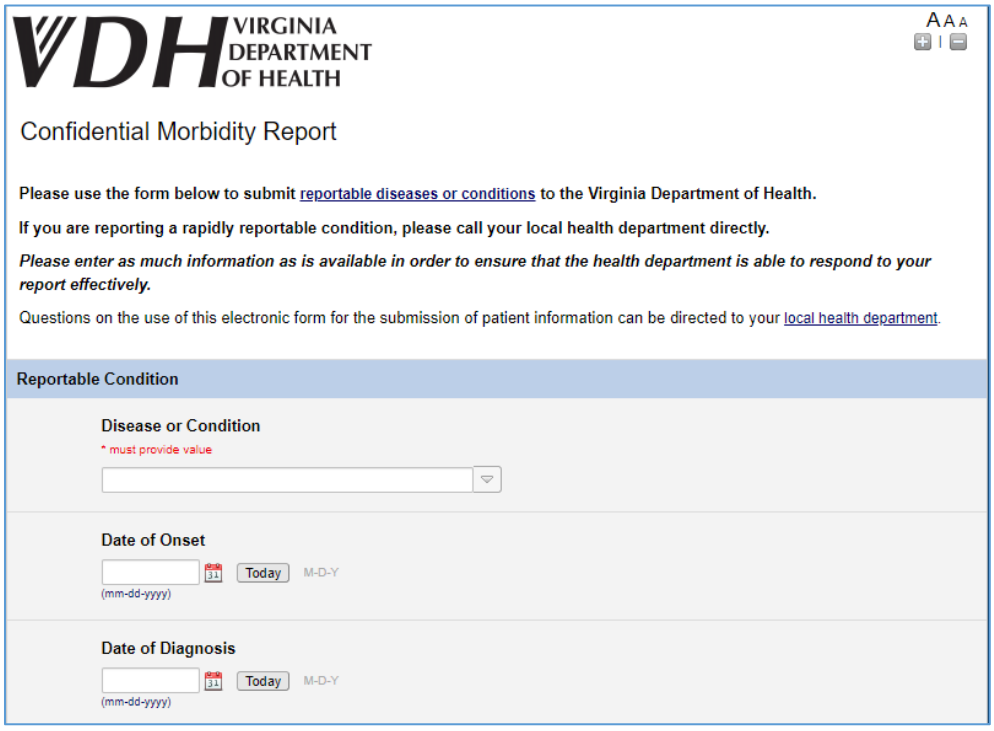
Virginia Department of Health Electronic Morbidity Reporting Portal

