Standard Operating Procedures:
Paper based reporting of Notifiable Medical Conditions (NMC)

Version: 1.0
Issue Date: June 2017

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1. Purpose

The purpose of this Standard Operating Procedures (SOP) is to provide guidelines for proper, efficiently structured and standardised reporting of notifiable medical conditions (NMC) using the paper based reporting platform in order to facilitate rapid and timeous communication and targeted public health action as stipulated by the National Health Act, 2003 (Act No. 61 of 2003) and the World Health Organization International Health Regulations 2005 (WHO IHR, 2005).

2. Scope

This SOP details when a notification must be done and describes the procedures for completing the paper based case notification form and explains how the completed case notification form must be handled and processed. The SOP also provides details of the feedback loops to ensure a complete communication cycle.

3. Responsibilities

Health establishment level

ALL healthcare providers **(NURSES and DOCTORS)** must report category 1 NMC within 24-hours of clinically diagnosing the case and category 2 NMC within seven days of diagnosis. The health establishment NMC focal person must ensure upward reporting of cases to the Sub-District or District level in cases where there are no Sub-Districts.

District level

The District NMC focal person(s) must ensure upward reporting of cases to the Provincial level and together with members of the District Outbreak Response Team must implement and coordinate public health measures/response.

Provincial level

The Provincial NMC focal person(s) must ensure upward reporting of cases to the National level and together with members of the Provincial Outbreak Response Team must provide public health guidance and support as required.

National level

The National NMC national technical team must manage and coordinate the NMC data systems and structures and produce routine operational and epidemiological reports. The National Outbreak Response must provide public health guidance and support as required.

4. Introduction

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 disease epidemics with high case fatality rates both nationally and internationally. The International Health Regulations, 2005 (IHR) and the National Health Act, 61 0f 2003 in South Africa require the rapid detection of public health risks, as well as the prompt risk assessment, notification, verification and response to these

risks. As such, a sensitive, flexible and efficient surveillance system with an early warning function is a necessity.

Surveillance of NMC involves the systematic collection, analyses and use of epidemiologic (person, place and time) information to provide the **scientific and factual database** for **timely and accurate detection of public health threats**. This information provides the evidence base for informed and **targeted public health response, decision making and resource allocation**.

The ultimate goal of the national NMC surveillance system is to provide accurate data required at local level for timely public health response in a co-ordinated manner. Section 90 (1) (j), (k) and (w) of National Health Act, 2003 (Act no. 61 of 2003)} details the legal requirements for surveillance of NMC in South Africa. The list of medical conditions that are stipulated as notifiable is included in this SOP in Annexure A.

5. Tools needed for this SOP

a) List of category 1 and category 2 NMC (Annexure A)
b) NMC Case Notification Form (Annexure B)
c) NMC Case Notification Form Completion Guide - summary (Annexure C)
d) Any functional mode of communication (telephone, cellphone, fax, sms or whatsapp, email, scanner)
e) NMC Case Line List Form (Annexure D)
f) Provincial Weekly NMC Case Report Form (Annexure E)
g) NMC Case Notification Form Completion Guide – full version (Annexure F)

6. Definitions

Category 1 Notifiable Medical Conditions(NMC) are conditions that require immediate reporting by the most rapid means available upon diagnosis followed by a written or electronic notification to the Department of Health within 24 hours of diagnosis by healthcare providers.
These conditions must be notified **based on clinical suspicion** irrespective of laboratory confirmation.

Category 2 Notifiable Medical Conditions (NMC) are conditions that must be notified through a written or an electronic notification to the Department of Health within 7 days of diagnosis. These conditions must be notified upon receipt of a laboratory confirmation within 7 days of diagnosis.

Case definitions for category 1 and category 2 NMC are available on the NICD website www.nicd.ac.za

7. Procedure for paper based reporting of notifiable medical conditions

7.1. Health establishment level reporting

7.1.1   ALL healthcare providers **(NURSES and DOCTORS)** must report category 1 and category 2 NMC as follows

Ensure that you are aware of which medical conditions are notifiable (Annexure A). The list of NMC is also available on the cover page of the notification booklet.

