

MAIL THE TOP TWO COPIES TO YOUR LOCAL HEALTH DEPARTMENT

VIRGINIA DEPARTMENT OF HEALTH  
Confidential Morbidity Report

Patient's Name (Last, First, Middle Initial):

Smith, John A.

SSN: 123 . 45 . 6789

Home #: (740) 123 . 4567

Patient's Address (Street, City or Town, State, Zip Code):

123 South St  
Norfolk, VA 23504

Work #: (740) 765 . 4321

City or County of Residence

Norfolk

Date of Birth:  
(mm/dd/yyyy)

05/20/1995

Age:

20

Race:  American Indian/Alaskan Native  Asian

Black/African American  Hawaiian/Pacific Islander

White  Unknown

Hispanic:

Yes

No

Sex:

F

M

DISEASE OR CONDITION:

Syphilis

Pregnant:

Yes

No

Unknown

Death:  Yes  No

Death Date:

Date of Onset:

unknown

Date of Diagnosis:

11/20/15

Influenza: (Report # and type only. No patient identification)

Number of Cases: Type, if Known:

Physician's Name: ACCESS AIDS Care

Phone #: (757) 625 . 6992

Address: 3309 Granby St. Norfolk, VA 23504

Hospital Admission:  Yes  No

Hospital Name:

Date of Admission:

Medical Record Number:

Laboratory Information and Results

Source of Specimen:

blood

Date Collected:

11/20/15

Laboratory Test(s) and Finding(s):

Rapid Syphilis Test

Name/Address of Lab:

N/A

CLIA Number:

Other Information

Comments: (e.g., Risk situation [food handling, patient care, day care], Treatment [including dates], Immunization status [including dates], Signs/Symptoms, Exposure, Outbreak-associated, etc.)

patient reported \_\_\_\_ (risks/symptoms); referred/driven to \_\_\_\_ Health Department for RPR and follow-up on DD/MM/YY.

Name, Address, and Phone Number of Person Completing this Form:

Name of person who tested client

Clinic Name

Clinic phone #

Date Reported: 12/3/15

Check here if you need more of these forms, or call your local health department.

(Be sure your address is complete.)

For Health Department Use

Date Received:

VEDSS Patient ID:

Please complete as much of this form as possible

Form Epi-1, 10/2011

## MAIL THE TOP TWO COPIES TO YOUR LOCAL HEALTH DEPARTMENT

Please report the following diseases (and any other disease or outbreak of public health importance) in the manner required by Sections 32.1-36 and 32.1-37 of the *Code of Virginia* and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health [Regulations for Disease Reporting and Control](#). Enter as much information as possible on the reporting form.

Acquired immunodeficiency syndrome (AIDS)  
Amebiasis \*  
ANTHRAX \*   
Arboviral infection (e.g., dengue, EEE, LAC, SLE, WNV) \*  
BOTULISM \*  
BRUCELLOSIS \*   
Campylobacteriosis \*  
Chancroid \*  
Chickenpox (Varicella) \*  
*Chlamydia trachomatis* infection \*  
CHOLERA \*   
Creutzfeldt-Jakob disease if <55 years of age \*  
Cryptosporidiosis \*  
Cyclosporiasis \*  
DIPHTHERIA \*   
DISEASE CAUSED BY AN AGENT THAT MAY HAVE BEEN USED AS A WEAPON  
Ehrlichiosis/Anaplasmosis \*  
*Escherichia coli* infection, Shiga toxin-producing \*     
Giardiasis \*  
Gonorrhea \*  
Granuloma inguinale  
HAEMOPHILUS INFLUENZAE INFECTION, INVASIVE \*   
Hantavirus pulmonary syndrome \*  
Hemolytic uremic syndrome (HUS)  
HEPATITIS A \*  
Hepatitis B (acute and chronic) \*  
Hepatitis C (acute and chronic) \*  
Hepatitis, other acute viral  
Human immunodeficiency virus (HIV) infection \*  
Influenza \* #  
(report INFLUENZA A, NOVEL VIRUS immediately)   
INFLUENZA-ASSOCIATED DEATHS IN CHILDREN <18 YEARS OF AGE  
Lead, elevated blood levels \*  
Legionellosis \*  
Leprosy (Hansen disease)  
Listeriosis \*   
Lyme disease \*  
Lymphogranuloma venereum  
Malaria \*  
MEASLES (RUBEOLA) \*  
MENINGOCOCCAL DISEASE \*

Report all conditions to your local health department when suspected or confirmed. Those in UPPER CASE must be reported immediately by the most rapid means available. All others must be reported within 3 days.