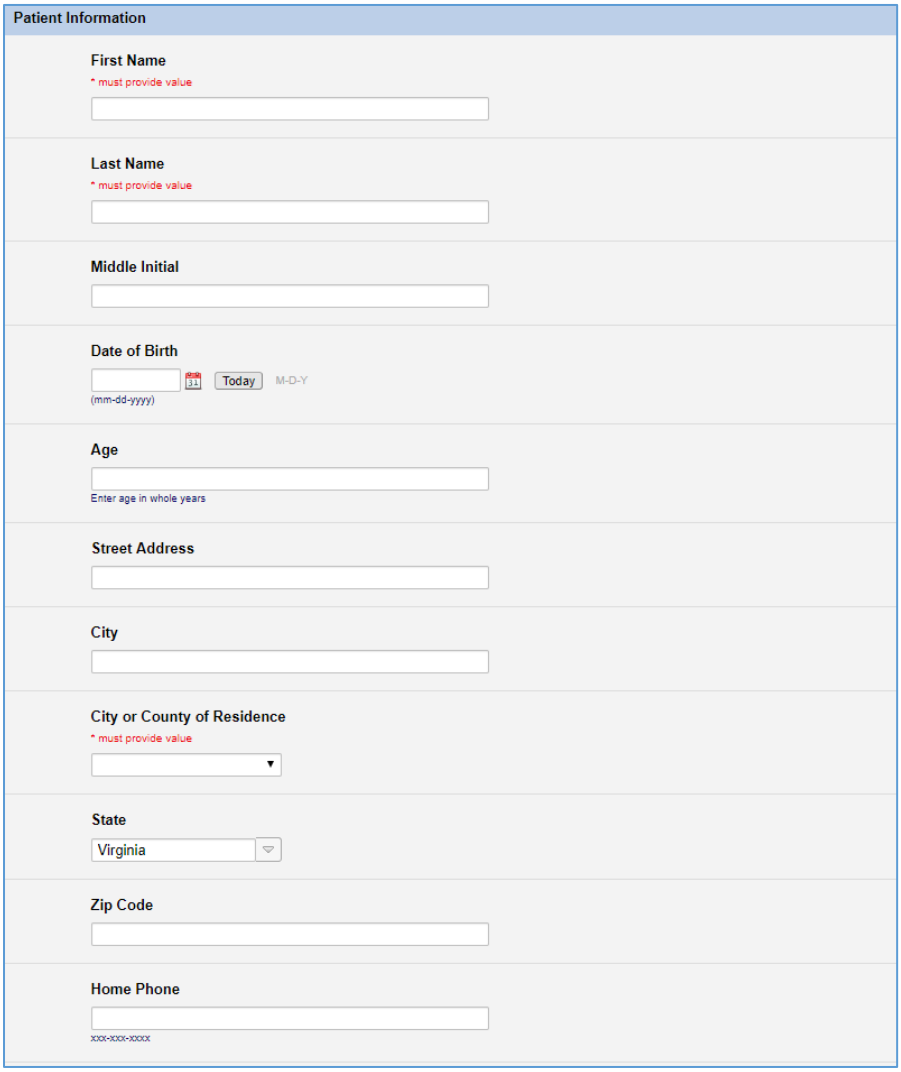
The Virginia Department of Health (VDH) Electronic Morbidity Reporting Portal (portal) provides health care professionals the ability to submit patient-based case morbidity reports as an alternative to the paper-based EPI-1 reporting mechanism. The elements included in this portal are similar to those 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).

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 on the patient if necessary.

This document identifies the fields contained in the portal. The initial step is for a provider to select the disease or condition they are reporting.



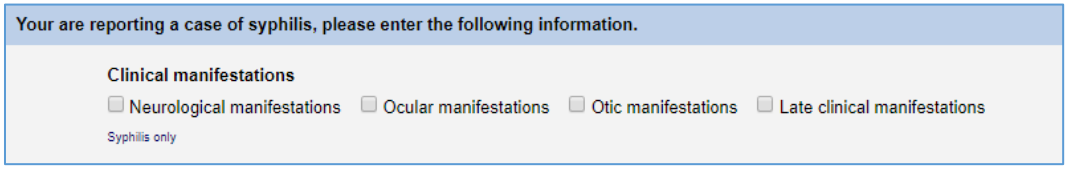
Patient Information



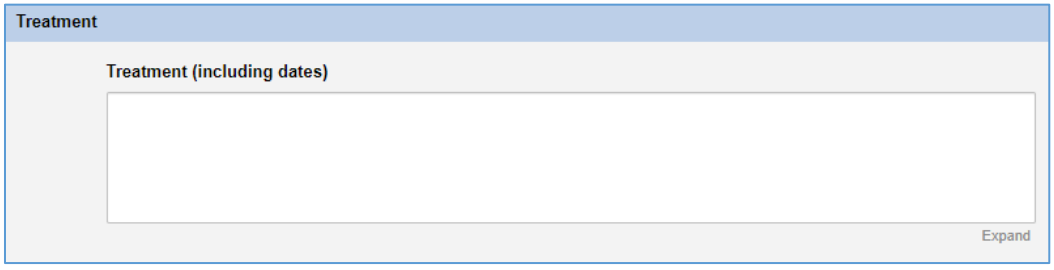
First Name - **REQUIRED**
Last Name - **REQUIRED**
Middle Initial
Date of Birth
Age
*If < 18 years, Parent/Proxy Name - **REQUIRED***
Street Address
City
City or County of Residence - **REQUIRED**
State
Zip Code