The NMC case definitions booklet is available at each Health Establishment and is also obtainable by emailing NMCsurveillanceReport@nicd.ac.za or via the NICD website www.nicd.ac.za

Category 1 notifiable medical conditions

- Following clinical diagnosis of any one of category 1 NMC, **immediately** report the case to the relevant focal person at the Health Establishment or Sub-District level using the most rapid means available, preferably telephonically.
- Details of the Health Establishment NMC focal person and the District NMC focal person are given on the cover page of the NMC case notification booklet. In the absence of a Health Establishment NMC focal person, then notify the Health Establishment manager.
- If both the Health Establishment and District focal person are not reachable then contact the Provincial focal person. If all are not reachable then call the national NMC hotline on 072 621 3805.
- Once the immediate focal person has been notified telephonically, if the NMC electronic reporting platform is not available complete the paper based NMC case notification form. NMC Case Notification Booklets must be available at each Health Establishment.
- The NMC Case Notification Form must be completed as soon as possible and preferably whilst the patient is still with the healthcare provider to ensure that all required details are completed. Notification information is crucial for case and contact tracing and management to ensure disease containment.
- The NMC Case Notification Form must be completed in line with the instructions provided in the NMC Case Notification Form Completion Guide (Annexure F). A summary of the NMC Case Notification Form Completion Guide is also provided on the back cover page of the NMC case notification booklet (Annexure C).
- Once the NMC Case Notification Form has been completed, the top copy of the form (white) must be detached from the NMC case notification booklet and a copy sent to NMCsurveillanceReport@nicd.ac.za or fax to 086 639 1638. *A copy/photograph of the form can be sent via sms or whatsapp to* 072 621 3805.
- The detached NMC Case Notification Form must be sent to NMC focal person at the Health Establishment level.
- The Health Establishment NMC focal person must capture the NMC Case Notification Form onto the NMC electronic reporting platform.
- If electronic data capture is not possible, then the Health Establishment NMC focal person must send the NMC Case Notification Form to the NMC focal person at the District/Sub-District level via any rapid electronic means available or any available health department shuttle/transport services.
- If there is no NMC focal person at the Health Establishment level, then the form must be submitted to the Health Establishment manager who must ensure that the Sub-District/District NMC focal person (details given on the NMC case notification booklet cover page) receives the form via rapid electronic means or any available health department shuttle/transport services.
  The person sending the NMC case notification form must ensure that they communicate with the Sub-District/District person to make them aware that a form has been sent to them.
- The middle copy of the form (blue) must be attached to the patient referral letter if the patient is being referred. If not, then it must be kept in the patient file.
- The bottom copy of the form (pink) must remain in the NMC Case Notification Booklet. Once the NMC Case Notification Booklet is complete, send the pink forms to the NICD for archiving.

- The notifying Health Establishment will receive feedback pertaining to the reported case within 3 days of a paper based notification.

Category 2 notifiable medical conditions

- Following receipt of a laboratory diagnosed category 2 NMC, complete the NMC Case Notification Form. This should be done within 7 days of laboratory diagnosis.
- The NMC Case Notification Form must be completed as soon as possible. Notification information is crucial for case and contact tracing and management to ensure disease containment.
- The NMC Case Notification Form must be completed in line with the instructions provided in the NMC Case Notification Form Completion Guide (Annexure F). A summary of the NMC Case Notification Form Completion Guide is also provided on the back cover page of the NMC case notification booklet (annexure C).
- Once the NMC Case Notification Form has been completed, the top copy of the form (white) must be detached from the NMC case notification booklet and a copy sent to NMCsurveillanceReport@nicd.ac.za or fax to 086 639 1638. A copy/photograph of the form can be sent via sms or whatsapp to 072 621 3805.
- The detached NMC Case Notification Form must be sent to NMC focal person at the Health Establishment level.
- The Health Establishment NMC focal person must capture the NMC Case Notification Form onto the NMC electronic reporting platform.
- If electronic data capture is not possible, then the Health Establishment NMC focal person must send the NMC Case Notification Form to the NMC focal person at the District/Sub-District level via any rapid electronic means available or any available health department shuttle/transport services
- If there is no NMC focal person at the Health Establishment level, then the form must be submitted to the Health Establishment manager who must ensure that the Sub-District/District NMC focal person (details given on the NMC notification booklet cover page) receives the form via any rapid electronic means or any available health department shuttle/transport services.
  The person sending the NMC case notification form must ensure that they communicate with the Sub-District/District person to make them aware that a form has been sent to them.
- The middle copy of the form (blue) must be attached to the patient referral letter if the patient is being referred. If not, then it must be kept in the patient file.
- The bottom copy of the form (pink) must remain in the NMC case notification booklet. Once the NMC Case Notification Booklet is complete, send the pink forms to the NICD for archiving.
- The notifying Health Establishment will receive feedback pertaining to the reported case within 3 days of a paper based notification.

