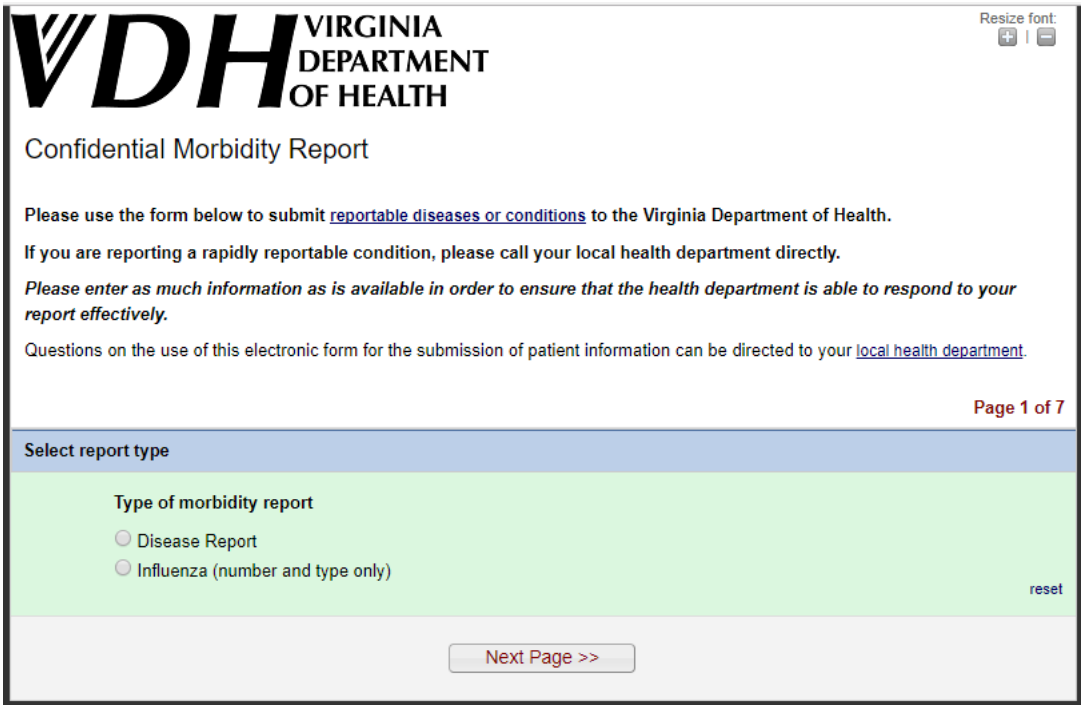
Virginia Department of Health Electronic Morbidity Reporting Portal

The Virginia Department of Health (VDH) Electronic Morbidity Reporting Portal (portal) provides health care professionals the ability to submit both patient-based case morbidity reports and summary influenza laboratory results as an alternative to the paper-based EPI-1 reporting mechanism. The elements included in this portal are similar to those on the paper EPI-1; however, some areas have been expanded to allow the most actionable information to be entered. In accordance with the Board of Health Regulations, this portal is the only mechanism for the reporting of Neonatal Abstinence Syndrome (NAS).