Home Phone
Work Phone
Race
Ethnicity
Sex
If Female, Pregnant
Is the patient deceased
If Yes, Date of Death
Was the patient hospitalized for this illness
If Yes, Hospital Name, Date of Admission, MRN
Symptoms

If Reporting Syphilis

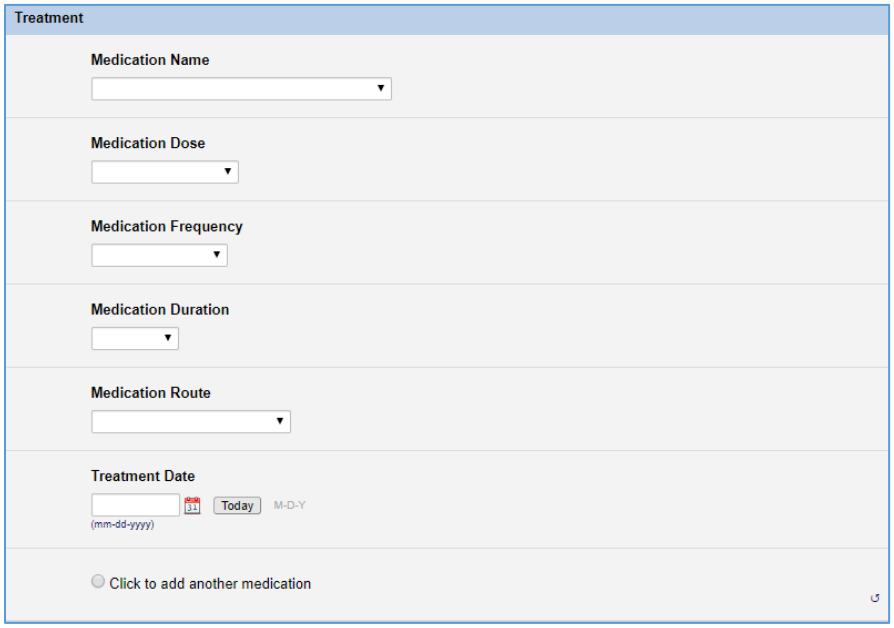


Treatment – Non-STIs



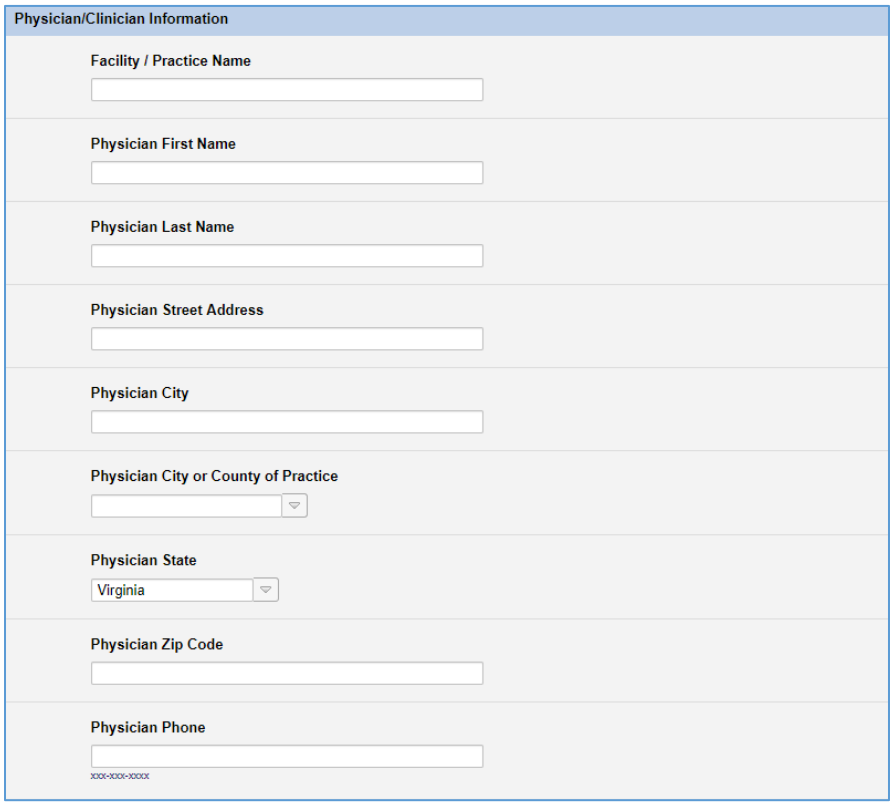
Free text treatment notation.

