

MAIL THE TOP TWO COPIES TO YOUR LOCAL HEALTH DEPARTMENT

**VIRGINIA DEPARTMENT OF HEALTH
Confidential Morbidity Report**

Patient's Name (Last, First, Middle Initial):		SSN: _____-_____-_____		
Patient's Address (Street, City or Town, State, Zip Code):		Home #: () _____-_____		
		Work #: () _____-_____		
		City or County of Residence		
Date of Birth: (mm/dd/yyyy)	Age:	Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify):	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
DISEASE OR CONDITION:		Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Death: <input type="checkbox"/> Yes <input type="checkbox"/> No Death Date:	
Date of Onset:	Date of Diagnosis:	Influenza: (Report # and type only. No patient identification) Number of Cases: Type, if Known:		
Physician's Name:		Phone: ()		
Address:				
Hospital Admission? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hospital Name:		
Date of Admission:		Medical Record Number:		
Laboratory Information and Results				
Source of Specimen:		Date Collected:		
Laboratory Test and Findings:				
Name/Address of Lab:				
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.)				
Name, Address, and Phone Number of Person Completing this Form:		Date Reported:		
		Check here if you need more of these forms, or call your local health department. <input type="checkbox"/> (Be sure your address is complete.)		
For Health Department Use				
		Date Received:		
		NEDSS Patient ID:		

Please complete as much of this form as possible

Form Epi-1, 10/07

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Please report the following diseases (and any other disease or outbreak of public health importance) in the manner required by Section 32.1-36 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)	MENINGOCOCCAL DISEASE * I
Amebiasis *	MONKEYPOX *
ANTHRAX * I	Mumps *
Arboviral infection (e.g., EEE, LAC, SLE, WNV) *	Ophthalmia neonatorum
BOTULISM *	OUTBREAKS, ALL (including, but not limited to, foodborne, nosocomial, occupational, toxic substance-related and waterborne)
BRUCELLOSIS *	PERTUSSIS * I
Campylobacteriosis *	PLAGUE * I
Chancroid *	POLIOMYELITIS * I
Chickenpox (Varicella) *	PSITTACOSIS *
<i>Chlamydia trachomatis</i> infection *	Q FEVER *
CHOLERA * I	RABIES, HUMAN AND ANIMAL *
Creutzfeldt-Jakob disease if <55 years of age *	Rabies treatment, post-exposure
Cryptosporidiosis *	Rocky Mountain spotted fever *
Cyclosporiasis *	RUBELLA, including congenital rubella syndrome *
DIPHTHERIA * I	Salmonellosis * I
DISEASE CAUSED BY AN AGENT THAT MAY HAVE BEEN USED AS A WEAPON	SEVERE ACUTE RESPIRATORY SYNDROME (SARS) *
Ehrlichiosis *	Shigellosis * I
<i>Escherichia coli</i> infection, Shiga toxin-producing * I	SMALLPOX (Variola) *
Giardiasis *	<i>Staphylococcus aureus</i> infection, (invasive methicillin-resistant and any vancomycin-intermediate or vancomycin-resistant) *
Gonorrhea *	Streptococcal disease, Group A, invasive * I
Granuloma inguinale	<i>Streptococcus pneumoniae</i> infection, invasive, in children <5 years of age *
<i>HAEMOPHILUS INFLUENZAE</i> INFECTION, INVASIVE * I	Syphilis (report PRIMARY and SECONDARY syphilis by rapid means) *
Hantavirus pulmonary syndrome *	Tetanus
Hemolytic uremic syndrome (HUS)	Toxic shock syndrome
HEPATITIS A *	Toxic substance-related illness *
Hepatitis B (acute and chronic) *	Trichinosis (Trichinellosis) *
Hepatitis C (acute and chronic) *	TUBERCULOSIS, ACTIVE DISEASE (MYCOBACTERIA -) * I
Hepatitis, other acute viral	Tuberculosis infection in children <4 years of age
Human immunodeficiency virus (HIV) infection *	TULAREMIA *
Influenza * #	TYPHOID FEVER *
INFLUENZA-ASSOCIATED DEATHS IN CHILDREN <18 YEARS OF AGE	UNUSUAL OCCURRENCE OF DISEASE OF PUBLIC HEALTH CONCERN
Kawasaki syndrome	VACCINIA, DISEASE OR ADVERSE EVENT *
Lead - elevated blood levels *	<i>VIBRIO</i> INFECTION *
Legionellosis *	VIRAL HEMORRHAGIC FEVER *
Leprosy (Hansen's disease)	YELLOW FEVER *
Listeriosis * I	Yersiniosis * I
Lyme disease	
Lymphogranuloma venereum	
Malaria *	
MEASLES (Rubeola) *	

UPPER CASE indicates conditions that must be reported within 24 hours (via telecommunication) to the local health department. Report all other diseases within three days of suspected or confirmed diagnosis.

* These conditions are reportable by directors of laboratories. In addition, these and all other conditions except MRSA are reportable by physicians and directors of medical care facilities.

I 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).

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).

- A laboratory identifying *Mycobacterium tuberculosis* complex shall submit a representative and viable sample of the initial culture to DCLS or other laboratory designated by the Board to receive such specimen.

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