

West Virginia Bureau for Public Health Confidential Reportable Disease Case Report

(Send completed card to the local health department. Keep a copy for your records.)

Please Print and Complete Each Question:

Disease Name:

Patient's Name (Last, First): Guardian/Parent's Name: (Last, First)	Date of Birth: Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Race: <input type="checkbox"/> White <input type="checkbox"/> Black/Afr. American <input type="checkbox"/> Asian <input type="checkbox"/> Amer Indian/ Alask Native <input type="checkbox"/> Native Hawaiian/ Pacific Isl. <input type="checkbox"/> Unknown	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/ not Latino <input type="checkbox"/> Unknown
Address:	City:	State: Zip:	County	Phone:
Was patient hospitalized? <input type="checkbox"/> No <input type="checkbox"/> Yes. Indicate facility below _____		Did the patient die? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date of Death: _____ <input type="checkbox"/> Unknown		
Symptom Onset Date: _____	Laboratory tests, dates and results (culture, serology, etc.). Attach copies.		Laboratory Name: Phone _____	
Does patient work as a foodservice worker, healthcare worker, or childcare worker? <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, indicate Establishment below Name _____ Address _____		Does patient attend daycare, preschool, or adult day care, or reside in a long-term care facility? <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, indicate Facility below Name _____ Address _____		
Reporting Source: Name: _____ Facility: _____ Address: _____ Phone _____ Signature: _____ Date: _____		Provider with further patient information (if other than reporting source): Name: Phone _____	Indicate name of local health dept. reporting to: _____ <input type="checkbox"/> <i>Check here if more disease report cards are needed.</i>	
Comments/other pertinent information: 				

West Virginia Reportable Infectious Diseases Facilities and Providers (WV Code 16-3-1; 64CSR7)

Reporting of the following communicable diseases is required by law as follows:

Category I Report suspect or confirmed cases immediately to the Local Health department	Category II Report within 24 hours to the Local Health Department	Category III Report within 72 hours to the Local Health Department	Category IV Report within 1 week to the Local Health Department	Category V Report within 1 week to the State Health Department
<ul style="list-style-type: none"> • Anthrax • Bioterrorist event • Botulism • Foodborne outbreak • Intentional exposure to an infectious agent or biological toxin • Novel influenza infection, animal or human • Orthopox infection, including smallpox and monkeypox • Outbreak or cluster of any illness or condition¹ • Plague • Rubella • Rubella, congenital syndrome • Rubeola (Measles) • SARS coronavirus infection • Smallpox • Tularemia • Viral hemorrhagic fevers² • Waterborne outbreak 	<ul style="list-style-type: none"> • Animal bites • Brucellosis • Cholera • Dengue fever • Diphtheria • <i>Hemophilus influenzae</i>, invasive disease³ • Hemolytic Uremic Syndrome, postdiarrheal • Hepatitis A, acute⁴ • Hepatitis B, acute, chronic or perinatal⁴ • Hepatitis D⁴ • Meningococcal disease, invasive • Mumps, acute infection • Pertussis (whooping cough) • Poliomyelitis • Q-fever (<i>Coxiella burnetii</i>) • Rabies; human or animal • Shiga toxin-producing <i>Escherichia coli</i> (STEC)⁵ • <i>Staphylococcus aureus</i> with glycopeptide-intermediate (GISA/VISA) or glycopeptide-resistant (GRSA/VRSA) susceptibilities³ • Tuberculosis; all forms³ • Typhoid fever (<i>Salmonella typhi</i>) • Yellow fever • Any other unusual condition or emerging infectious disease 	<ul style="list-style-type: none"> • Campylobacteriosis • Cryptosporidiosis • Cyclospora • Giardiasis • Listeriosis • Salmonellosis (except Typhoid fever)³ • Shigellosis³ • Trichinosis • Vibriosis 	<ul style="list-style-type: none"> • Anaplasmosis • Arboviral infection • Babesiosis • Chickenpox (numerical totals only) • Ehrlichiosis • Hantavirus pulmonary syndrome • Influenza-like illness (numerical totals only) • Influenza-related death in an individual less than 18 years of age • Legionellosis • Leptospirosis • Lyme disease • Malaria • Psittacosis • Rocky Mountain spotted fever • Streptococcal disease, invasive Group B • Streptococcal toxic shock syndrome • <i>Streptococcus pneumoniae</i>, invasive³ • Tetanus • Toxic Shock Syndrome • Tuberculosis, latent infection⁶ 	<ul style="list-style-type: none"> • AIDS • Chancroid • Chlamydia • Gonococcal conjunctivitis of the newborn (within 24 hours) • Gonococcal disease, drug resistant (within 24 hours) • Gonococcal disease, all other • Hepatitis C, acute³ • HIV • Pelvic inflammatory disease • Syphilis (late) • Syphilis, primary, secondary or early latent (less than 1 year duration) or congenital (within 24 hours)
¹ In any setting ² Including filoviruses such as Ebola and Marburg and arenaviruses such as Lassa fever		³ Including results of susceptibility testing ⁴ Including results of hepatitis A and B serologies, transaminase levels and bilirubin		⁵ Including but not limited to <i>E coli</i> O157:H7 ⁶ (limited to persons with a positive Mantoux tuberculin skin test conversion in the last two years or any positive Mantoux tuberculin skin test in a child less than 5 years of age)
Report name, address, telephone number, date of birth, sex, race ethnicity and the physician's name, office address, office phone and fax numbers, using the appropriate disease reporting form in the West Virginia Reportable Disease Protocol Manual: www.dide.wv.gov			West Virginia Department of Health & Human Resources Bureau for Public Health 350 Capitol Street, Room 125 Charleston, WV 25301 Phone: 304.558.5358 In WV: 800.423.1271 Fax: 304.558.8736	

