

# 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 extension 3007 or 3199** 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 340-776-8752. 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 3199** 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 to the Office of the Commissioner of Health, Charles Harwood Hospital Complex, 3500 Richmond, Christiansted, St. Croix VI 00820; Attention: **Dr. Marc Jerome**.

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, USVI 00802; Attention: **Dr. Lee Whitaker**.

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.