños

Esta encuesta debe completarse durante la visita del cuidado de la salud de los menores de 6 años.

Se debe llevar a cabo un examen de plomo en la sangre según el programa de periodicidad de la AAP, o antes si se considerase necesario.

Nombre del niño(a) _____ Fecha de hoy: _____

Edad: _____ Fecha de nacimiento: _____ Código postal: _____

Responda a las preguntas dibujando un círculo en la respuesta apropiada.

RESPONSE

- | | | | |
|---|----|----|----------|
| 1. ¿El niño(a) tiene derecho a o está matriculado en Medicaid, Head Start, or WIC? | Sí | No | No lo sé |
| 2. Tiene el niño(a) un hermano(a) con un nivel sanguíneo de 3.5 µg/dL o más? | Sí | No | No lo sé |
| 3. ¿Vive el niño(a), o visita regularmente una casa que se haya construido antes de 1978? | Sí | No | No lo sé |
| 4. ¿Durante el último año, ha estado expuesto el niño(a) a reparaciones, pintura o renovaciones en la casa construida en 1978? | Sí | No | No lo sé |
| 5. ¿Es el niño(a) un refugiado o ha sido adoptado de un país extranjero? | Sí | No | No lo sé |
| 6. ¿Ha viajado el niño(a) alguna vez a México, América Central o Sudamérica, los países asiáticos (por ejemplo, China o India) o cualquier otro país donde pueda haber estado expuesto al plomo en ciertos artículos (por ejemplo, los cosméticos, remedios o botiquines caseros, o cerámica esmaltada)? | Sí | No | No lo sé |
| 7. ¿Vive el niño(a) con alguna persona que tenga un empleo o una afición que pueda tener contenido de plomo (por ejemplo, joyería, renovación o reparación de edificios, construcción de puentes, plomería, terminado de muebles, o trabajo con baterías o radiadores de automóviles, soldadura con plomo, cristal emplomado, munición de plomo o plumadas de pesca)? | Sí | No | No lo sé |
| 8. ¿Ha vivido alguna vez el niño(a) cerca de una fábrica donde se utiliza plomo (por ejemplo, una fundición de plomo o una fábrica de pinturas)? | Sí | No | No lo sé |
| 9. ¿Vive el niño(a) en un código postal de alto riesgo? (refiérase a la siguiente página para ver la lista) | Sí | No | No lo sé |

Si cualquiera de sus respuestas fue **“Sí”** o **“No lo sé”** no es necesario llevar a cabo una prueba de sangre si se aplica cualquier de los dos casos siguientes:

- se puede comprobar que el niño(a) tiene dos exámenes de plomo en la sangre consecutivos (documentados abajo), cuyos resultados hayan sido inferiores a 3.5 mcg/dL (al menos uno a los 2 años o mayor), y
- que no han habido cambios en las condiciones en que vive el niño

Examen1: Resultado: _____ µg/dL Fecha: _____ Examen 2: Resultado: _____ µg/dL Fecha: _____

Si las respuestas a todas las preguntas fueron “No”:

- Reevalúe según el programa de periodicidad de la AAP, antes si se considerase necesario.

Refiérase al **Plan de 2023 de NvCLPPP** de exámenes para identificar el contenido de plomo en la sangre (BLTP por sus siglas en inglés) respecto a las consideraciones especiales para llevar a cabo exámenes para niños(as) con discapacidades mentales o intelectuales que pueden hallarse en alto riesgo de envenenamiento por plomo. El BLTP se puede encontrar en el sitio web de NvCLPPP: nvclppp.org

High-Risk Zip Codes

Nevada Lead Exposure Risk Index



Carson City
89701
89706



Esmeralda County
No target zip codes in this county



Mineral County
89427



Churchill County
No target zip codes in this county



Eureka County
No target zip codes in this county



Nye County
89020



Clark County
89014; 89030
89031; 89032
89054; 89081
89084; 89086
89101; 89102
89103; 89104
89106; 89107
89108; 89110
89113; 89115
89119; 89120
89122; 89128
89129; 89130
89139; 89141
89142; 89143
89146; 89147
89148; 89156
89166; 89178
89179; 89183