7.2   Sub-District/District level reporting

- Following receipt of a completed NMC Case Notification Form from any one of your Health Establishments, the Sub-District/District NMC focal person must capture the NMC Case Notification Form onto the NMC electronic reporting platform.
- If electronic data capture is not possible, then the Sub-District/District NMC focal person must send the form to NMCsurveillanceReport@nicd.ac.za or fax to 086 639 1638. A copy/photograph of the form can be sent via sms or whatsapp to 072 621 3805.

- A copy of the NMC Case Notification Form must be sent to the NMC focal person at the Provincial level (details given on the cover page) via any rapid electronic means available or any available Health Department shuttle/transport services
  The person sending the NMC case notification form must ensure that they communicate with the Provincial focal person to make them aware that a form has been sent to them.
- On a weekly basis complete the NMC case line list form (Annexure D).
- On a weekly basis, each Wednesday by 12h00, send the NMC case line list form for the previous week to NMCsurveillanceReport@nicd.ac.za or fax to 086 639 1638**.**
- A copy of the NMC case line list form must be sent to the Provincial NMC focal person.
  ***If no cases of NMC have been diagnosed during the week, the district NMC focal person must write "no cases reported" on the NMC case line list form and submit the form with that comment.

7.3   Provincial level reporting

- Following receipt of a completed NMC Case Notification Form from any one of your Districts, the Provincial NMC focal person must capture the NMC Case Notification Form onto the NMC electronic reporting platform.
- If electronic data capture is not possible, then the Provincial NMC focal person must send the form to NMCsurveillanceReport@nicd.ac.za or fax to 086 639 1638. A copy/photograph of the form can be sent via sms or whatsapp to 072 621 3805.
- On a weekly basis complete Provincial Weekly NMC case Report Form (Annexure E).
- Reporting cycles are indicated on the reporting templates under the respective annexure.
- On a weekly basis, each Thursday by 12h00, send the forms for the previous week to NMCsurveillanceReport@nicd.ac.za or fax to 086 639 1638.
  ***If no cases of NMC have been diagnosed during the week, the provincial NMC focal person must record zero (0) on the weekly summary form for that disease/ condition.

7.4   National level reporting
- Following receipt of a completed NMC case notification form ensure the form is captured onto the NMC surveillance database.
- Provide epidemiological and operational reports to Provincial, District and Health Establishment levels.
- All reports must be sent every Monday and will be a week behind i.e. reports for week 1 of June 2017 will be sent on the 3rd Monday of June 2017.

The NMC national technical team, ensuring high level confidentiality and patient data protection, must:
Weekly
a)   provide feedback data quality reports on reports received.
b)   provide feedback and follow-up on Provinces and Districts that did not report.

Monthly/Quarterly/Annually
(a)   provide comprehensive data quality and epidemiology reports.
(b)   publish the NMC surveillance data in the public domain in accordance with Department of Health regulations.

