

Virgin Islands Department of Health

Notification of Infectious Disease Form

Island: St. Croix [] St. Thomas [] St. John []

Source of Information:

- Private Physician Clinic: (name) _____
- Private Laboratory: (name) _____ School (name): _____
- Hospital: Location in Hospital (e.g. ER, Laboratory etc) _____

Admitted to Hospital: YES [] NO [] / Date Admitted: _____ Discharged _____

Demographic Information:

RACE: Black White Asian or Pacific Islander American Indian or Alaskan Native
 ETHNICITY: Hispanic Non-Hispanic Unknown
 PATIENT'S NAME: _____ TODAY'S DATE: _____
 DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____ SEX M _____ F _____
 PATIENT'S ADDRESS _____
 PATIENT'S PHONE# _____
 PARENT/GUARDIAN _____ CONTACT PHONE# _____
 PHYSICIAN'S NAME _____
 OFFICE ADDRESS _____ PHONE: _____

All of the following diseases, if diagnosed or suspected, must be reported to the Virgin Islands Department of Health. All require PROMPT notification, but they have been divided into three categories based on their level of public health risk. On the back of this form, please indicate whether you are reporting a suspected or confirmed case of disease.

A. These diseases carry a **SERIOUS PUBLIC HEALTH RISK**. Make an **IMMEDIATE** telephone report to the Virgin Islands Department of Health at **773-1311, Ext. 3241** then submit this completed form **IMMEDIATELY** by Fax to **713-1508**. If you cannot fax this form it should be delivered to the Department of Health on the appropriate island. **In the event that an immediate report is required after regular working hours, please call 340-626-1654. See the back of this form for the delivery addresses.**

- | | | |
|---|--|---|
| <input type="checkbox"/> Anthrax | <input type="checkbox"/> Measles | <input type="checkbox"/> Smallpox |
| <input type="checkbox"/> Botulism | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Severe Acute Respiratory Syndrome (SARS) |
| <input type="checkbox"/> Brucellosis | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Cholera | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Tularemia |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Plague | <input type="checkbox"/> Typhoid |
| <input type="checkbox"/> Encephalitis | <input type="checkbox"/> Q Fever | <input type="checkbox"/> Typhus |
| <input type="checkbox"/> Enterohemorrhagic E. Coli (0157) | <input type="checkbox"/> Rabies | <input type="checkbox"/> Yellow Fever |
| <input type="checkbox"/> Legionnaires | <input type="checkbox"/> Rubella | <input type="checkbox"/> Dengue (with hemorrhagic features) |

PLEASE TURN TO THE REVERSE SIDE FOR ADDITIONAL DISEASE REPORTING

B. These diseases carry **SIGNIFICANT PUBLIC HEALTH RISK**. They should be **reported within 48 hours** to the Virgin Islands Department of Health. **A completed copy of this form must be faxed to 713-1508**. If you cannot fax this form it should **be** delivered (within 48 hours) to the Department of Health on the appropriate island. A telephone report to 773-1311 extension **3241 or 3007** is only required for those diseases indicated by the (*).

- | | | |
|---|--|---|
| <input type="checkbox"/> Chancroid | <input type="checkbox"/> Hansen's Disease* | <input type="checkbox"/> Malaria* |
| <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Hanta Virus Pulmonary Syndrome* | <input type="checkbox"/> Psittacosis |
| <input type="checkbox"/> Ciguatera | <input type="checkbox"/> Hemolytic Uremic Syndrome | <input type="checkbox"/> Syphilis* |
| <input type="checkbox"/> Dengue | <input type="checkbox"/> Hepatitis A* | <input type="checkbox"/> Streptococcus Pneumonia (drug resistant) |
| <input type="checkbox"/> Ehrlichiosis | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Staph. Aureus (drug resistant) |
| <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Trichinosis |
| <input type="checkbox"/> Granuloma Inguinale | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Vancomycin Resistant- <input type="checkbox"/> Staph <input type="checkbox"/> Enterococcus |
| <input type="checkbox"/> Invasive Streptococcus A | <input type="checkbox"/> Lymphogranuloma | <input type="checkbox"/> West Nile Virus* |

C. These diseases are to be **reported promptly** to the Virgin Islands Department of Health using this form. A telephone report is not required. This form should be faxed to **713-1508** or hand delivered to the specified address (below) for the Department of Health on the appropriate island.

- | | | |
|---|--|---|
| <input type="checkbox"/> Amebic Dysentery | <input type="checkbox"/> Giardia | <input type="checkbox"/> Shigellosis |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Influenza | <input type="checkbox"/> Toxic Shock Syndrome |
| <input type="checkbox"/> Coccidioidomycosis | <input type="checkbox"/> Listeriosis | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Cryptosporidiosis | <input type="checkbox"/> Mumps | <input type="checkbox"/> Childhood Diabetes Mellitus (age < 20) |
| <input type="checkbox"/> Cyclosporiasis | <input type="checkbox"/> Salmonellosis | <input type="checkbox"/> Other _____ |

BRIEF CASE REPORT

What is the diagnosis status of this disease? Suspected case Confirmed case
 Notable Clinical Symptoms? _____
 Notable Physical Findings? _____

Laboratory Results (confirmatory tests if available)
 Date ____/____/____ Test _____ Result _____
 Date ____/____/____ Test _____ Result _____
 Date ____/____/____ Test _____ Result _____

Was treatment prescribed? Yes No
 Prescribed Medication Regimen _____

 Reporting Person's Signature Reporting Person's Title Date

WHERE TO DELIVER NOTIFICATION FORMS

All Reports other than HIV should be delivered on St. Croix to the Office of the Commissioner of Health, Charles Harwood Hospital Complex, 3500 Richmond, Christiansted, and St. Croix VI 00820. On St. Thomas, all reports other than HIV should be sent to the Office of the Commissioner of Health, Roy Lester Schneider Hospital, 48 Sugar Estate, St. Thomas, and USVI 00802. Reports should be addressed to: **Dr. Thomas Morris**.

HIV Reports should be forwarded to the HIV/STD Program Charles Harwood Hospital Complex on St. Croix and to the HIV/STD Program, Knud Hansen Complex, Fax 776-5466, on St. Thomas.

PLEASE NOTE: THE REPORTING OF NOTIFIABLE DISEASES TO THE DEPARTMENT OF HEALTH IS REQUIRED BY LAW IN THE U. S. 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.