

Notifiable Medical Conditions (NMC) Case Notification Form (version 1.0 May 2017)

Contact details of NMC focal persons

(Please complete the contact details of the NMC focal persons below before sending to the next level
i.e. provincial details must be completed before sending this booklet to the district)

Health Establishment details

Focal person: _____

Contact no: _____ Fax no: _____

Health Sub-District details

NMC Focal person: _____

Contact no: _____ Fax no: _____

Health District details

NMC Focal person: _____

Contact no: _____ Fax no: _____

Provincial Health Department details

Physical address:

NMC Focal person: _____

Contact no: _____ Fax no: _____

National NMC contact details:

Hotline: 072 621 3805

Fax no: 086 639 1638

Email address: NMCsurveillanceReport@nicd.ac.za

Category 1 Notifiable Medical Conditions(NMC) are conditions that require immediate reporting by the most rapid means available upon clinical or laboratory diagnosis followed by a written or electronic notification to the Department of Health within 24 hours of diagnosis by health care providers.

Category 2 Notifiable Medical Conditions (NMC) are conditions that must be notified through a written or electronic notification to the Department of Health within 7 days of diagnosis by health care providers.

Why do I notify?

- International Health Regulations (IHR) and the South African National Health Act require rapid detection, notification and prompt risk assessment of public health risks to enable timely and targeted public health response to contain and prevent outbreaks.
- Notifications provide empirical data required to monitor disease distribution and trends and identify populations at risk, and for policy decisions.

Who should notify?

Every doctor or nurse (health care provider) who diagnoses a patient with any one of the NMC.

How do I notify?

After diagnosing a patient with any one of the NMC, the diagnosing health care provider must use the paper based or the electronic notification system as detailed below:

Category 1

Prior to paper based or electronic notification, immediately report the case to the relevant focal person at the health establishment or Sub-District level using the most rapid means available.

Category 1 and 2

Paper based notification (also refer to SOP for paper based 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**
3. Send a copy to the NMC focal person at Sub-District/District (details given on the cover page).

Form(s) can be sent via sms, whatsapp, email, fax or transported via Health Department shuttle/transport services.

The NMC Focal Person at Health Establishment level or Sub-District must ensure that the forms are captured electronically onto the NMC electronic system.

OR

Electronic notification (Also refer to the NMC electronic system user manuals)

1. Capture the NMC case details onto the NMC electronic system.

The notification will automatically be sent to all relevant focal people at Health Establishment, Sub-District, District, Province & National levels.

Category 1 Notifiable Medical Conditions

Acute flaccid paralysis
Acute rheumatic fever
Anthrax
Botulism
Cholera
Food borne illness outbreak
Malaria
Measles
Meningococcal disease
Plague
Poliomyelitis
Rabies (human)
Respiratory disease caused by a novel respiratory pathogen**
Rift valley fever (human)
Smallpox
Viral haemorrhagic fever diseases*
Waterborne illness outbreak
Yellow fever

Category 2 Notifiable Medical Conditions

Agricultural or stock remedy poisoning
Bilharzia (schistosomiasis)
Brucellosis
Congenital rubella syndrome
Congenital syphilis
Diphtheria
Enteric fever (typhoid or paratyphoid fever)
Haemophilus influenza type B
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis E
Lead poisoning
Legionellosis
Leprosy
Maternal death (pregnancy, childbirth and puerperium)
Mercury poisoning
Pertussis
Soil-transmitted helminth infections
Tetanus
Tuberculosis: pulmonary
Tuberculosis: extra-pulmonary
Tuberculosis: multidrug-resistant (MDR-TB)
Tuberculosis: extensively drug-resistant (XDR-TB)

Notifiable Medical Conditions (NMC) Case Notification Form

{Section 90 (1) (j), (k) and (w) of National Health Act, 2003 (Act no. 61 of 2003)}

This form must be **completed immediately** by the health care provider who diagnosed the condition **Please mark applicable areas with an X**