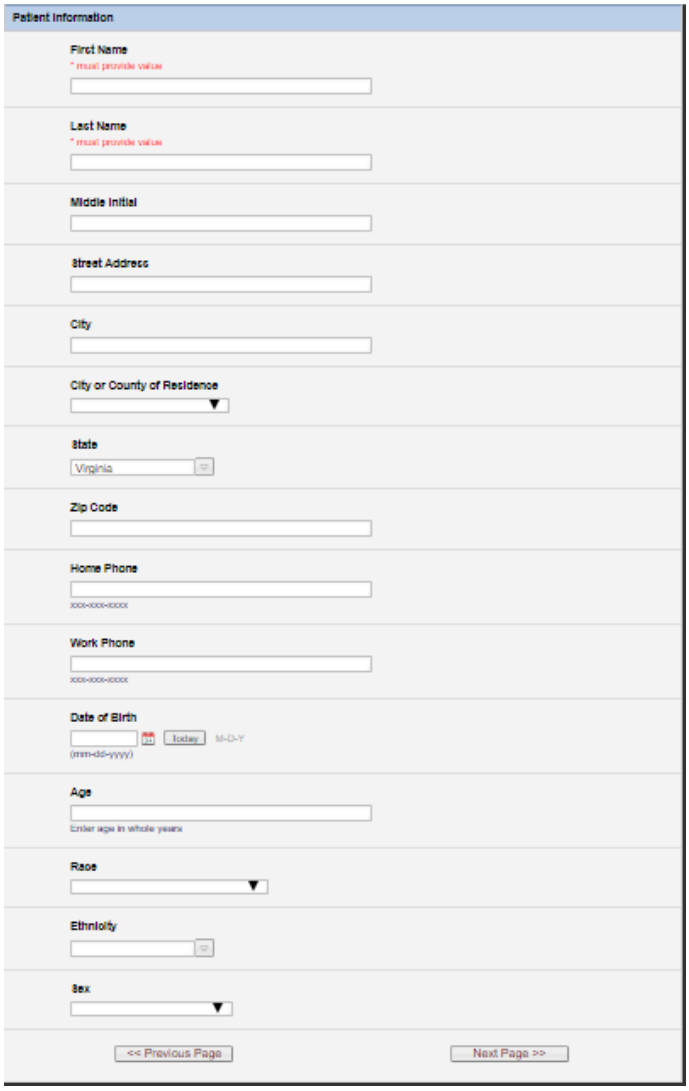
The portal supports the reporting both patient-based disease reports and result-based aggregate influenza reports, which are limited to the number and type of influenza. In both types of reports, it is necessary to enter information on the person making the report. This information is both required and important in order to allow VDH to contact someone for further information in the case of patient reports, and the regional allocation of influenza reports.

This document identifies the fields contained in the portal. On the first page of the portal, a provider selects the type of report they are making.



Data fields for patient-based case morbidity reports:

