

Communicable and Emerging Infectious Disease Report Form

Please protect patient's privacy

105/04/01

Hospital	Hospital/Clinic		Code No.									Tel	
	Diagnosed by Physician	Address of Hospital/Clinic											

I. The Patient	Name		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth	(Y) (M) (D)			I.D. Number / Passport Number							
	Nationality	<input type="checkbox"/> National <input type="checkbox"/> Other _____ Residence : <input type="checkbox"/> Foreign Labor <input type="checkbox"/> Foreigners Identity : <input type="checkbox"/> Mainland Chinese <input type="checkbox"/> Foreign Bride <input type="checkbox"/> Mainland Bride <input type="checkbox"/> Unknown		Tel	Office								Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown			
		Home								Mobile							

II. Medical Record and Date	Medical Record No.		Date of Onset	(Y) (M) (D)			Animal contact (within 3 months)								
	Major Symptoms/ Vaccination record			Date of Diagnosis	(Y) (M) (D)			Travel history (within 3 months)							
					<input type="checkbox"/> No <input type="checkbox"/> Yes, place : _____ From : (Y) (M) (D) To : (Y) (M) (D)										
	Hospital Care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred (Date: _____) to _____ Hospital/Clinic		Specimen Collection	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Death	(Y) (M) (D)							
Date Reported	(Y) (M) (D)		Date Received by Health Bureau	(Y) (M) (D)			Date Received by CDC	(Y) (M) (D)							

III. The Disease	Category I Communicable Diseases <input type="checkbox"/> Smallpox <input type="checkbox"/> Plague <input type="checkbox"/> Severe Acute Respiratory Syndrome <input type="checkbox"/> Rabies Category II Communicable Diseases <input type="checkbox"/> Diphtheria <input type="checkbox"/> Anthrax <input type="checkbox"/> Measles <input type="checkbox"/> Rubella <input type="checkbox"/> Meningococcal Meningitis <input type="checkbox"/> Dengue Fever <input type="checkbox"/> Typhoid Fever <input type="checkbox"/> Paratyphoid Fever <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Acute Flaccid Paralysis <input type="checkbox"/> Shigellosis <input type="checkbox"/> Amoebiasis <input type="checkbox"/> Cholera <input type="checkbox"/> Acute Hepatitis A <input type="checkbox"/> EHEC (Enterohaemorrhagic <i>E. coli</i>) Infection <input type="checkbox"/> Hantavirus Syndrome <input type="checkbox"/> Hemorrhagic Fever with Renal Syndrome <input type="checkbox"/> Hantavirus Pulmonary Syndrome <input type="checkbox"/> Malaria <input type="checkbox"/> Chikungunya Fever <input type="checkbox"/> West Nile Fever <input type="checkbox"/> Typhus <input type="checkbox"/> MDR-TB	Category III Communicable Diseases <input type="checkbox"/> Pertussis <input type="checkbox"/> Tetanus <input type="checkbox"/> Japanese Encephalitis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Congenital Rubella Syndrome Acute Hepatitis (except Hepatitis A) <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Type D <input type="checkbox"/> Type E <input type="checkbox"/> Unspecified <input type="checkbox"/> Mumps <input type="checkbox"/> Legionellosis <input type="checkbox"/> Invasive Haemophilus Influenzae Type b Infection <input type="checkbox"/> Syphilis <input type="checkbox"/> Congenital Syphilis <input type="checkbox"/> Gonorrhoea <input type="checkbox"/> Neonatal Tetanus <input type="checkbox"/> Hansen's Disease <input type="checkbox"/> Enteroviruses Infection with Severe Complications AIDS <input type="checkbox"/> HIV infection <input type="checkbox"/> AIDS Specify risk factors for HIV/AIDS infection : _____ Confirmation Unit of Western Blot : _____ Confirmation Unit of NAT : _____	Category IV Communicable Diseases <input type="checkbox"/> Herpesvirus B Infection <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Melioidosis <input type="checkbox"/> Botulism <input type="checkbox"/> Invasive Pneumococcal Disease <input type="checkbox"/> Q fever <input type="checkbox"/> Murine Typhus <input type="checkbox"/> Lyme Disease <input type="checkbox"/> Tularemia <input type="checkbox"/> Scrub Typhus <input type="checkbox"/> Complicated Varicella <input type="checkbox"/> Toxoplasmosis <input type="checkbox"/> Severe Complicated Influenza <input type="checkbox"/> Brucellosis <input type="checkbox"/> Creutzfeldt-Jakob disease Category V Communicable Diseases <input type="checkbox"/> Rift Valley Fever <input type="checkbox"/> Lassa Fever <input type="checkbox"/> Marburg Haemorrhagic Fever <input type="checkbox"/> Ebola Virus Disease <input type="checkbox"/> Yellow Fever <input type="checkbox"/> Middle East Respiratory Syndrome Coronavirus Infections <input type="checkbox"/> Novel Influenza A virus <input type="checkbox"/> Zika virus infection <input type="checkbox"/> Others _____
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IV. Remarks	1. Tuberculosis : <input type="checkbox"/> Acid fast stain : <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested <input type="checkbox"/> Tested but not detected · Date of Testing: _____(y/m/d) <input type="checkbox"/> TB culture : <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested <input type="checkbox"/> Tested but not detected · Date of Testing: _____(y/m/d) <input type="checkbox"/> Polymerase Chain Reaction: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested <input type="checkbox"/> Tested but not detected · Date of Testing: _____(y/m/d) <input type="checkbox"/> Typical tuberculosis pathology report · Date of Testing : _____(y/m/d) · <input type="checkbox"/> pleural effusion <input type="checkbox"/> Chest and other X-ray examination : <input type="checkbox"/> Normal <input type="checkbox"/> No cavity <input type="checkbox"/> With cavity · Date of Examination: _____(y/m/d) ; 2. Testing result by reported hospital :
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This form shall be in two copies: one copy is for the Health Bureau. *For outbreaks of communicable diseases or important communicable diseases (in red), please notify in advance the local health bureau by telephone or FAX, and then fill in and send this report. Diseases in green must be reported in one month. Diseases in blue are non-notifiable diseases; suspected cases must be reported as soon as possible.

