



# Notification of Infectious Disease Form

Form is published at <http://doh.vi.gov/forms>  
Click [here](#) for direct download



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 2017, available [here](#). In addition, **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 will contact you if further investigation is required.

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

**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.

Accute Flaccid Myelitis  Coronavirus, novel, including SARS  Enterovirus D-68  Meningitis  Rubella  Typhoid  
 Anthrax  Diptheria  *Haemophilus influenzae*  Pertussis  Q Fever  Typhus  
 Botulism  Influenza, novel  Plague  Smallpox  Viral Hemorrhagic Fever,  
 Brucellosis  *E. coli* (O157)  Legionnaires  Poliomyelitis  Tuberculosis including Ebola  
 Cholera  Encephalitis  Measles  Rabies  Tularemia  Yellow Fever

**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 (\*).

Chancroid  Hansen's Disease\*  HIV/AIDS  Syphilis\*  
 Chlamydia  Hanta Virus Pulmonary Syndrome\*  Lymphogranuloma  Trichinosis  
 Ciguatera  Hemolytic Uremic Syndrome  Malaria\*  West Nile Virus\*  
 Ehrlichiosis  Hepatitis A\*  Psittacosis  Vancomycin Resistant:  
 Gonorrhea  Hepatitis B  *Staph. aureus* (drug resistant)  *Enterococcus*  
 Granuloma Inguinale  Hepatitis C  *Streptococcus pneumoniae* (drug resistant)  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.

Amebic Dysentery  Coccidioidomycosis  Giardia  Mumps  Tetanus  
 Chickenpox (varicella)  Cryptosporidiosis  Influenza  Salmonellosis  Toxic Shock Syndrome  
 Childhood Diabetes Mellitus (age <20)  Cyclosporiasis  Listeriosis  Shigellosis

Other, please specify:

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

<b>Laboratory Results:</b>		
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

<b>Name of Reporting Facility</b>		Address	
<b>Name of Person Reporting</b>		Title	Phone Number ( ) - extension
<b>Date of Report</b> (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/STD 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.