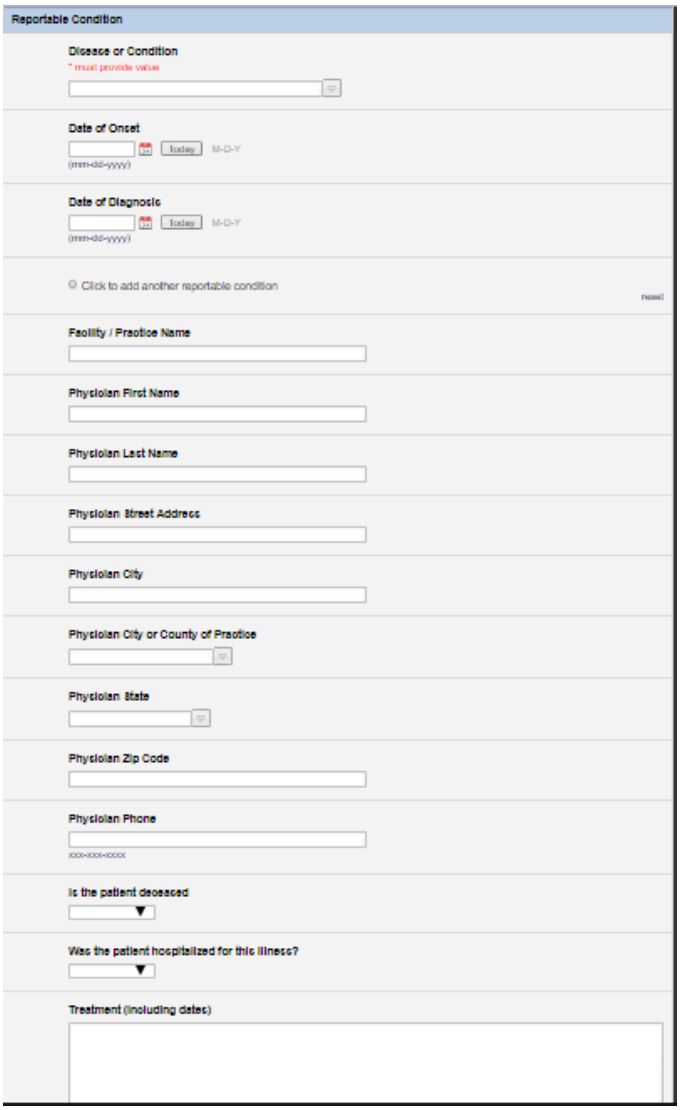
Patient Information



First Name - REQUIRED
Last Name - REQUIRED
Middle Initial
Street Address
City
City or County of Residence
State
Zip Code

Home Phone
Work Phone
Date of Birth
Age
Race
Ethnicity
Sex
Pregnant

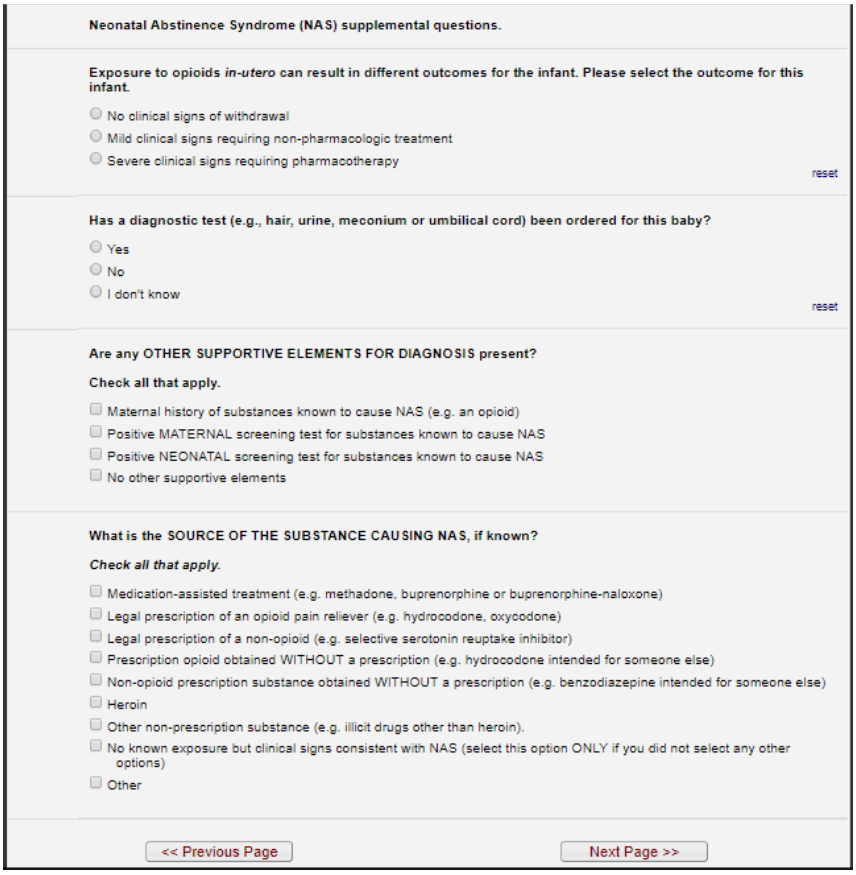
Reportable Condition



Disease or Condition - REQUIRED

Date of Onset
Date of Diagnosis
Facility / Practice Name
Physician First Name
Physician Last Name
Physician Street Address
Physician City
Physician City or County of Practice
Physician State
Physician Zip Code
Physician Phone
Is the patient deceased
Date of death
Was the patient hospitalized for this illness?
Hospital Name
Other Hospital Name
Date of Admission
Medical Record Number
Treatment (including dates)

If the Condition Reported is Neonatal Abstinence Syndrome (NAS)



Neonatal Abstinence Syndrome (NAS) supplemental questions.

