

## 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.

OR

*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](mailto: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](mailto: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 <i>Neisseria gonorrhoea</i>
West Nile virus, Sindbis virus, Chikungunya virus
Dengue fever virus, other imported arboviruses of medical importance
<i>Salmonella</i> spp. other than <i>S. Typhi</i> and <i>S. Paratyphi</i>
Rubella virus
Shiga toxin-producing <i>Escherichia coli</i>
<i>Shigella</i> 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 <i>Enterobacteriaceae</i>
	Vancomycin-resistant enterococci
	<i>Staphylococcus aureus</i> : hGISA and GISA
	Colistin-resistant <i>Pseudomonas aeruginosa</i>
	Colistin-resistant <i>Acinetobacter baumannii</i>
	<i>Clostridium difficile</i>

## 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**

# NOTIFIABLE MEDICAL CONDITIONS

PIONEERING RAPID DETECTION AND  
NOTIFICATION OF PUBLIC HEALTH RISKS TO  
FACILITATE TIMELY AND TARGETED PUBLIC  
HEALTH RESPONSE

## CONTACT US

**NMC helpline: 072 621 3805**  
**Email: [NMCsurveillanceReport@nicd.ac.za](mailto:NMCsurveillanceReport@nicd.ac.za)**  
**Fax: 086 639 1638**  
**[www.nicd.ac.za](http://www.nicd.ac.za)**



## 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 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

### 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
Legionellosis
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)