8. **Responsibilities of the Sub-District/District NMC focal person**

The NMC focal person at the Sub-District/District levels must:
a) adhere to the national department NMC notification procedures and surveillance guidelines
b) liaise with the District/Provincial Health Manager on issues relating to the surveillance and control of NMC
c) ensure data quality and integrity
d) facilitate public health action
e) provide feedback to the Health Establishments

9. **Responsibilities of the Provincial NMC focal person**

The NMC focal person at the Provincial levels must:
a) adhere to the national department NMC notification procedures and surveillance guidelines
b) liaise with the NMC national technical team on issues relating to the surveillance and control of NMC
c) ensure data quality and integrity
d) facilitate public health action
e) provide feedback to the Districts/Sub-Districts

10. **Responsibilities of the NMC national technical team**

The NMC national technical team must:
a) issue and promote adherence to national department guidelines on the surveillance and control of NMC
b) promote adherence to the use of standard case definitions for all NMC according to the World Health Organization (WHO) International Classification of Diseases as adapted by the national department of health
c) promote adherence to the use of national department forms and tools for reporting NMC
d) promote the adherence to the notification procedures
e) facilitate efficient NMC surveillance processes
f) provide the required timely feedback to all stakeholders

Annexure A

Table 1: Category 1 notifiable medical conditions that require immediate reporting by the most rapid means available upon diagnosis followed by a written or electronic notification to the Department of Health within 24 hours of diagnosis by healthcare providers as well as private and public health laboratories

	Notifiable medical condition
1.	Acute flaccid paralysis
2.	Acute rheumatic fever
3.	Anthrax
4.	Botulism
5.	Cholera
6.	Food borne illness outbreak
7.	Malaria
8.	Measles
9.	Meningococcal disease
10.	Plague
11.	Poliomyelitis
12.	Rabies (human)
13.	Respiratory disease caused by a novel respiratory pathogen**
14.	Rift valley fever (human)
15.	Smallpox
16.	Viral haemorrhagic fever diseases*
17.	Waterborne illness outbreak
18.	Yellow fever

* Viral haemorrhagic fever diseases: Ebola or Marburg viruses, Lassa virus, Lujo virus, novel or new world arena viruses, Crimean-Congo haemorrhagic fever

** Examples of novel respiratory pathogens include novel influenza A virus, MERS coronavirus

Table 2: Category 2 notifiable medical conditions to be notified through a written or electronic notification to the Department of Health within seven (7) days of diagnosis by healthcare providers as well as private and public health laboratories

	Notifiable medical condition
1.	Agricultural or stock remedy poisoning
2.	Bilharzia (schistosomiasis)
3.	Brucellosis
4.	Congenital rubella syndrome
5.	Congenital syphilis
6.	Diphtheria
7.	Enteric fever (typhoid or paratyphoid fever)
8.	*Haemophilus influenzae* type B
9.	Hepatitis A
10.	Hepatitis B
11.	Hepatitis C
12.	Hepatitis E
13.	Lead poisoning
14.	Legionellosis
15.	Leprosy
16.	Maternal death (pregnancy, childbirth and puerperium)
17.	Mercury poisoning
18.	Pertussis
19.	Soil transmitted helminths
20.	Tetanus
21.	Tuberculosis: pulmonary
22.	Tuberculosis: extra-pulmonary
23.	Tuberculosis: multidrug-resistant (MDR-TB)
24.	Tuberculosis: extensively drug-resistant (XDR-TB)

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Annexure B

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	*y* *y* *y* *y* *-* *m* *m* *-* *d* *d*	*Institution name*	
Age	*Years* / *Months (if less than 1yr)* / *Days (if less than 1 month)*	*Street name, building, location description*	
Gender	*Male* / *Female*	*Sub-place, suburb, village, postal area*	
Is patient pregnant?	*Yes* / *No* / *Unknown*	*Town/city*	*Post code:*
Contact number		Contact number	

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	*y* *y* *y* *y* *-* *m* *m* *-* *d* *d*	Date of symptom onset	*y* *y* *y* *y* *-* *m* *m* *-* *d* *d*		
Patient admission status	*Outpatient*	*Discharged*	*Inpatient*	Ward name	
Patient vital status	*Alive*	*Deceased*	Date of death	*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	*Not vaccinated*	*Up-to-date*	*Unknown*	Date of last vaccination	*y y y y - m m - d d*

Specimen details			**Notifying healthcare provider's details**	
Was a specimen collected?	*Yes*	*No*	First name	
Date of specimen	*y y y y - m m - d d*		Surname	
Specimen barcode			Mobile number	
			SANC/HPCSA number	Notifier's signature

Annexure C - NMC case notification form completion guide - summary

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 healthcare 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 And Residential 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 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 healthcare 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. Departure date is date when patient left usual place of residence and return date is date when patient left the place of visitation.
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.

