

## US Virgin Islands Notifiable Conditions 2020 Guidelines for the reporting of suspect, probable and confirmed cases



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A-H	When To Report	I — T	When To Report
<sup>k</sup> Acute flaccid myelitis (AFM)	Immediately	Influenza:	
*Anthrax	Immediately	Influenza-associated pediatric	Immediately
*Arboviral diseases <sup>1</sup>	Immediately	mortality	•
<ul> <li>Neuroinvasive</li> </ul>	Within 4 work days	Novel influenza A virus infection	<b>Immediately</b>
<ul><li>Non-neuroinvasive</li></ul>		*Seasonal	Within 4 work days
Babesiosis	Within 4 work days	Invasive pneumococcal disease	Within 2 work days
Botulism:	Immediately	(Streptococcus pneumoniae)	
■ Foodborne	•	Legionellosis	Immediately
■ Infant		Leptospirosis <sup>1</sup> and melioidosis <sup>1</sup>	Immediately
<ul><li>Other (wound and unspecified)</li></ul>		Listeriosis	Within 4 work days
Brucellosis	Immediately	Lyme disease	Within 4 work days
Campylobacteriosis	Within 4 work days	Malaria	Within 4 work days
Carbapenemase producing, Carbapenem-	Immediately	<sup>a</sup> Measles (rubeola)	Immediately
resistant Enterobacteriaceae (CP-CRE):		*Meningococcal disease (Neisseria	Immediately
<ul><li>CP-CRE, Enterobacter spp.</li></ul>		menigitidis)	
<ul><li>CP-CRE, Escherichia coli (E. coli)</li></ul>		Mumps	Within 4 work days
■ CP-CRE, Klebsiella spp.		<sup>II</sup> <u>Pertussis</u>	Immediately
Chanchroid	Within 2 work days	Plague	Immediately
<sup>x</sup> Chickenpox (varicella):	Within 4 work days	*Poliovirus:	Immediately
<ul> <li>Varicella deaths</li> </ul>		<ul> <li>Poliomyelitis, paralytic</li> </ul>	
Chlamydia trachomatis infection	Within 2 work days	Poliovirus infection, non-paralytic	
Cholera	Immediately	Psittacosis (ornithosis)	Within 2 work days
Ciguatera	Within 2 work days	Q fever:	Immediately
Coccidioidomycosis	Within 4 work days	• Acute	
Coronavirus, novel, including SARS	Immediately	• Chronic	
Cryptosporidiosis	Within 4 work days	*Rabies: - Animal	Immediately
Cyclosporiasis	Within 4 work days	• Human	
*Diphteria	Immediately	*Rubella:	Immediately
Ehrlichiosis/anaplasmosis:	Within 2 work days	Rubella infection	miniculatery
Ehrichia chafeensis	,	Congenital syndrome	
<ul> <li>Ehrlichia ewingii</li> </ul>		Salmonellosis	Within 4 work days
<ul> <li>Anaplasma phagocytophilum</li> </ul>		Shigellosis:	Within 4 work days
<ul><li>Undetermined</li></ul>		Including Shiga toxin-	
Encephalitis:	Immediately	producing Escherichia coli (STEC)	
<ul><li>Amebic</li></ul>		<sup>II</sup> Smallpox	Immediately
<ul> <li>Bacterial</li> </ul>		Spotted fever rickettsiosis	Within 4 work days
<ul> <li>Viral, including <sup>*</sup>Japanese encephalitis</li> </ul>		Staphylococcus aureus (drug resistant)	Within 2 work days
Enterovirus D-68	Immediately	Streptococcus pneumoniae	Within 2 work days
Escherichia coli (O157)	Immediately	(drug resistant)	
Foodborne disease outbreak	Immediately	Syphilis:	Within 2 work days
Giardiasis	Within 4 work days	<ul><li>Congenital</li></ul>	
Gonorrhea	Within 2 work days	■ Early latent	
*Haemophilus influenzae, invasive disease	Immediately	■ Late latent	
Hansen's disease (leprosy)	Within 2 work days	Late with clinical manifestations	
Hantavirus infection:	Within 4 work days	• Primary	
Non-Hantavirus pulmonary syndrome		• Secondary	Maril: A L L
Hantavirus pulmonary syndrome	Within 2 work days	"Tetanus	Within 4 work days
Hemolytic uremic syndrome, post-diarrheal	•	Toxic-shock syndrome:	Within 4 work days
Hepatitis:  **Hepatitis A, acute	Within 2 work days	• Streptococcal	
"Hepatitis B, acute		• Non-streptococcal	Maril: 2
		Trichinellosis	Within 2 work days
<ul> <li>Hepatitis B virus infection, chronic</li> <li>Hepatitis B virus infection, perinatal</li> </ul>		<u>Tuberculosis</u>	Immediately
Hepatitis C, acute		Tularemia	Immediately
Hepatitis C virus infection, chronic		Typhoid fever (Salmonella typhi)	Immediately
Hepatitis C virus infection, perinatal		Vancomycin resistant:	Within 2 work days
*Human immunodeficiency virus <sup>2</sup> :	Within 2 work days	• Enterococcus	
• HIV/AIDS	Within 2 Work days	Staphylococcus aureus (VISA, VRSA)	
- HIV/AID3		Vibriosis	Within 4 work days
In addition to specified reportable conditions, any out	break, exotic disease,	Viral hemorrhagic fevers (HFs):	Immediately
or unusual group expression of disease that be of p		Crimean-Congo HF	
should be reported by the most expeditious m	eans available.	■ Dengue HF	
*See condition-specific footnote for reporting contact information		• Ebola HF	
<sup>1</sup> <b>A.</b> Please refer to the EPI-2 "Zika, Dengue, Chikungunya, Leptospirosis,		Guanarito HF	
Melioidosis and Febrile Illness Reporting Form" available <u>here</u> to report		• Junin HF	
these conditions. All other arboviral disease including additional flaviviral		• Lassa HF	
or alphaviral infections must be reported as "other" and <b>immediately</b> using EPI-1 form.		• Lujo HF	
,		Machupo HF	
<sup>2</sup> B. All diseases should be reported using EPI-1 "Notification of Infectious Disease Form" available here. Please send HIV/AIDS reports to the		• Marburg HF	
HIV/STD Program at Charles Harwood Complex on St. Croix (Fax:		Sabia-associated HF	
718-1508) or Knud Hansen Complex on St. Thomas (F	ax: 776-1506).	Waterborne disease outbreak	Immediately
୪ Vaccine preventable diseases.		<sup>x</sup> Yellow fever	Immediately

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. To make a telephone report to the USVI Department of Health Territorial Epidemiologist, call 626-1654 then send the completed EPI-1 form by fax to 776-1506 (St. Thomas/St. John) or 718-1508 (St. Croix). If an immediate report is required after regular working hours, please call 626-1654.