

Virginia Department of Health
Neonatal Abstinence Syndrome Case Reporting
Frequently Asked Questions

Which infants should be reported?

Any infant who has been clinically diagnosed by a physician as having Neonatal Abstinence Syndrome (NAS) should be reported.

Does the degree of clinical signs, type of treatment, or exposure substance matter in determining if an infant should be reported?

No. Reporting is driven by the clinical diagnosis of NAS. The infant could be exhibiting any degree of signs, need any level of care (including no care), and be withdrawing from any prescribed or non-prescribed substance. Reporting is not based on severity of clinical signs or treatment status, just on clinical diagnosis.

Who should report?

Physicians and directors of medical care facilities are required to report.

Can one person on the unit make this report on behalf of the group of physicians/providers?

If multiple physicians see the infant, each does not need to report separately. Each diagnosing physician should make sure someone on the treatment team or representing the facility is taking responsibility for doing the reporting, but only one report needs to be entered per infant. Information from the treatment team should be compiled so that the report that is entered is as complete as it can be.

Can physicians delegate the reporting responsibility to others?

Although the regulatory responsibility rests with the physician or director of a medical care facility, each facility should determine how reporting will be accomplished, including who will be responsible and when reporting will be done. In some facilities, the nurses in charge of the mother-infant unit or special care nursery have been asked to take on the responsibility. Each facility can report in a frequency that works best for their procedures as long as reporting is completed within 30 days of the diagnosis.

Do we have to report from the beginning of 2017 or does this reporting start from November 27, 2017?

The reporting requirement started November 27th. Please report any infant diagnosed with NAS on or after that date. You are not expected to go back and report for the whole year.

How can I find the website to use for entering these reports?

From the VDH clinician's website at www.vdh.virginia.gov/clinicians, click on Reporting on the left side of the page. That will take you to a page with a big red box that says to click there to enter a Confidential Morbidity Report. Click there and follow the steps to enter your report.

Should infants whose mothers live in another state be reported?

Reporting is based on location of the provider/facility and not on residence. Any infant diagnosed in a Virginia facility should be reported regardless of state of residence.

Are out of state facilities that provide care to Virginia residents required to report NAS cases to VDH through the online morbidity reporting form?

No. The Virginia regulation mandating NAS reporting for the purposes of public health surveillance pertains only to Virginia facilities.

Is reporting personal information to the health department about infant cases permitted, given that this reporting has been mandated?

Reporting of personal information of these infants through this surveillance mechanism is permitted. This condition has been added to the list of reportable diseases in Virginia and will be treated the same as all the other conditions on that list. Reporting to public health for surveillance is permitted under HIPAA and required by Virginia law and regulation. A facility's HIPAA forms should contain language informing the patient that information will be released to public health as mandated by state law to meet the HIPAA requirement to inform patients about how their personal information is used. The VDH website where facilities will enter the case reports will send the data to a secure server that is behind the VDH firewall, and access to the server and its data is restricted.

What fields of data are included in the reporting tool?

When you access the system online, you will move through a series of screens that ask specific questions about the infant and the diagnosis. You should be able to fill in the fields of information without difficulty if you have access to a patient record when the disease report is being filled out.

You will need to indicate that this is a "disease report", and select that the disease is "Neonatal Abstinence Syndrome" from a drop-down list. You will need to provide the infant's name (if the infant does not have a first name at the time of the report "Infant Boy/Girl" is adequate as a first name), date of birth, home address and other contact information (for a parent), and demographic information (sex, ethnicity, race).

This web portal can be used for sending information on any reportable condition to the health department. Some fields of data that should be entered for any general disease report also apply to NAS. The form will ask you to provide the following: a brief description of treatment that was received, date of onset and/or diagnosis, the name of the clinician making the diagnosis and his/her professional contact information and institutional affiliation, whether the patient being reported was hospitalized or has died, and hospital name, date of admission and medical record number. Questions will also be asked about confirmatory labs that may have been ordered. The form will also ask for the reporter's name, contact information and title.

A series of questions that are specific to NAS will also be asked. These include the following:

- The outcome for the infant (e.g., whether there were clinical signs of withdrawal and whether those signs necessitated pharmacotherapy)
- Whether a diagnostic test has been ordered
- Other supportive elements for diagnosis (e.g., whether there was a maternal substance use history or a positive maternal or infant screening test)
- The source of the substance causing NAS (e.g., medication assisted treatment, heroin, prescription opioid, etc.)

What sorts of treatment should be entered in the Treatment field?

Pharmacologic treatments should be entered; non-pharmacologic treatments may also be entered, such as swaddling or skin-to-skin contact. You have 30 days from the time of diagnosis to enter the report, so you can wait until the treatment plan has been defined before entering the report.

What labs should be entered?

Any labs ordered that are directly related to the NAS diagnosis can be entered, including labs that test for controlled substances. Labs ordered for conditions not related to the NAS diagnosis should not be entered. If presumptive laboratory results are sent to a reference lab for further testing and confirmation, the report could be entered after the results from the reference lab are available as long as it is within 30 days of the diagnosis.

The surveillance tool asks about the infant's address and contact information. Whose contact information should be entered if an infant is not being discharged to his/her parents, as when the infant is being placed in foster care?

For the infant's address and contact information, please enter that of the birth mother, as this will most closely approximate the location where the substance exposure occurred. Please enter the birth mother's address as the infant's address even if the infant is being discharged to someone else's care.

Are you collecting information on NAS diagnoses that are only related to opioids or on NAS diagnoses that are the result of other substance exposures?

We are requesting that all NAS diagnoses be reported to us through the online form, regardless of the substance or substances involved. The important criterion for reporting is that a NAS diagnosis has been made. The online reporting form does contain a field to indicate the type of substance that is causing the NAS symptoms, if known, and this field does accept more than one drug type.

Are reporting facilities required to notify parents regarding reports of infants with NAS being made to the health department?

HIPAA requires that medical facilities notify patients about how their personal information will be used and under what circumstances it will be shared. Public health reporting of NAS is

permitted by HIPAA and required by Virginia law and regulation. Release of NAS data to the health department should be reflected in the information provided to parents. This is sometimes accomplished by including a statement that says data will be released to public health as required by law, or it can be explicitly stated, depending on the facility's policy and practice.