Humboldt County
No target zip codes in this county



Pershing County
No target zip codes in this county



Lander County
No target zip codes in this county



Storey County
No target zip codes in this county



Douglas County
89705



Lincoln County
No target zip codes in this county



Washoe County
89431
89433
89502
89506
89508
89512
89523



Elko County
89883



Lyon County
89408
89447



White Pine County
89314

State of Nevada

Confidential Morbidity Report Form



Nevada Department of
Health and Human Services



WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Source	Provider Name		Provider Telephone #		Report Date	
	Facility/Organization (Name and Address)					☐ Check if completed by the Local Health Department
	Person Reporting		Reporter Phone	Reporter Fax	Reporter Job Title	
Facility Type	Inpatient: Hospital Other _____		Outpatient: Private Office ☐ Adult HIV Clinic Other _____		Screening Diagnostic Referral Agency: CTS STD Clinic Other _____	
					Other Facility: Emergency Room ☐ Laboratory ☐ Corrections ☐ Other _____	
Patient Demographic Data	Patient Name (Last)		(First)	(MI)	Date of Birth	Age
	Patient Address		(City)	(State)	(Zip)	Sex assigned at birth Female Male
	County of Residence		Home Phone		Cell Phone	
	Pregnant No Yes	Prenatal Care No Yes	Pregnancy EDC		Ethnicity	Hispanic/Latino Non-Hispanic/Latino Unknown
	Parent or Guardian Name		Birth Country and Arrival Date		Primary Language Spoken	
	Social Security Number		Occupation / Employer / School		Medical Records Number	
	Incarcerated No Yes	Marital Status Single ☐ Married Widowed Separated Divorced Unknown				
	Sexual Orientation: Straight or Heterosexual ☐ Lesbian or Gay Bisexual Queer Pansexual Decline to answer Other, specify: _____					Race(s) ☐ White ☐ Black: ☐ Asian ☐ American Indian Pacific Islander Other ☐ Unknown
						Expanded Ethnicity _____
						Expanded race: _____
Morbidity Data	Disease or Condition		Date of Onset		Patient Notified of This Condition	
	Lead poisoning		If no symptoms, date of capillary test		Yes No	
	Patient Hospitalized Yes No Admit Date Hospital:		Patient Died of This Illness Yes No Date:			
	Condition Acquired in Nevada Yes No Unknown If no, Interstate International		Diagnosis Date	Discharge Date	Symptoms/Suspected Source	
	Was laboratory testing ordered? If yes, attach the results or provide the laboratory name if the results are unavailable				No ☐ Yes	Was the patient treated? If yes, provide the treatment details (drug name, dosage, duration, dates etc.)
Hepatitis Laboratory Results	POS		NEG		Date	
	HAV Antibody Total				HBV DNA	
	HAV Antibody IgM				HCV Antibody RIBA	
	HBV Surface Antigen				HCV RNA (e.g. by PCR)	
	HBV e Antigen				HCV Antibody (ELISA)	
	HBV Core Antibody Total				HCV Antibody (Rapid)	
	HBV core Antibody IgM				HDV Antibody	
	HBV Surface Antibody				HDV Rapid	
HCV Genotype				Date / Range		
ALT (SGPT) Level						
Alt-Lab Normal Range						
AST (SGOT) Level						
AST-Lab Normal Range						
Name of Lab						