\* These conditions are reportable by directors of laboratories. In addition, these and all other conditions except mycobacterial disease (other than TB) and invasive MRSA infection are reportable by physicians and directors of medical care facilities. Reports may be by computer-generated printout, Epi-1 form, CDC surveillance form, or upon agreement with VDH, by means of secure electronic transmission.

A laboratory identifying evidence of these conditions shall notify the health department of the positive culture and submit the initial isolate to the Virginia Division of Consolidated Laboratory Services (DCLS) or, for TB, to DCLS or other laboratory designated by the Board.

<sup>^</sup> Laboratories that use a Shiga toxin EIA methodology but do not perform simultaneous culture for Shiga toxin-producing *E. coli* should forward all positive stool specimens or positive enrichment broths to DCLS for confirmation and further characterization.

# Physicians and directors of medical care facilities should report influenza by number of cases only (report total number per week and by type of influenza, if known); however, individual cases of influenza A novel virus must be reported immediately by the most rapid means available.

Note: 1. Some healthcare-associated infections are reportable. Contact the VDH Healthcare-Associated Infections Program at (804) 864-8141 or see 12 VAC 5-90-370 for more information.

2. Cancers are also reportable. Contact the VDH Virginia Cancer Registry at (804) 864-7866 or see 12 VAC 5-90-150-180 for more information.

Virginia Department of Health  
Office of Epidemiology  
P. O. Box 2448, Suite 516-East  
Richmond, Virginia 23218-2448

MONKEYPOX \*  
Mumps \*  
MYCOBACTERIAL DISEASES (INCLUDING AFB),  
 (IDENTIFICATION OF ORGANISM) AND DRUG SUSCEPTIBILITY  
Ophthalmia neonatorum  
OUTBREAKS, ALL (including, but not limited to, foodborne, healthcare-associated, occupational, toxic substance-related and waterborne)  
PERTUSSIS \*   
PLAGUE \*   
POLIOVIRUS INFECTION, INCLUDING POLIOMYELITIS \*   
PSITTACOSIS \*  
Q FEVER \*   
RABIES, HUMAN AND ANIMAL \*  
Rabies treatment, post-exposure  
RUBELLA, INCLUDING CONGENITAL RUBELLA SYNDROME \*  
Salmonellosis \*   
SEVERE ACUTE RESPIRATORY SYNDROME (SARS) \*  
Shigellosis \*   
SMALLPOX (VARIOLA) \*  
Spotted fever rickettsiosis \*  
*Staphylococcus aureus* infection  
invasive methicillin-resistant (MRSA) \* and  
vancomycin-intermediate or vancomycin-resistant \*   
Streptococcal disease, Group A, invasive or toxic shock \*   
*Streptococcus pneumoniae* infection, invasive, in children <5 years of age \*  
Syphilis (report PRIMARY and SECONDARY immediately) \*  
Tetanus  
Toxic substance-related illness \*  
Trichinosis (Trichinellosis) \*  
TUBERCULOSIS (TB), ACTIVE DISEASE \*   
Tuberculosis infection in children <4 years of age  
TULAREMIA \*  
TYPHOID/PARATYPHOID FEVER \*   
UNUSUAL OCCURRENCE OF DISEASE OF PUBLIC HEALTH CONCERN  
VACCINIA, DISEASE OR ADVERSE EVENT \*  
VIBRIO INFECTION \*  
VIRAL HEMORRHAGIC FEVER \*  
YELLOW FEVER \*  
Yersiniosis \*