HOW DO I NOTIFY CATEGORY 1 & 2?

In addition to process below, category 1 NMC must be reported to the local health authority immediately using the most rapid means.

Health facility based reporting (ALL hospitals, clinics, private practice)

Electronic notification via the NMC APP (Download the NMC APP from the NICD website (NMC page) or via your cell phone app store. Refer to the NMC APP user manuals)

1. Capture the NMC case details onto the NMC mobile or web APP (New Case tab).
2. Upon completion of data capture, save the data and the notification will automatically be sent to all relevant focal people at Health Establishment, Sub-District, District, Province & National.

Paper based notification (also refer to SOP for NMC reporting)

1. Complete the NMC Case Notification Form.
2. Send the NMC Case Notification Form to NMCsurveillanceReport@nicd.ac.za or fax to 086 639 1638 or NMC hotline 072 621 3805. Form(s) can be sent via sms, whatsapp, email, fax.
3. Send a copy to the NMC focal person at Sub-District/District (details given on the cover page of the NMC booklet).

Laboratory based reporting (ALL laboratories)

If your laboratory is not on the electronic reporting system then follow the manual steps below.

Category 1 & 2

1. Send daily NMC case line lists to NMCsurveillanceReport@nicd.ac.za or fax to 086 639 1638.
2. Send a copy to the NMC focal person at Province/Sub-District/District (details available on the NICD website).

Category 3 NMC

Must be reported weekly by all public and private laboratories.

- Ceftriaxone-resistant Neisseria gonorrhoea
- West Nile virus, Sindbis virus, Chikungunya virus
- Dengue fever virus, other imported arboviruses of medical importance
- Salmonella spp. other than S. Typhi and S. Paratyphi
- Rubella virus
- Shiga toxin-producing Escherichia coli
- Shigella spp.

Category 4 NMC

Must be reported monthly by private and public health laboratories.

- Healthcare-associated infections or multidrug-resistant organisms of public health importance
- Carbapenemase-producing Enterobacteriaceae
- Vancomycin-resistant enterococci
- Staphylococcus aureus: hGISA and GISA
- Colistin-resistant Pseudomonas aeruginosa
- Colistin-resistant Acinetobacter baumanii
- Clostridium difficile

HOW DO I NOTIFY CATEGORY 3 & 4?

Reporting by laboratories only.

If your laboratory is not on the electronic reporting system then follow the manual steps below;

Category 3 requires weekly submission of NMC case line lists to the contact details below

Category 4 requires monthly submission of NMC case line lists to the contact details below

NMCsurveillanceReport@nicd.ac.za or fax to 086 639 1638
What is a Notifiable Medical Condition (NMC)?

Notifiable Medical Conditions are diseases that are of public health importance because they pose significant public health risks that can result in disease outbreaks or epidemics with high case fatality rates both nationally and internationally.

Why is it a legal requirement to timeously report all NMC?

The only way we can control spread of infectious diseases within the population is through identification of diseased persons and implementation of necessary public health actions to ensure that the disease is not spread to other people. Real-time efficient surveillance and reporting of such diseases provides an early warning signal and provides a window of opportunity to interrupt the disease transmission cycle.

The International Health Regulations, 2005 (IHR) and the National Health Act, 61 Of 2003 in South Africa require the rapid detection of NMC, as well as the prompt risk assessment, notification, verification and implementation of timely interventions.

Who is responsible for reporting NMC?

Every doctor or nurse (health care provider), laboratory and medical schemes in both the public and private health sector who diagnoses a patient with any one of the NMC must report the case. Failure to report a NMC is a criminal offence.

In South Africa which conditions are notifiable?

**Category 2 NMC**

Must be reported through a written or electronic notification, within 7 days of clinical or laboratory diagnosis but preferably as soon as possible following diagnosis.

- Agricultural or stock remedy poisoning
- Bilharzia (schistosomiasis)
- Brucellosis
- Congenital rubella syndrome
- Congenital syphilis
- Haemophilus influenzae type B
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis E
- Lead poisoning
- Leprosy
- Maternal death (pregnancy, childbirth, puerperium)
- Mercury poisoning
- Soil transmitted helminths (Ascaris Lumbricoides, Trichuris trichiuria, Ancylostoma duodenale, Necator americanus)
- Tetanus
- Tuberculosis: pulmonary
- Tuberculosis: extra-pulmonary
- Tuberculosis: multidrug-resistant (MDR-TB)
- Tuberculosis: extensively drug-resistant (XDR-TB)

**Category 1 NMC**

Must be reported immediately using the most rapid means upon clinical or laboratory diagnosis followed by a written or electronic notification within 24 hours of diagnosis.

- Acute flaccid paralysis
- Acute rheumatic fever
- Anthrax
- Botulism
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food borne disease outbreak
- Haemolytic uraemic syndrome (HUS)
- Listeriosis
- Malaria
- Measles
- Meningococcal disease
- Pertussis
- Plague
- Poliomyelitis
- Rabies (human)
- Respiratory disease caused by a novel respiratory pathogen
- Rift valley fever (human)
- Smallpox
- Viral haemorrhagic fever diseases
- Yellow fever

**WHO IS RESPONSIBLE FOR REPORTING NMC?**

Every doctor or nurse (health care provider), laboratory and medical schemes in both the public and private health sector who diagnoses a patient with any one of the NMC must report the case. Failure to report a NMC is a criminal offence.