Annexure D
NMC case line list form (To be submitted weekly by each District)

Week starting Monday (yyyy-mm-dd): _____					
Week ending Sunday (yyyy-mm-dd):_____					
Sub-district:				District:	
Province:				Submitted by (Name and surname):	
Patient name	**Patient surname**	**Age** • Years • Months (if less than 1yr • Days (if less than 1 month)	**Gender** M = male F= Female	**Health facility name**	**NMC notified**

Annexure E: Provincial weekly NMC case report Form (To be submitted weekly by each Province)

Week starting Monday *(yyyy-mm-dd)*:_____	Week ending Sunday *(yyyy-mm-dd)*:_____

Sub-district:	District:	Province:

Number of districts contributing to this weekly report:	Number of districts in the province:

Notifiable Medical Condition	Number of cases	Names of districts that reported/notified these cases
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		

Annexure F: Notifiable Medical Conditions Case Notification Form Completion Guide

Note: Where faint grey italicised text is given in the response boxes, the response must be written on top of the grey font. This font is meant to inform the notifier as to what information goes into that respective box.

SECTION 1 – NOTIFYING HEALTH FACILITY DETAILS
All information collected under this section relates to the health facility reporting the diagnosed NMC.

HEALTH FACILITY NAME

Description: This field identifies the health facility as it is reflected on the DHIS org unit hierarchy where the NMC is being reported/notified.
Instructions: 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.

HEALTH SUB-DISTRICT

Description: This field identifies the health Sub-District of the health facility that is reporting/notifying the diagnosed NMC.
Instructions: Enter the name of the health Sub-District as it is reflected on the DHIS org unit hierarchy.

PATIENT FILE/FOLDER NUMBER

Description: This field identifies the health facility patient file number.
Instructions: Enter the health facility patient file number in the space provided.

PATIENT HPRS-PRN
Description: This field identifies the Health Patient Registration System - Patient Registration Number.
Instructions: Enter the HPRS-PRN in the space provided. If the facility is not yet on the HPRS-PRN, leave this field blank.

DATE OF NOTIFICATION
Description: This field identifies the date the NMC is reported/notified by the nurse or doctor within the health facility to the next level. The date format must be yyyy-mm-dd.
Instructions: Enter the date in the space provided.

FIRST NAME AND SURNAME

Description: This field identifies the first name and surname of the patient as it appears on their identity document.
Instructions: Enter the first and last name of the patient in the space provided.

SA ID NUMBER

Description: This field identifies the 13-digit South African identity number of the patient.
Instructions: Complete the 13-digit South African identity number of the patient in the space provided.

All South African citizens are encouraged to provide the SA identity number that can be used as unique identifier to link all patients' health information including laboratory tests.

PASSPORT OR OTHER ID NUMBER

Description
Passport number: This field identifies the patient's passport number. Must only be completed if the SA ID number is not available.
Other ID number: This field identifies an identity number other than the SA identity number or the passport number of the patient. Numbers that must be captured under this field include but are not limited to asylum numbers, drivers licence numbers, non-South African national ID numbers.
Instructions: Complete the passport or other identity number of the patient in the space provided.

CITIZENSHIP

Description: This field identifies the patient's nationality or country of origin.
Instructions: Enter the patient's citizenship in the space provided.

DATE OF BIRTH

Description: This field identifies the date the patient was born.
Instructions:
- Enter the date of birth in the space provided. The date format must be yyyy-mm-dd.
- If ONLY the year of birth is known, but not the month and day, enter the date as YYYY/06/15.
- If ONLY the year and month of birth are known, but not the day, enter the date as YYYY/MM/15.

AGE

Description: This field identifies the age of the patient.
Instructions:
- Enter the age of the patient in the **Years** box if the patient is aged 1 year and above.
- Enter the age in months in the **Months** box if the patient is less than one year but over one month.
- Enter the age in days in the **Days** box if the patient is aged less than one month.

GENDER

Description: This field identifies the biological sex of the patient.
Instructions: Mark appropriate gender box with an X.