Exposure to opioids *in-utero* can result in different outcomes for the infant. Please select the outcome for this infant.

- ○ No clinical signs of withdrawal
- ○ Mild clinical signs requiring non-pharmacologic treatment
- ○ Severe clinical signs requiring pharmacotherapy

reset

Has a diagnostic test (e.g., hair, urine, meconium or umbilical cord) been ordered for this baby?

- ○ Yes
- ○ No
- ○ I don't know

reset

Are any OTHER SUPPORTIVE ELEMENTS FOR DIAGNOSIS present?

Check all that apply.

- ☐ Maternal history of substances known to cause NAS (e.g. an opioid)
- ☐ Positive MATERNAL screening test for substances known to cause NAS
- ☐ Positive NEONATAL screening test for substances known to cause NAS
- ☐ No other supportive elements

What is the SOURCE OF THE SUBSTANCE CAUSING NAS, if known?

Check all that apply.

- ☐ Medication-assisted treatment (e.g. methadone, buprenorphine or buprenorphine-naloxone)
- ☐ Legal prescription of an opioid pain reliever (e.g. hydrocodone, oxycodone)
- ☐ Legal prescription of a non-opioid (e.g. selective serotonin reuptake inhibitor)
- ☐ Prescription opioid obtained WITHOUT a prescription (e.g. hydrocodone intended for someone else)
- ☐ Non-opioid prescription substance obtained WITHOUT a prescription (e.g. benzodiazepine intended for someone else)
- ☐ Heroin
- ☐ Other non-prescription substance (e.g. illicit drugs other than heroin).
- ☐ No known exposure but clinical signs consistent with NAS (select this option ONLY if you did not select any other options)
- ☐ Other

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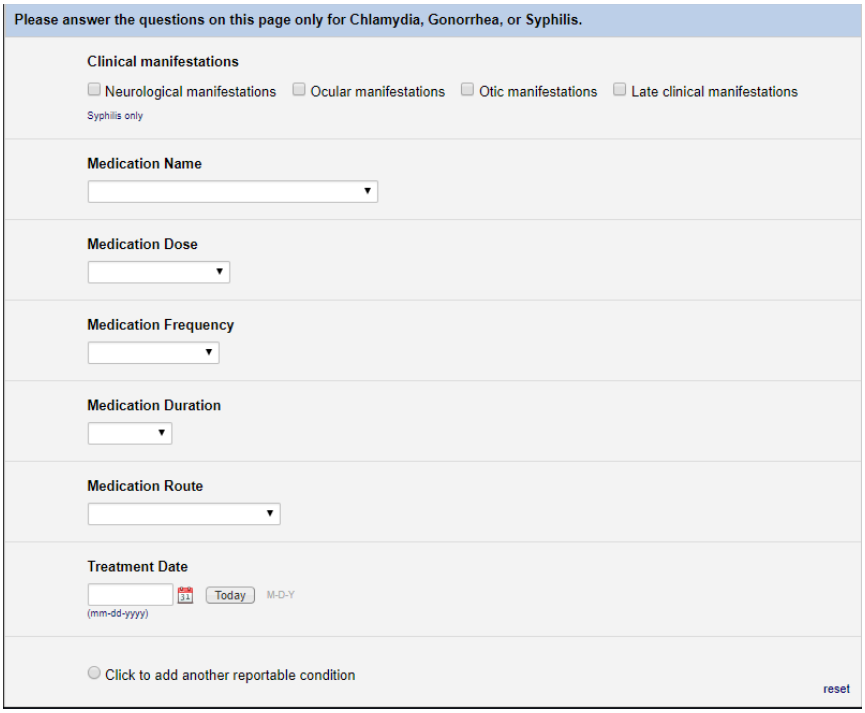
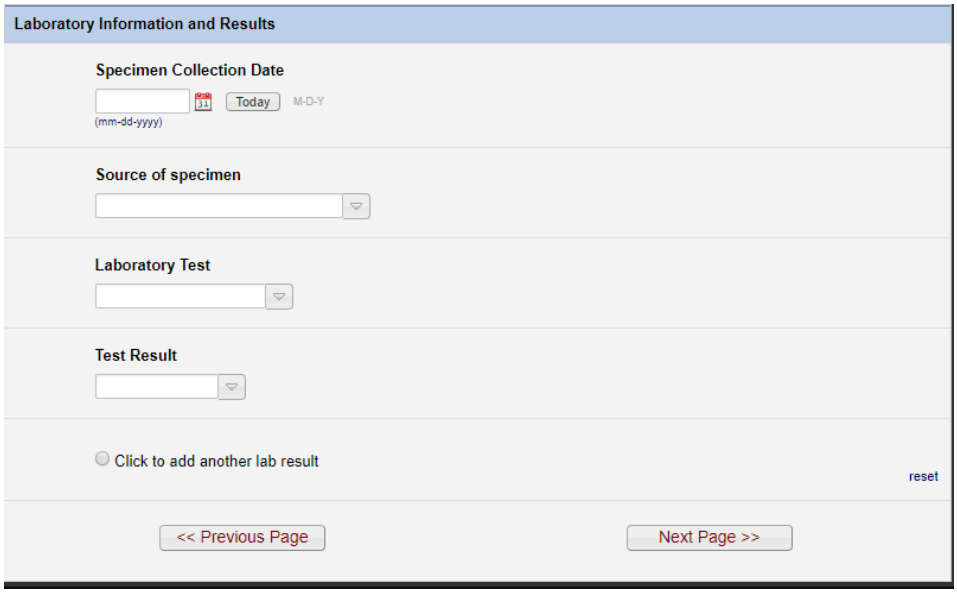
Exposure to opioids in-utero can result in different outcomes for the infant.
Has a diagnostic test been ordered for this baby?
Are any OTHER SUPPORTIVE ELEMENTS FOR DIAGNOSIS present?
What is the SOURCE OF THE SUBSTANCE CAUSING NAS, if known?