Signed by Person-in-Charge		Signed by Section Chief	
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Express Mail

Floor __ No __ Alley __ Lane __ Section __ Road / Street _____
 _____ Township / District _____ County / City

To : _____ Health Bureau, Disease Control Section
 Floor __ No __ Alley __ Lane __ Section __ Road / Street _____
 _____ Township / District _____ County / City

Instructions for filling in the report :

1. According to the announcement of the Ministry of Health and Welfare, Bu-So-Ji-Zi No.1050100423 on Apr 1, 2016, included "congenital syphilis" in Category 3 Communicable Diseases.
2. According to the announcement of the Ministry of Health and Welfare, Bu-So-Ji-Zi No.1050100179 on Feb 2, 2016, changed "zika virus infection" from Category 2 Notifiable Communicable Diseases to Category 5.
3. According to the announcement of the Ministry of Health and Welfare, Bu-So-Ji-Zi No.1050100083 on Jan 22, 2016, included "zika virus infection" in Category 2 Communicable Diseases.
4. According to the announcement of the Ministry of Health and Welfare, Bu-So-Ji-Zi No.1040200233 on Mar 23, 2015, removed "dengue hemorrhagic fever/ dengue shock syndrome" from Category 2 Communicable Diseases.
5. According to the announcement of the Ministry of Health and Welfare, Bu-So-Ji-Zi No.1030101208 on Aug 8, 2014, renamed from "Ebola Haemorrhagic Fever" to "Ebola Virus Disease"
6. According to the announcement of the Ministry of Health and Welfare, Bu-So-Ji-Zi No.1030101132 on Aug 1, 2014, changed from "Complicated Influenza" to "Severe Complicated Influenza" in Category 4 Communicable Diseases.
7. According to the announcement of the Ministry of Health and Welfare, Bu-So-Ji-Zi No.10301009927 on Jun 27, 2016, included "Novel Influenza A Virus" in Category 5 Communicable Diseases; removed "H5N1 Influenza" and "H7N9 Influenza" from Category 1 and 5 Communicable Diseases respectively.
8. According to Department of Health's Bulletin No. Bu-Shou-Ji-Zi-1020103975 dated December 27, 2013 of the Department of Health, "Varicella" is changed name to "Complicated Varicella" in the list of Class IV Notifiable Communicable Disease.
9. According to Department of Health's Bulletin No. Shu-Shou-Ji-Zi-1020100731 dated June 7, 2013 of the Department of Health, "Novel Coronavirus Infection" is changed name to "Middle East Respiratory Syndrome Coronavirus Infections" in the list of Class V Notifiable Communicable Disease. "Cat-Scratch Disease" and "NDM-1 Enterobacteriaceae" are removed from the list of Class IV Notifiable Communicable Disease.
10. According to Department of Health's Bulletin No. Shu-Shou-Ji-Zi-1020100463 dated April 3, 2013 of the Department of Health, "H7N9 Influenza" is included in the list of Class V Notifiable Communicable Diseases.
11. According to Department of Health's Bulletin No. Shu-Shou-Ji-Zi-1020100343 dated March 14, 2013 of the Department of Health, "Severe Acute Respiratory Infections associated with Novel Coronavirus" is changed name to "Novel Coronavirus Infections" in the list of Class V Notifiable Communicable Disease.
12. According to Department of Health's Bulletin No. Shu-Shou-Ji-Zi-1020100062 dated January 24, 2013 of the Department of Health, "Anthrax" is changed from the list of Class I Notifiable Communicable Diseases to Class II.