Treatment – STIs



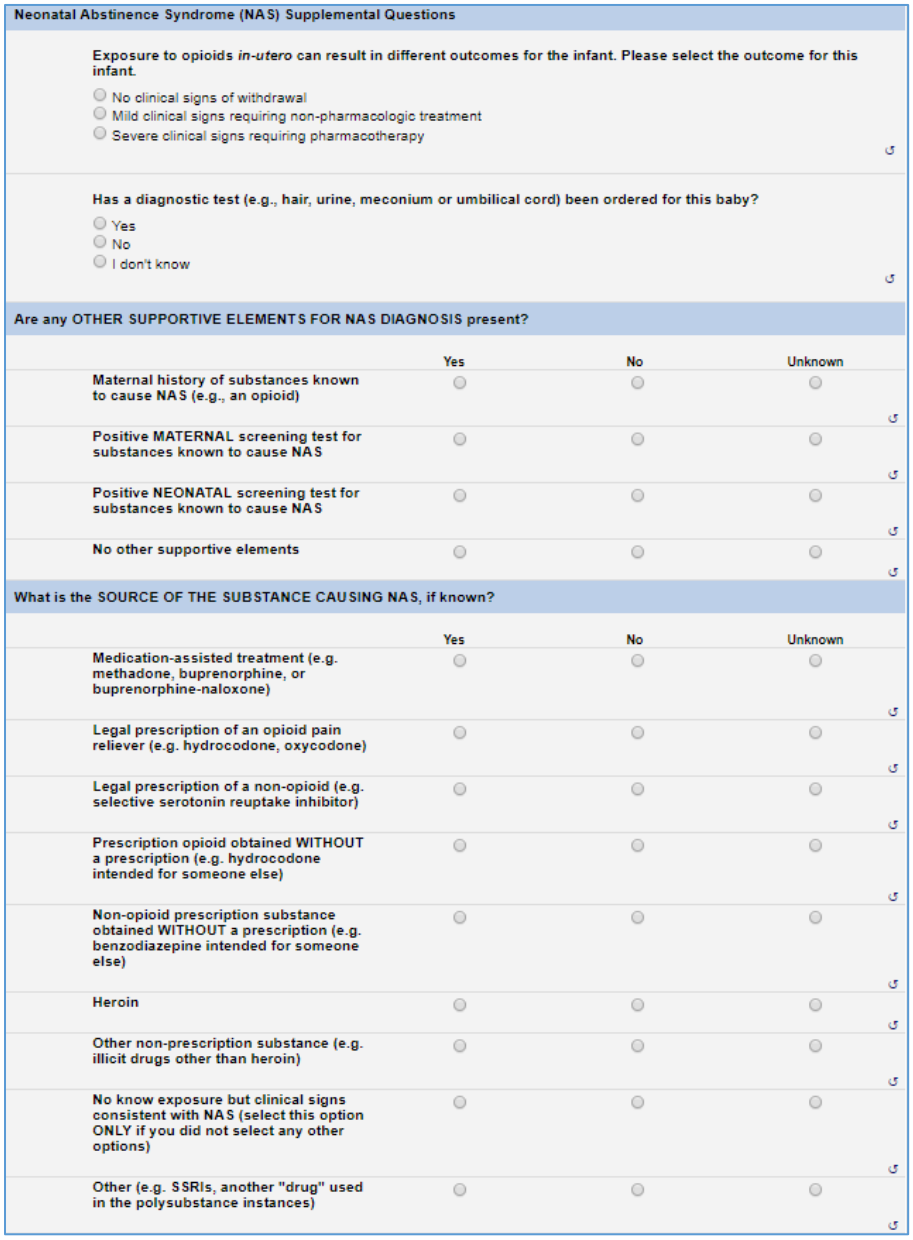
Medication Name
If Other, Please Specify
Medication Dose
If Other, Please Specify
Medication Frequency
If Other, Please Specify
Medication Duration
If Other, Please Specify
Medication Route
Treatment Date