If the Condition is Chlamydia, Gonorrhea or Syphilis



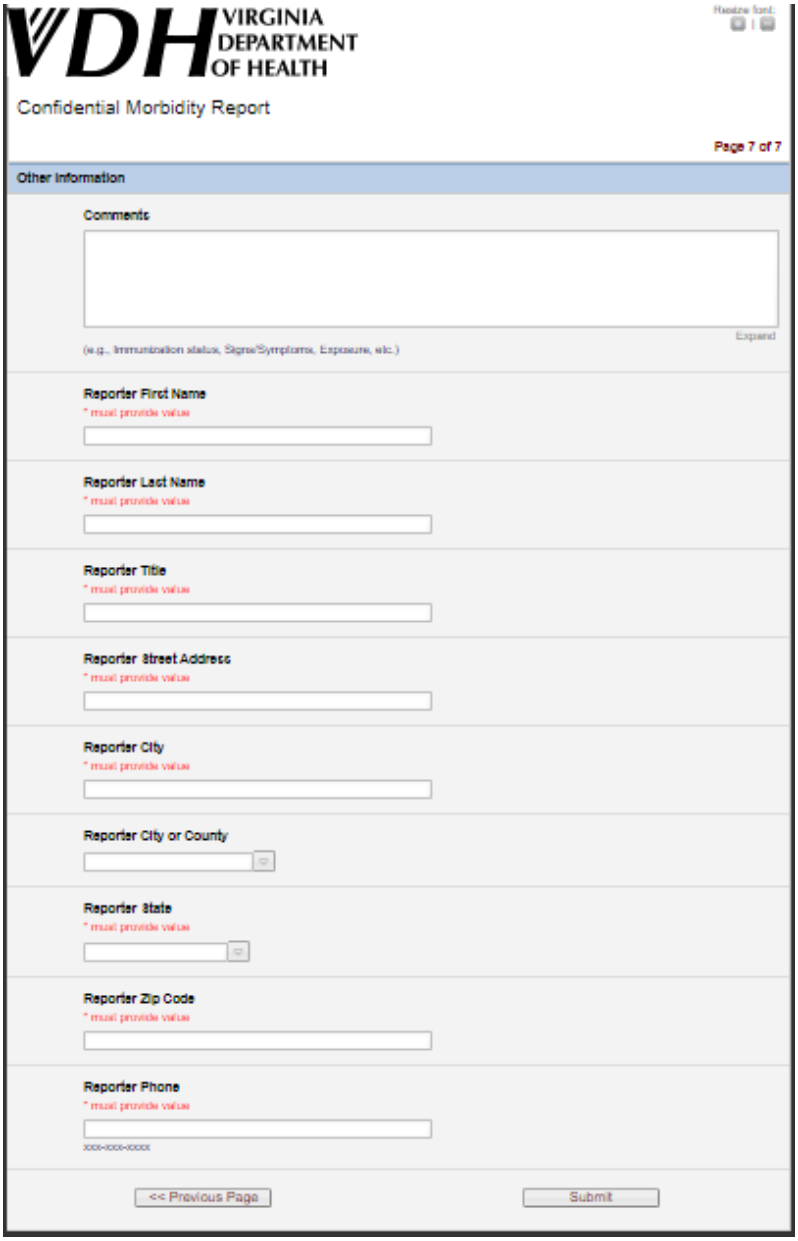
Clinical manifestations
Medication Name
    Other, please specify:
Medication Dose
    Other, please specify:
Medication Frequency
    Other, please specify
Medication Duration
    Other, please specify
Medication Route
Treatment Date

