



Notification of Infectious Disease Form

Form is published at
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This form may be used to **report suspected cases and cases of notifiable conditions** in the US Virgin Islands (USVI), listed with their reporting time frames on the current **USVI Notifiable Conditions List 2016** available at <http://doh.vi.gov/programs/epidemiology>. In addition to specified reportable conditions, **any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available.** A Health Department epidemiologist may contact you to further investigate this notifiable infectious disease report.

Source of Information: <input type="checkbox"/> Private Physician <input type="checkbox"/> Private Laboratory <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> School		Today's Date: (mm/dd/yyyy)		Island: <input type="checkbox"/> St. Croix <input type="checkbox"/> St. John <input type="checkbox"/> St. Thomas <input type="checkbox"/> Water Island	
Physician Name		Physician Address <input type="checkbox"/> See Facility address below		Physician Phone <input type="checkbox"/> See Facility phone below (____) _____ - _____ extension _____	
Admitted to Hospital: <input type="checkbox"/> No Date Admitted: _____ <input type="checkbox"/> Yes Date Discharged: _____		Parent/Guardian (if applicable):			
Patient Name (Last)		(First)	(MI)	Telephone: (____) _____ - _____	
Address (indicate ESTATE)		City	State	Zip Code	Country
Date of Birth (mm/dd/yyyy)	Age	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other:	
Notes, comments, or additional information such as pregnancy status, occupation (food handler), school name/grade, daycare facility, travel history					

Category A -- Report IMMEDIATELY to the USVI Department of Health					
SERIOUS PUBLIC HEALTH RISK. Make an IMMEDIATE telephone report to the USVI Department of Health at 712-6210 or 718-1311 Ext. 3841 then send the completed form IMMEDIATELY (within 24 hrs) by fax to 718-1508. If an immediate report is required after regular working hours, please call 626-1654.					
<input type="checkbox"/> Acute Flaccid Myelitis	<input type="checkbox"/> Coronavirus, novel, including SARS	<input type="checkbox"/> Enterovirus D-68	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Rubella	<input type="checkbox"/> Typhoid
<input type="checkbox"/> Anthrax	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Haemophilus influenzae	<input type="checkbox"/> Pertussis	<input type="checkbox"/> Q Fever	<input type="checkbox"/> Typhus
<input type="checkbox"/> Botulism	<input type="checkbox"/> E. coli (O157)	<input type="checkbox"/> Influenza, novel	<input type="checkbox"/> Plague	<input type="checkbox"/> Smallpox	<input type="checkbox"/> Viral Hemorrhagic Fever, including Ebola
<input type="checkbox"/> Brucellosis	<input type="checkbox"/> Encephalitis	<input type="checkbox"/> Legionnaires	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Yellow Fever
<input type="checkbox"/> Cholera		<input type="checkbox"/> Measles	<input type="checkbox"/> Rabies	<input type="checkbox"/> Tularemia	

Category B -- Report WITHIN 48 HOURS to the USVI Department of Health					
SIGNIFICANT PUBLIC HEALTH RISK. These should be reported within 48 hours to the USVI Department of Health. A completed copy of the form must be faxed to 718-1508. A telephone report to 718-1311 Ext. 3841 is only required for those diseases indicated by the (*).					
<input type="checkbox"/> Chancroid	<input type="checkbox"/> Hansen's Disease*	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Syphilis*		
<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Hanta Virus Pulmonary Syndrome*	<input type="checkbox"/> Lymphogranuloma	<input type="checkbox"/> Trichinosis		
<input type="checkbox"/> Ciguatera	<input type="checkbox"/> Hemolytic Uremic Syndrome	<input type="checkbox"/> Malaria*	<input type="checkbox"/> West Nile Virus*		
<input type="checkbox"/> Ehrlichiosis	<input type="checkbox"/> Hepatitis A*	<input type="checkbox"/> Psittacosis	Vancomycin Resistant:		
<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Staph. aureus (drug resistant)	<input type="checkbox"/> Enterococcus		
<input type="checkbox"/> Granuloma Inguinale	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Streptococcus pneumoniae (drug resistant)	<input type="checkbox"/> Staph		

Category C -- Report PROMPTLY WITHIN 96 HOURS to the USVI Department of Health					
Should be reported promptly to the USVI Department of Health. A completed form must be faxed to 718-1508. Reporting by phone is not required.					
<input type="checkbox"/> Amebic Dysentery	<input type="checkbox"/> Coccidioidomycosis	<input type="checkbox"/> Giardia	<input type="checkbox"/> Mumps	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Chickenpox (varicella)	<input type="checkbox"/> Cryptosporidiosis	<input type="checkbox"/> Influenza	<input type="checkbox"/> Salmonellosis	<input type="checkbox"/> Toxic Shock Syndrome	
<input type="checkbox"/> Childhood Diabetes Mellitus (age <20)	<input type="checkbox"/> Cyclosporiasis	<input type="checkbox"/> Listeriosis	<input type="checkbox"/> Shigellosis	<input type="checkbox"/> Other: _____	

Diagnosis Status?		Clinical Information			
<input type="checkbox"/> Suspect Case <input type="checkbox"/> Probable Case		Treatment Provided? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify Treatment:			
<input type="checkbox"/> Confirmed Case		Earliest Symptom Onset Date:	Clinical Symptoms:	Disease Fatal?	
Diagnostic Criteria: <input type="checkbox"/> Symptoms <input type="checkbox"/> Laboratory		_____ (mm/dd/yyyy)		<input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Other:					

Laboratory Results:					
Date 1 (mm/dd/yyyy)	Test Name 1	Result 1			
Date 2 (mm/dd/yyyy)	Test Name 2	Result 2			
Date 3 (mm/dd/yyyy)	Test Name 3	Result 3			

Name of Reporting Facility		Address			
Name of Person Reporting		Title	Phone Number (____) _____ - _____ extension _____		
Date of Report (mm/dd/yyyy)		E-mail			

Information collected is confidential pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and reports will be maintained by the US Virgin Islands Department of Health. All reports other than HIV should be faxed to Dr. Esther Ellis at 718-1508 (Charles Harwood Complex, 3500 Estate Richmond, Christiansted, St. Croix, VI 00820). HIV reports should be forwarded to the HIV/STD Program Charles Harwood Complex on St. Croix (Fax: 712-6209) and to the HIV/STD Program Knud Hansen Complex on St. Thomas (Fax: 776-5466). PLEASE NOTE: THE REPORTING OF NOTIFIABLE DISEASES TO THE DEPARTMENT OF HEALTH IS REQUIRED BY LAW IN THE US VIRGIN ISLANDS. Fulfilling this requirement will by no means negate your responsibility to report similar information to other agencies or programs with which you have collaborative agreements.