



Notification of Infectious Disease Form

Emergency Phone: (340) 626-1654, **Territorial Epidemiology Fax: 1-888-400-8620**
 Fax HIV/STD reports to the Communicable Diseases Division Fax: 1-612-712-7878



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 2020. 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.

Source of Information: <input type="checkbox"/> Private Physician <input type="checkbox"/> Private Laboratory <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> School		Date of Report: (mm/dd/yyyy)		Island: <input type="checkbox"/> St. Croix <input type="checkbox"/> St. John <input type="checkbox"/> St. Thomas <input type="checkbox"/> Water Island	
Name of Physician or Person Reporting		Physician/Reporter Address		Physician/Reporter Phone (____) _____ - _____ extension _____	
Admitted to Hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes		Date Admitted: Date Discharged:		Disease Fatal? <input type="checkbox"/> No <input type="checkbox"/> Yes Date of Death:	
Parent/Guardian: (if applicable)					
Patient Name (Last)		(First)		(MI)	
Address <small>(indicate ESTATE)</small>		City		State	
Date of Birth <small>(mm/dd/yyyy)</small>		Age		Zip Code	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other:	
Telephone: (____) ____ - ____ Other:					
Notes, comments, or additional information such as pregnancy status (EDD), occupation (food handler), school name/grade, daycare facility, travel history					

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 1-888-400-8620. 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 1-888-400-8620. 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"/> Gonorrhoea	<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 1-888-400-8620.

<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 <input type="checkbox"/> Suspect Case <input type="checkbox"/> Confirmed Case	Clinical Information	
	Treatment Provided? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify Treatment:	
Diagnostic Criteria: <input type="checkbox"/> Symptoms <input type="checkbox"/> Laboratory	Earliest Symptom Onset Date: _____ <small>(mm/dd/yyyy)</small>	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

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 at secure fax 1-612-712-7878.** 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.