Health facility name (with provincial prefix)										Health facility contact number										Health sub-district																																		
Patient file/folder number										Patient HPRS-PRN										Date of notification																																		
y y y y - m m - d d																																																						
Patient demographics															Patient residential address																																							
First name															Street/dwelling unit/building/ERF number																																							
Surname															Street name, building, location description																																							
S.A ID number															Sub-place, suburb, village, postal area																																							
Passport/other ID number															Town/city															Post code:																								
Citizenship															Employer/educational institution address																																							
Date of birth															Institution name																																							
y y y y - m m - d d																																																						
Age															Street name, building, location description																																							
Years															Months (if less than 1yr)															Days (if less than 1 month)																								
Gender															Sub-place, suburb, village, postal area																																							
Male															Female																																							
Is patient pregnant?															Town/city															Post code:																								
Yes															No															Unknown																								
Contact number															Contact number																																							
y y y y - m m - d d																																																						
Medical conditions details																																																						
NMC diagnosed															History of possible exposure to NMC in the last 60dys										No					Yes					Unknown																			
Method of diagnosis															Clinical signs and symptoms ONLY										Rapid test					X-ray					Laboratory confirmed					Other:														
Clinical symptoms relating to the NMC																																																						
Treatment given for the NMC																																																						
Date of diagnosis															Date of symptom onset																																							
y y y y - m m - d d															y y y y - m m - d d																																							
Patient admission status															Ward name																																							
Outpatient															Discharged															Inpatient																								
Patient vital status															Date of death																																							
Alive															Deceased															y y y y - m m - d d																								
Travel history in the last 60 days																																																						
Did patient travel outside of usual place of residence?															Yes					No					If yes, complete the travel details below																													
Place travelled to or place travelled from															Date of exit										Date of entry																													
Province or Country															Locality/city/town										y y y y - m m - d d															y y y y - m m - d d														
Province or Country															Locality/city/town										y y y y - m m - d d															y y y y - m m - d d														
Vaccination history for the NMC diagnosed above (complete only for vaccine preventable NMC)																																																						
Vaccination status															Date of last vaccination																																							
Not vaccinated															Up-to-date															Unknown					y y y y - m m - d d																			
Specimen details															Notifying health care provider's details																																							
Was a specimen collected?															First name																																							
Yes															No															Surname																								
Date of specimen															Mobile number																																							
y y y y - m m - d d															SANC/HPCSA number															Notifier's signature																								
Specimen barcode																																																						

The top copy (white) must be sent to the sub-district/district office. The middle copy (blue) must be attached to the patient referral letter or patient file. The bottom copy (pink) must remain in the booklet



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{Section 90 (1) (j), (k) and (w) of National Health Act, 2003 (Act no. 61 of 2003)}

This form must be **completed immediately** by the health care provider who diagnosed the condition *Please mark applicable areas with an X*

For each of the data elements below, capture/document the information as explained	
Age	Enter the age of the patient in the Years box for patients aged 1yr and above, in the Months box for patients aged less than 1yr and in the Days box for patients aged less than 1 month.
Clinical symptoms	Document two or more classical presenting symptoms for the NMC being notified.
Citizenship	Document the patient's nationality or country of origin.
Date of birth	Complete the date of birth in full if known. – If only year of birth is known, complete as YYYY/06/15. – If only year and month of birth are known, complete as YYYY/MM/15.
Date of diagnosis	Enter the date when the NMC was clinically diagnosed by health care provider.
Date of notification	Enter the date when the NMC case was reported/notified.
Date of symptom onset	Enter the date when the patient first noticed clinical signs and symptoms for the NMC.
Date specimen taken	Enter the date when the specimen(s) were drawn from the patient.
Employer/educational institution address	If patient is employed, enter the physical address of employment. If patient is a scholar, enter school address as follows: 1st line – only enter name of the institution 2nd line - only enter street/dwelling number and name 3rd line - only enter location/village/suburb 4th line - only enter town/city and postal code
And	
Residential address	Enter the patient's physical address as above. If the street address is not known, use the postal address.
First name and surname	Enter the first name and surname of the patient in full as it appears on their Identity Document. No nicknames or initials should be put in this field.
Gender	Mark with X either male or female. If the patient is a female also indicate whether she is pregnant or not.
Health facility name	Enter the name of the health facility as it is reflected on the DHIS org unit hierarchy. Put Provincial prefix in lower cases i.e. kzn HEALTH_FACILITY_NAME.
Method of diagnosis	Indicate how the NMC was diagnosed by marking with an X in the appropriate box.
NMC diagnosed	Enter the name of the NMC being reported/notified (suspected or confirmed). Only one NMC per form.
Notifier's mobile number	Enter the mobile phone number of the health care provider who notified the case for acknowledgement and feedback purposes.
Patient File/folder number	Enter the patient file/folder number.
Patient HPRS-PRN	Enter the Department of Health's Health Patient Registration System – Patient Registration Number. If the facility is not yet on the HPRS, leave this field blank.
Patient admission status	Mark with an X the patient admission status. If patient is admitted then complete the name of the ward.
SA ID number	Enter the patient's 13-digit South African identity number.
SANC/HPCSA number	Enter the notifier's South African Nursing Council or Health Professions Council of South Africa number.
Specimen barcode	Stick the laboratory barcode sticker or write the barcode number on the space provided.
Travel history	Indicate whether the case travelled outside of their usual place of residence by marking the relevant box. If the yes box is marked, then complete all travel related information.
Treatment given for the NMC	List the medication given to treat the NMC.
Vaccination status	For vaccine preventable NMC ONLY. Mark the appropriate box with an X.