Laboratory Information and Results



Specimen Collection Date
Source of specimen
Other Source of Specimen
Laboratory Test
If other laboratory test, please specify
Test Result
Quantitative Test Result

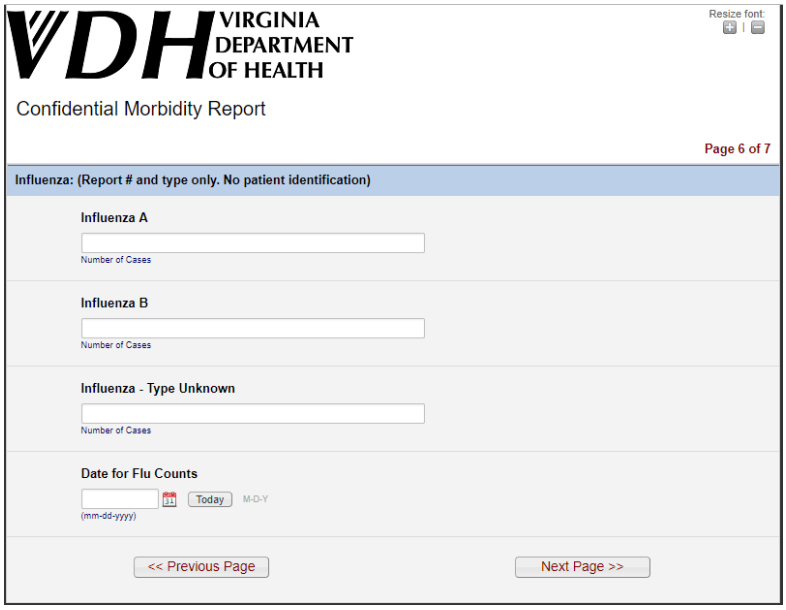
Other / Reporter Information



Comments
Reporter First Name - REQUIRED
Reporter Last Name - REQUIRED
Reporter Title - REQUIRED
Reporter Street Address - REQUIRED
Reporter City - REQUIRED

Reporter City or County - REQUIRED
Reporter State - REQUIRED
Reporter Zip Code - REQUIRED
Reporter Phone - REQUIRED

Data fields for Influenza reporting:



