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.

□ Anthrax   □ Measles   □ Smallpox
□ Botulism   □ Meningitis   □ Severe Acute Respiratory Syndrome (SARS)
□ Brucellosis   □ Pertussis   □ Tuberculosis
□ Cholera   □ Poliomyelitis   □ Tularemia
□ Diptheria   □ Plague   □ Typhoid
□ Encephalitis   □ Q Fever   □ Typhus
□ Enterohemorrhagic E. Coli (0157)   □ Rabies   □ Yellow Fever
□ Legionaires   □ Rubella   □ 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 (*).

- Chancroid
- Chlamydia
- Ciguatera
- Dengue
- Ehrlichiosis
- Gonorrhea
- Granuloma Inguinale
- Invasive Streptococcus A
- Amebic Dysentery
- Chickenpox
- Coccidioidomycosis
- Cryptosporidiosis
- Cyclosporiasis
- Hansen’s Disease
- Hanta Virus Pulmonary Syndrome
- Hemolytic Uremic Syndrome
- Hepatitis A
- Hepatitis B
- Hepatitis C
- HIV/AIDS
- Lymphogranuloma
- Malaria
- Mumps
- Psittacosis
- Syphilis
- Streptococcus Pneumonia
- Staph. Aureus
- Trichinosis
- Vancomycin Resistant
- Enterococcus
- Syphilis
- Staph
- Enterococcus
- 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.

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

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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.