IS PATIENT PREGNANT

Description: This field identifies whether the patient is pregnant at the time of diagnosis.
Instructions: Place an 'X' in the appropriate box.

CONTACT NUMBER

Description: This field identifies telephone or mobile number of the patient.
Instructions: Enter the contact number in the space provided.

RESIDENTIAL ADDRESS

Description: This field refers to the street address, village, town or city where the patient physically resided at the time the diagnosis was made.
Instructions:
- 1st line - only enter the street/ dwelling unit number
- 2nd line - only enter street name
- 3rd line - only enter location/village/suburb
- 4th line - only enter town/city and postal code
- Provide the land description if the street or mailing address is unavailable.
- If the patient is considered homeless, indicate "no fixed address" in the street address

EMPLOYER/EDUCATIONAL INSTITUTION ADDRESS

Description: This field is meant to document place where the patient spends most of their time other than their residential dwelling place. For employed adults this refers to their place of work. For minors who are enrolled in school, this refers to their school address.
Instructions:
- 1st line - only enter the name of the institution
- 2nd line - only enter the street/dwelling number and name
- 3rd line - only enter the location/village/suburb
- 4th line - only enter town/city and postal code
- If the street address is not known, then use the postal address (including postal box number).

CONTACT NUMBER

Description: This field identifies telephone or mobile number of the patient's employer or where they attend school.
Instructions: Enter the contact number in the space provided.

SECTION 3 - MEDICAL CONDITIONS DETAILS
This section documents details of the medical condition being notified.
A list of all medical conditions that are notifiable is provided on the front page of the notification booklet and is also appended here.

NMC DIAGNOSED You must **NOT** wait for a laboratory confirmation to notify category 1 NMC.

Description: This field identifies the name of the medical condition notifiable by Section 90 (1) (j), (k) and (w) of National Health Act, 2003 (Act no. 61 of 2003)}
Instructions:
- Enter the name of the clinically suspected or laboratory confirmed notifiable medical condition that is being notified/reported.
- If a patient is diagnosed with more than one NMC, complete and submit a separate NMC case notification form.

HISTORY OF POSSIBLE EXPOSURE TO NMC IN THE LAST 60DAYS

Description: This field identifies risk of exposure due to the patient having been in contact with a person who had or was suspected to have had the same NMC as the one being reported.
Instructions: Place an 'X' in the appropriate box.

METHOD OF DIAGNOSIS

Description: This field identifies the method of diagnosis for the NMC being reported. Methods of diagnosis include but are not limited to rapid tests, laboratory diagnosis, clinical signs and symptoms only, biopsy and X-rays.
Instructions:
- Indicate how the diagnosis was made by selecting one or more from the options provided (mark with X).
- If other is marked, then specify what diagnostic method was used. These may include scans, biopsies etc.

CLINICAL SYMPTOMS RELATING TO THE NMC

Description: This field indicates the classical clinical symptoms that the patient presents with at time of diagnosing the NMC, i.e. symptoms used to come up with the diagnosis.
Instructions: List two or more presenting symptoms for the diagnosed NMC in the space provided.

TREATMENT GIVEN FOR THE NMC

Description: This field indicates medication given to treat the NMC being notified.
Instructions: List medication given to the patient to treat the diagnosed NMC.

Only document treatment specific for the NMC excluding non-specific treatment such as pain relievers (paracetamol etc).

DATE OF DIAGNOSIS

Description: This field indicates the date the NMC was diagnosed. For NMC initially diagnosed via laboratory tests i.e. for majority of category 2 NMC, the date of diagnosis will be the date of laboratory results.
Instructions: Enter the date in the space provided. The date format must be yyyy-mm-dd.

DATE OF SYMPTOM ONSET

Description: This field indicates the date the patient first noticed signs and symptoms of the NMC being reported.
Instructions:
- Enter the onset date in the space provided. The date format must be yyyy-mm-dd.
- If the exact date of onset is unknown, ask the patient to give an estimate date.
- In the case of death notifications or comatose patients date of symptom onset should be marked as unknown.

PATIENT ADMISSION STATUS

Description: This field identifies whether the patient is an inpatient/outpatient or discharged at the time of notification.
Instructions: Select from the options provided and if patient is admitted, enter the ward name in the space provided.