	Patient Name (Last)	(First)	MI)						
Initial Diagnostic HIV Tests	Has this patient been informed of his/her HIV infection? Yes No Unknown				Evidence of receipt of HIV medical care other than laboratory test results ☐ Yes, documented ☐ Yes, client self-report, only ☐ Date of medical visit or prescription				
	The patient's partners will be notified about their HIV exposure and counseled by: Health Dept. Physician/provider Patient Unknown								
	TEST 1	HIV-1 IA	HIV-1/2 IA	HIV-1/2 Ag/Ab		HIV-1 WB	HIV-1 IFA	HIV-2 IA	HIV-2 WB
	Test Brand Name/Manufacturer: _____					Point of care rapid test			
	Results	Positive	Negative	Indeterminate		Collection Date: _			
	TEST 2	HIV-1 IA	HIV-1/2 IA	HIV-1/2 Ag/Ab	HIV-1 WB	HIV-1 IFA	HIV-2 IA	HIV-2 WB	
	Test Brand Name/Manufacturer: _				Point of care rapid test				<u>Risk Exposure (select all that apply)</u> <u>Complete for HIV/AIDS or STI</u>
	Results	Positive	Negative	Indeterminate	Collection Date: _				
HIV Type Diff	HIV-1-2 Ag/Ab type-differentiating immunoassay (differentiates among HIV-1 Ag, HIV-1 Ab, and HIV-2 Ab)								
	Analyte results:	HIV-1 Ag: Reactive	Nonreactive	Not reportable due to high Ab level			Date: _____		
		HIV-1 Ab: Reactive	Nonreactive	Undifferentiated/Indeterminate					
		HIV-2 Ab: Reactive	Nonreactive	Undifferentiated/Indeterminate					
HIV Viral Load HIV Genotype	Qualitative				Quantitative				
	Results	Positive	Negative	Indeterminate	Results	Detectable	Undetectable		
	Collection Date: _				Copies/mL: _____				
					Collection Date: _____				
	HIV Genotype (Resistance) Collection Date: _____				Interpretation: _____				
Sexually Transmitted Infection (STI)	Syphilis Stage		Syphilis Symptoms		Gonorrhea Specimen Site		Chlamydia Site(s)		STI Treatment
	☐ Primary ☐ Secondary ☐ Early Latent (<1 yr) ☐ Latent ☐ Congenital ☐ Unknown		Chancre Palmar/Plantar Rash Condylomata Lata Neurologic Other (specify) _____		Cervical Urethral Rectal Pharyngeal Ophthalmia Neonatorum ☐ PID ☐ Other (specify) _____		Cervical ☐ Urethral Rectal Pharyngeal PID Other (specify) _____		Azithromycin 1g ☐ L-A Bicillin 2.4 mu IM x # _____ (doses) No Treatment Given ☐ Ceftriaxone/Rocephin 500mg IM ☐ Doxy 100 Mg BID x # _____ Days Other: _____
	Specify STI Lab Test (e.g. RPR Titer, FTA-TPPA, Darkfield, Smear, Culture, NAAT, EIA, VDRL-CSF)								
	Date	Test		Result					
	Did you provide treatment for any of this patient's partners? (Check all that apply)								
	Yes, I saw the sex partner(s) in my office Yes, I gave medication for ____ (#) partners Yes, I wrote a prescription for ____ (#) partner(s)								
	Partner Name _____ DOB _____								
	TB Disease and LTBI	Tuberculosis Disease (suspected or confirmed) ☐ TB Disease Site: _____				Chest X-ray/Imaging: (include last report)			
☐ Latent TB Infection (LTBI) _____				Abnormal Normal Date: _____					
Symptoms		Cough > 3 weeks	Hemoptysis	Fever	Weight loss	Fatigue	Abnormal Chest X-ray		
Laboratory Results (include a copy of laboratory testing)						Treatment (include drug(s)/dose(s))			
TB Test, IGRA POS NEG Date TB Test, TST: _ mm _____ _____ _____			If Not Sputum, indicate source: _ AFB Smear POS NEG Date NAAT _____ _____ _____ Culture _____ _____ _____			No treatment started LTBI treatment, Date started TB Disease treatment, Date started			
COVID - 19	COVID-19	lab test type:	PCR	Antigen	☐ Antibody	Vaccine Brand Name: _____			
	COVID Vaccine	Yes	No				First Vaccine Date: _____ Second Vaccine Date (if applicable): _____		

Fax completed forms to:

Carson City, Lyon, Douglas: (775) 887-2138
 Washoe County: (775) 328-3764
 All Other Areas: (775) 684-5999

Clark County: HIV (702) 759-1454
 TB (702) 759-1435
 General (and COVID) (702) 759-1414