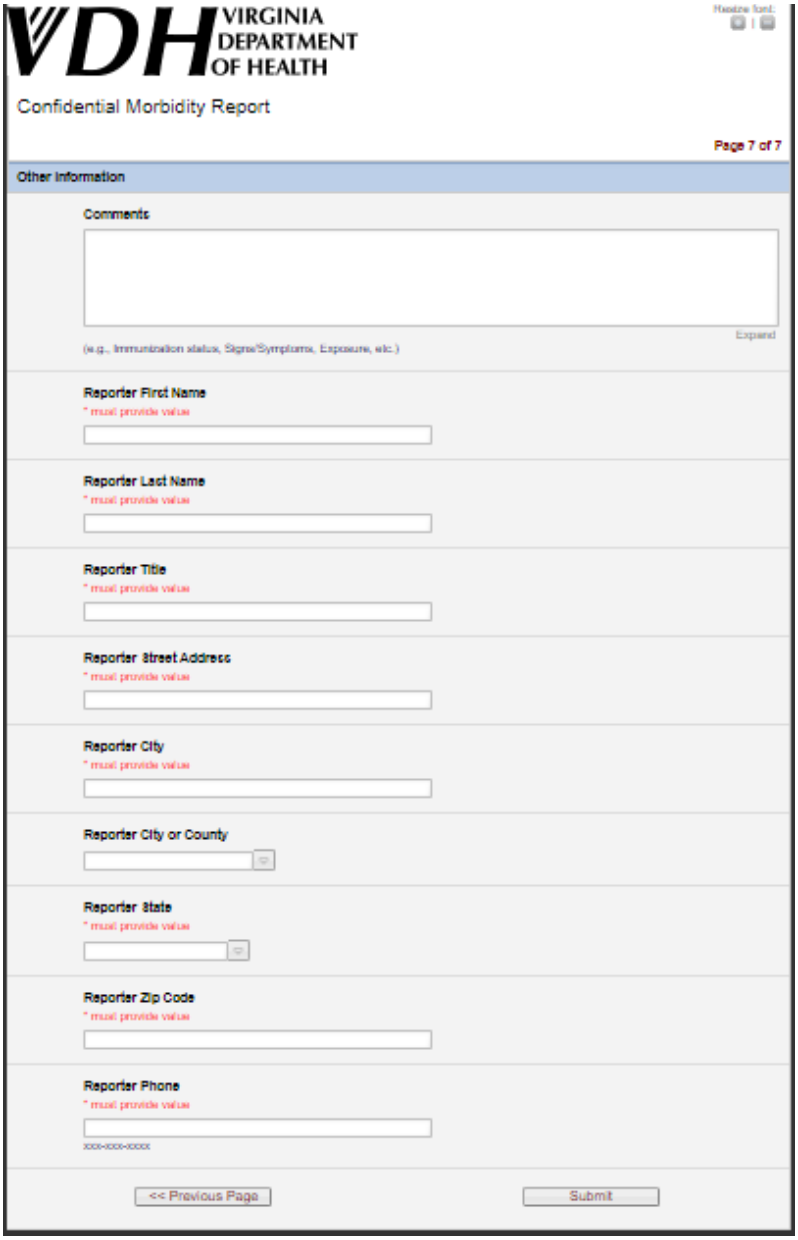
Influenza A – *Number only*

Influenza B – *Number only*

Influenza – Type Unknown – *Number only*

Date for Flu Counts – *Providers can report with a frequency that best suits their practice, every Friday for example, and in that case utilize that Friday's date.*

Other / Reporter Information for Influenza summary reports



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Reporter Street Address - REQUIRED
Reporter City - REQUIRED
Reporter City or County - REQUIRED

Reporter State - REQUIRED
Reporter Zip Code - REQUIRED
Reporter Phone – REQUIRED

In the event that a required field is not entered at the time that the reporter clicks either the Next Page or Submit button the portal will provide a pop-up notice of the missing information. Required information must be entered in order to move forward or complete submission of the report. Should the browser be closed prior to completing entry of all information, what had been entered up to that point will be saved; however, without a complete record it is possible that VDH will not be able to take action on that partial record.