PATIENT VITAL STATUS

Description: This field identifies whether the case is alive or deceased at the time of diagnosis.
Instructions: Place an 'X' in the appropriate box.

DATE OF DEATH

Description: This field identifies the date of death of the case
Instructions:
- Enter the date of death of the case in the space provided. The date format must be yyyy-mm-dd.
- If ONLY the year and month of death are known, but not the day, enter the day as YYYY/MM/15

SECTION 4 - TRAVEL HISTORY IN THE LAST 60 DAYS
This section captures any travel that the patient might have done in the last 60 days prior to date of NMC diagnosis

DID THE PATIENT TRAVEL OUTSIDE OF USUAL PLACE OF RESIDENCE?

Description: This field identifies whether the patient travelled outside of their normal place of residence in the last 60 days prior to date of diagnosis. Travel outside applies to travel to a different area in-terms of town, district, province or country.
Instructions:
- Place an 'X' in the appropriate box.
- If No: Proceed to next section (Specimen Details).
- If Yes: List the province(s)/ country(ies) visited in the last 60 days and where possible the town(s)/city(ies) visited in that province/country.
- Enter the departure and return dates in the space provided. The date format must be yyyy-mm-dd.

Departure date is date when patient left usual place of residence and return date is date when patient left the place of visitation.

SECTION 5 - VACCINATION HISTORY FOR THE NMC DIAGNOSED
This section pertains to vaccine preventable diseases only. It captures details relating to vaccines given for the NMC being reported

VACCINATION STATUS

Description: This field documents whether the patient has received timely and adequate vaccination against the NMC that they are presenting with according to the Department of Health recommended vaccination dosing schedule.
Instructions: Place an 'X' in the appropriate box. Select only one.

Definitions:

Not vaccinated	The patient has received no vaccination for the vaccine preventable NMC being reported.
Up-to-date	The patient received vaccination for the vaccine preventable NMC being reported and is considered fully vaccinated for that disease.
Unknown	It is not known if any vaccination has been received for the vaccine preventable NMC being reported or unable to find vaccination history of the case.

SECTION 6 – SPECIMEN DETAILS
This section documents details related to the specimens that were collected to assist in confirmation of the clinically suspected NMC

WAS A SPECIMEN COLLECTED?

Description: This field confirms whether or not specimen(s) were collected for confirming the clinically suspected NMC.
Instructions: Place an 'X' in the appropriate box.

DATE OF SPECIMEN COLLECTION

Description: This field documents the specimen date i.e. the date the specimen was obtained or drawn from the case.
Instructions: Enter the date the specimen was drawn from the patient in the space provided. The date format must be yyyy-mm-dd.

SPECIMEN BARCODE

Description: This field uniquely identifies the specimen. For NHLS specimens, this refers to the NHLS pre-printed specimen barcodes that are provided with the specimen request form.
Instructions:
▪ Stick the laboratory barcode sticker on the space provided.
Only in cases where the physical barcode sticker is unavailable should the barcode be handwritten so as to reduce barcode errors.

SECTION 7- NOTIFYING HEALTHCARE PROVIDERS DETAILS
This section documents the details of the healthcare provider who diagnosed the case.

FIRST NAME AND SURNAME

Description: This field identifies the first name and surname of the notifying healthcare provider as it appears their identity document.
Instructions: Enter the first and last name of the notifying healthcare provider in the space provided.

SANC/HPCSA NUMBR

Description: This field identifies the notifying healthcare provider's health profession council registration number.
Instructions:
- Enter the notifier's South African Nursing Council or Health Professions Council of South Africa number.

MOBILE NUMBER

Description: This field identifies the mobile number of the notifying healthcare provider.
Instruction: Enter the mobile phone number of the healthcare provider who notified the case in the space provided.

NOTIFIERS SIGNATURE

Description: This field identifies the notifying healthcare provider signature as proof of identity.
Instruction: Sign in the space provided.

Important to note that notification must be done by the healthcare provider who diagnosed the case. The healthcare provider details are required to enable acknowledgment of the notification and to provide the necessary feedback on the case.