13. According to Department of Health's Bulletin No. Shu-Shou-Ji-Zi- 1010101167 dated October 3, 2012 of the Department of Health, is Severe Acute Respiratory Infections associated with Novel Coronavirus included in the list of Class 5 Notifiable Communicable Diseases.
14. According to Department of Health's Bulletin No. Shu-Shou-Ji-Zi-1010100098 dated February 7, 2012 of the Department of Health, Brucellosis is included in the list of Class 4 Notifiable Communicable Diseases and the reporting deadline, reporting and relevant control measures for the diseases should be handled accordingly.
15. According to Department of Health's Bulletin No. Shu-Shou-Ji-Zi-1000100896 dated September 9, 2011, Class 4 Notifiable Communicable Disease "Severe Complicated Influenza" is changed name to "Complicated Influenza."
16. According to Department of Health's Bulletin No. Shu-Shou-Ji-Zi-0990001077 dated September 9, 2010 of the Department of Health, NDM-1 Enterobacteriaceae infection is included in the list of Class 4 Notifiable Communicable Diseases and the reporting deadline, reporting and relevant control measures for the diseases should be handled accordingly.
17. According to the announcement of the Department of Health of the Executive Yuan, Shu-So-Ji No. 0980000829 on June 19, 2009, amendment was made to exclude influenza A (H1N1) from Category 1 notifiable communicable diseases. Any influenza A (H1N1) cases with severe complications should be

reported in accordance with regulations applicable to Category 4 notifiable communicable diseases, and subject to that category's corresponding prevention and control measures.

18. Leprosy were renamed as Hansen's Disease and HIV Infection were belong to category 3 of communicable disease Since Nov.1, 2008, announced under Sue-So-Ji No. 0970001187 on October 24, 2008.
19. On detection of acute intestinal tract communicable diseases such as suspected Cholera, Typhoid Fever, dysentery, Pertussis, Meningococcal Meningitis specimens shall be collected for laboratory testing before medication. For specimen collection for cases of other communicable diseases, please refer to the "Manual of Standard Operational Procedures for Specimen Collection for Disease Control" of the Center for Disease Control, or directly contact the local health bureau (station).
20. Acute Hepatitis Unspecified- the serological test has been tagged items are negative. The reporting of Acute Hepatitis D,E and Unspecified shall send the specimen to CDC lab. For specimen collection of the rest acute hepatitis, please refer to the "Manual of Standard Operation Procedures for specimen collection of Disease control.
21. HIV infection : Cases must be confirmed positive by the Western Blot assay **or NAT**. When reporting, hospitals shall attach laboratory report of positive result or indicate agency for testing confirmation.
AIDS : In addition to prior mentioned, cases must be considered "infected" while developing symptoms of opportunistic infections such as candidiasis or pneumocystis carinii pneumonia; or CD4/ CD4 ratio complied with reporting criteria. Please fill "AIDS case report form" additionally.
22. This report may be mailed or faxed to the local health agency or internet communications. When necessary, report can be made directly by telephone to the local health agency (report will be filled out by person-in-charge.)
23. Report Website : <https://ida4.cdc.gov.tw/hospital>

For further information, please contact :

_____Health Bureau, Disease Control Section

Hot Line : _____