Physician/Clinician Information



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

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

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

- Yes
- No
- I don't know

Are any OTHER SUPPORTIVE ELEMENTS FOR NAS DIAGNOSIS present?

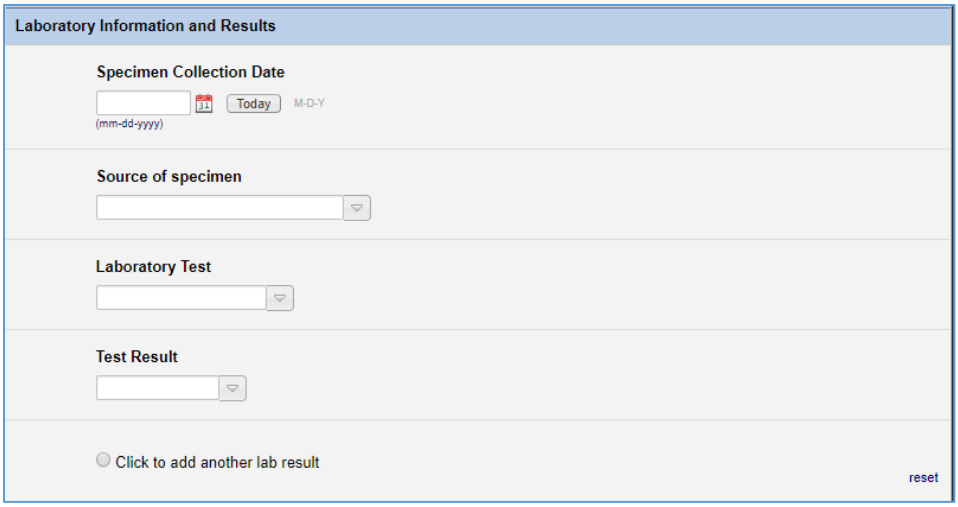
	Yes	No	Unknown
Maternal history of substances known to cause NAS (e.g., an opioid)			
Positive MATERNAL screening test for substances known to cause NAS			
Positive NEONATAL screening test for substances known to cause NAS			
No other supportive elements			

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

	Yes	No	Unknown
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 know exposure but clinical signs consistent with NAS (select this option ONLY if you did not select any other options)			
Other (e.g. SSRIs, another "drug" used in the polysubstance instances)			

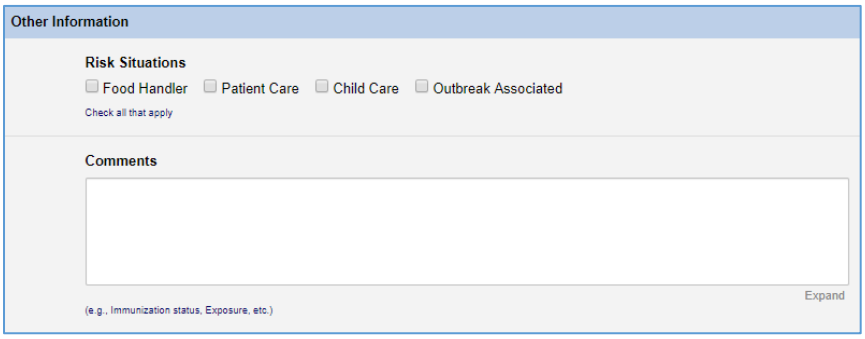
Exposure to opioids in-utero can result in different outcomes for the infant.
Has a diagnostic test been ordered for this baby?
Are any OTHER SUPPORTIVE ELEMENTS FOR DIAGNOSIS present?
What is the SOURCE OF THE SUBSTANCE CAUSING NAS, if known?