Reporting of the following diseases or conditions within one week of diagnosis (unless otherwise specified) is required by law as follows:

Reportable Condition	How to Report
Administration of Immunizations	Administration of immunizations to children age 0 through 18 years is reportable to the WV Statewide Immunization Information System (WVSIIS) electronically or by fax to 877-408-8927. Further information on immunization reporting can be obtained by calling WVSIIS at 877-408-8930.
Autism Spectrum Disorder	The Autism Spectrum Disorder Registry is maintained by Marshall University Autism Training Center. Any questions regarding reporting Autism Spectrum Disorders or acquiring reporting forms should be directed to the WV Autism Registry at 800-344-5115 or 304-696-2332.
Birth Defects: (WV Code 16-40-1) (WV Code of State Rules 64-81-1)	Birth Defects, including Down's syndrome, are reported through medical records departments, birth certificates and Reproductive Outcomes Forms completed by the physician. Birth defects are collected on children up to age 6 or 72 months. Report forms and information on reporting of birth defects can be obtained by calling the Office of Maternal, Child and Family Health, Division of Research, Evaluation and Planning at 304-558-5388.
Cancer and Non-Malignant Intracranial and CNS Tumors	Cancers (except basal and squamous cell skin cancer or cervical cancer in situ) and non-malignant intracranial and CNS tumors diagnosed and/or treated by any West Virginia health care professional are to be reported to the West Virginia Cancer Registry within 6 months of diagnosis in a format compatible with the requirements of the National Program of Cancer Registries. Questions about reporting should be directed to the WV Cancer Registry at 800-423-1271. Or see: http://www.dhhr.wv.gov/oeps/cancer/Pages/CancerReporters.aspx
Hemophilia	Diagnoses can be recorded on the West Virginia Bureau for Public Health Confidential Reportable Disease Case Report and submitted to the WV State Hemophilia Program, Division of Surveillance and Disease Control. Questions about reporting congenital bleeding disorders should be directed to the State Program at 304-558-2188 or 800-642-3634.
Lead: all blood lead test results	Reported information should include the patient's name, address, (including county, date of birth, sex and lead levels as well as the reporting provider's name and address, and any other information required by the director relevant to the purpose of this rule. Questions on lead reporting should be directed to the Office of Maternal, Child and Family Health, Division of Research, Evaluation and Planning at 304-558-5388.