



# Notification of Infectious Disease Form

Emergency Phone: (340) 626-1654, STX Office: (340) 718-1311 Ext. 3840, STX Fax: (340) 718-1508 | STT Office: (340) 774-7477 Ext. 5645, STT Fax: (340) 776-1506



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 2019, 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>Date of Report:</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>Name of Physician or Person Reporting</b>		<b>Physician/Reporter Address</b>		<b>Physician/Reporter Phone</b> ( ) - extension	
<b>Admitted to Hospital?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>Date Admitted:</b> <b>Date Discharged:</b>		<b>Disease Fatal?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Date of Death:</b>	
<b>Parent/Guardian:</b> (if applicable)					
<b>Patient Name (Last)</b>		<b>(First)</b>		<b>(MI)</b>	
<b>Address</b> (indicate ESTATE)		<b>City</b>		<b>State</b>	
<b>Date of Birth</b> (mm/dd/yyyy)		<b>Age</b>		<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:			
<b>Notes, comments, or additional information such as <u>pregnancy status (EDD), occupation (food handler), school name/grade, daycare facility, travel history</u></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 626-1654 then send the completed form IMMEDIATELY (within 24 hrs) by fax to 776-1506 or 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"/> CP-CRE                | <input type="checkbox"/> <i>Haemophilus influenzae</i> | <input type="checkbox"/> Pertussis     | <input type="checkbox"/> Smallpox                                 | <input type="checkbox"/> Waterborne Outbreak |
| <input type="checkbox"/> Anthrax                            | <input type="checkbox"/> Diphtheria            | <input type="checkbox"/> Influenza, novel and seasonal | <input type="checkbox"/> Plague        | <input type="checkbox"/> Tuberculosis                             | <input type="checkbox"/> West Nile           |
| <input type="checkbox"/> Botulism                           | <input type="checkbox"/> <i>E. coli</i> (O157) | <input type="checkbox"/> Legionellosis                 | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Tularemia                                | <input type="checkbox"/> Yellow Fever        |
| <input type="checkbox"/> Brucellosis                        | <input type="checkbox"/> Encephalitis          | <input type="checkbox"/> Measles                       | <input type="checkbox"/> Rabies        | <input type="checkbox"/> Typhoid                                  |  |
| <input type="checkbox"/> Cholera                            | <input type="checkbox"/> Enterovirus D-68      | <input type="checkbox"/> Meningitis                    | <input type="checkbox"/> Rubella       | <input type="checkbox"/> Typhus                                   |  |
| <input type="checkbox"/> Coronavirus, novel, including SARS | <input type="checkbox"/> Foodborne Outbreak    |  | <input type="checkbox"/> Q Fever       | <input type="checkbox"/> Viral Hemorrhagic Fever, including Ebola |  |

## 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 776-1506. A telephone report to 626-1654 is only required for those diseases indicated by the (\*).

- |                                       |  |   |  |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Anaplasmosis | <input type="checkbox"/> Hansen's Disease*               | <input type="checkbox"/> HIV/AIDS                       | <input type="checkbox"/> Trichinosis           |
| <input type="checkbox"/> Chancroid    | <input type="checkbox"/> Hanta Virus Pulmonary Syndrome* | <input type="checkbox"/> Malaria                        | <input type="checkbox"/> Vancomycin Resistant: |
| <input type="checkbox"/> Chlamydia    | <input type="checkbox"/> Hemolytic Uremic Syndrome       | <input type="checkbox"/> Psittacosis                    | <input type="checkbox"/> <i>Enterococcus</i>   |
| <input type="checkbox"/> Ciguatera    | <input type="checkbox"/> Hepatitis A*                    | <input type="checkbox"/> Staph. aureus (drug resistant) | <input type="checkbox"/> Staph                 |
| <input type="checkbox"/> Ehrlichiosis | <input type="checkbox"/> Hepatitis B                     | <input type="checkbox"/> Streptococcus pneumoniae       |  |
| <input type="checkbox"/> Gonorrhea    | <input type="checkbox"/> Hepatitis C                     | <input type="checkbox"/> Syphilis*                      |  |

## 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 776-1506. Varicella cases should be reported by phone at 774-7477 Ext. 5646.

- |   |   |                                       |  |   |                                    |
|---|---|---------------------------------------|--|---|------------------------------------|
| <input type="checkbox"/> Babesiosis             | <input type="checkbox"/> Coccidioidomycosis | <input type="checkbox"/> Giardia      | <input type="checkbox"/> Mumps         | <input type="checkbox"/> Spotted Fever        | <input type="checkbox"/> Vibriosis |
| <input type="checkbox"/> Campylobacter          | <input type="checkbox"/> Cryptosporidiosis  | <input type="checkbox"/> Listeriosis  | <input type="checkbox"/> Salmonellosis | <input type="checkbox"/> Tetanus              |                                    |
| <input type="checkbox"/> Chickenpox (varicella) | <input type="checkbox"/> Cyclosporiasis     | <input type="checkbox"/> Lyme Disease | <input type="checkbox"/> Shigellosis   | <input type="checkbox"/> Toxic Shock Syndrome |                                    |

☐ Other disease, please specify:

### Diagnosis Status

☐ Suspect Case ☐ Confirmed Case

### Diagnostic Criteria:

☐ Symptoms ☐ Laboratory

### Clinical Information

Treatment Provided? ☐ No ☐ Yes Specify Treatment:

Earliest Symptom Onset Date:

(mm/dd/yyyy)

Clinical Symptoms:

### 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