Laboratory Information and Results – It is possible to enter up to 5 lab results



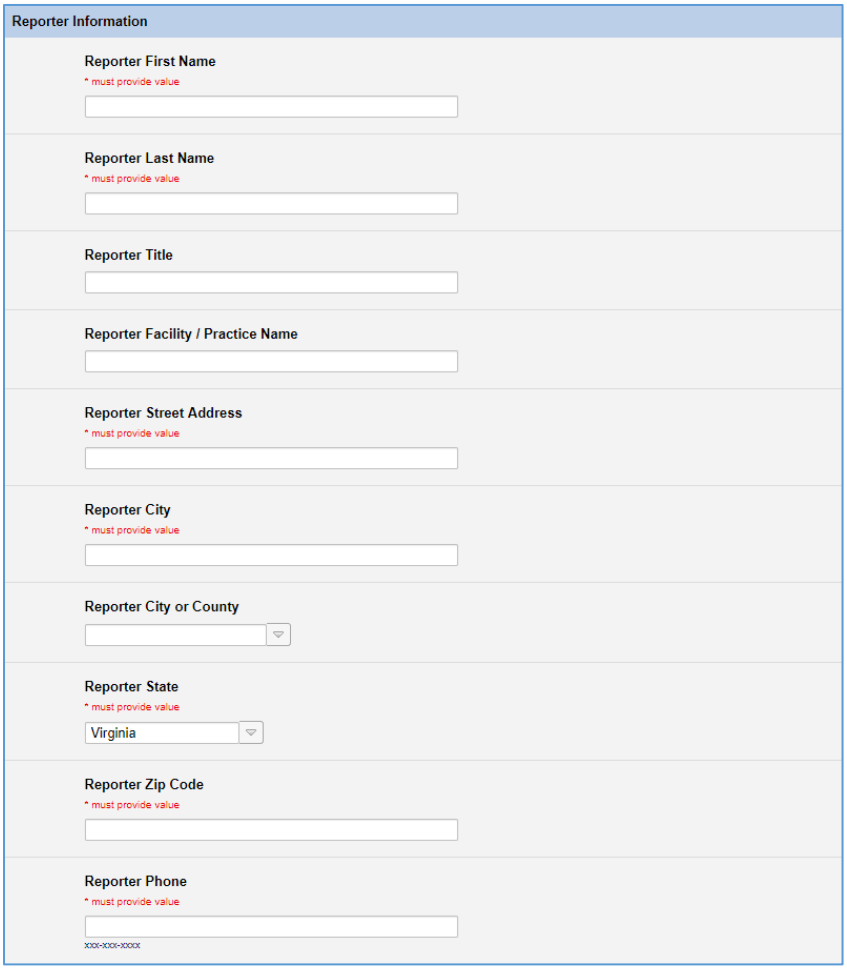
Specimen Collection Date
Source of specimen
    Other Source of Specimen
Laboratory Test
    If other laboratory test, please specify
Test Result
    Quantitative Test Result

Other Information



Risk Situations
Comments

Reporter Information



Reporter First Name - **REQUIRED**
Reporter Last Name - **REQUIRED**
Reporter Title
Reporter Facility / Practice Name
Reporter Street Address - **REQUIRED**
Reporter City - **REQUIRED**
Reporter City or County
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 the Submit button the portal will provide a pop-up notice of the missing information. Required information must be entered in order to 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.