MINISTRY OF HEALTH & WELLNESS

NATIONAL SURVEILLANCE UNIT

NOTIFIABLE DISEASE / HEALTH EVENT LIST

Class 1 Reporting – Everyone's responsibility!

The following health events and diseases are classified as Class 1, and as such, should be reported on suspicion by phone or e-mail to the parish health department within 24 hours of initial contact (scan QR code for contact information). Reports should be made using a Class 1 notification form.

CLASS 1 HEALTH EVENTS

HEALTH EVENT	CASE DEFINITION	SPECIMEN / DESTINATION
Accidental Poisoning	Any case of suspected poisoning, regardless of route of exposure (e.g., bleach or kerosene ingestion), considered to have occurred by accident	For suspected Lead poisoning - Blood in purple top tube to Government Chemist at Hope Road, Kingston 6 (876-927-1829) For other agents, seek advice from the National Surveillance Unit (876-633-7937).
Maternal Death	Any death of a women while pregnant or within 42 days of termination of pregnancy. For surveillance purposes, all maternal deaths within 1 year post termination of pregnancy should be reported.	—

CLASS 1 COMMUNICABLE DISEASES

DISEASE	CASE DEFINITION	SPECIMEN / DESTINATION *
Acute Flaccid Paralysis/ Poliomyelitis	Acute onset of flaccid paralysis in the absence of trauma	Two stool specimens (at least 24 hours apart), within 14 days of onset of paralysis. Place each in a sterile universal container. Transport on ice immediately to NPHL.
Chikungunya	Fever and severe joint pains	Serum specimen in red top tube on ice to NPHL
Cholera	Profuse, watery, diarrhoea rapidly leading to dehydration, or death especially in persons 5 years of age and older.	Stool specimen in Cary-Blair Media to NPHL (Bacteriology Section). DO NOT REFRIGERATE AND DO NOT SEND ON ICE.
Congenital Rubella Syndrome	An infant with one or more of the following: congenital cataracts, glaucoma, deafness, microphthalmia, microcephaly, congenital heart defects, meningoencephalitis, purpura at birth; or history of maternal rubella	1. Acute and convalescent serum specimen in red top tube on ice to NPHL (Immunology Section). 2. Nasopharyngeal swab (in viral transport medium) and urine sample, both on ice to NPHL
Congenital Syphilis	Failure to thrive, snuffles, skin peeling, dactylitis, fever, anaemia, jaundice, hepatosplenomegaly	Serum specimen in red top tube to NPHL (Serology Section). CSF as indicated
COVID-19	Acute onset of fever AND cough (ILI) OR acute onset of three or more of the following signs or symptoms: fever, cough, generalized weakness/ fatigue, headache, myalgia, sore throat, coryza, dyspnoea, nausea/ diarrhoea/ anorexia	Nasopharyngeal swab OR combined nasopharyngeal and oropharyngeal swabs (nylon, dacron or polyester flocked swabs) in viral transport medium on ice to NPHL
Dengue Fever/	Acute onset of fever plus at least two of the following: Vomiting or nausea, rash, headache or retro-orbital pain, arthralgia and/or myalgia, haemorrhagic tendencies (petechiae, positive tourniquet test), leukopenia	Serum specimen in red top tube on ice to NPHL
Severe Dengue	Dengue case with any of the following: shock or respiratory distress due to severe plasma leakage; severe bleeding; severe organ involvement	Serum specimen in red top tube on ice to NPHL Specimens such as heart, kidney, liver and spleen in a sterile container suspended in normal saline, if the patient dies.
Diphtheria	Acute pharyngitis or laryngitis with a tonsillar or laryngeal pseudomembrane	Throat swab to NPHL (Bacteriology Section)
Encephalitis	Acute onset of headache, high fever, meningeal signs, stupor, disorientation, coma, spasticity, tremors, occasional convulsion (especially in infants) and spastic, but rarely flaccid, paralysis	1. CSF sample on ice to NPHL 2. Acute and convalescent serum specimens in red top tubes on ice to NPHL 3. Stool sample in a sterile universal container on ice to NPHL
Fever and Rash	Fever (≥38ºC or 100.4ºF) and a generalized maculopapular rash	Serum specimen (collected less than 7 days after onset of rash) in red top tube on ice to NPHL (Immunology Section)
Haemophilus Influenzae Meningitis	Sudden onset of fever, vomiting, convulsions, listlessness, neck rigidity and bulging fontanelle.	1-2 sets of blood cultures and CSF to hospital bacteriology laboratory or NPHL for culture
Hepatitis B & C	Anorexia, abdominal pain, nausea, vomiting, jaundice	Serum specimen in red top tube on ice to NPHL (Immunology Section)
HIV/AIDS	Severe weight loss (≥10% of body weight), fever, diarrhoea (>1 month duration), lymphadenopathy, oral thrush or other signs of immunosuppression	Serum specimen in red top tube on ice to NPHL (Immunology Section)
Leprosy (Hansen's Disease)	Sharply demarcated anesthetic skin patches	Refer to dermatologist for specialist testing using skin smear or skin biopsy.
Malaria	Intermittent fever with chills and headache, especially in those who recently traveled to malaria endemic areas.	Thin and thick blood smears to NPHL (Parasitology Section) plus EDTA (purple top) tube with 1 ml blood
Measles	Fever (≥38ºC or 100.4ºF) and a generalized maculopapular rash	Serum specimen (collected less than 7 days after onset of rash) in red top tube on ice to NPHL (Immunology Section)
Meningitis	Sudden onset of fever with signs and symptoms of meningeal involvement	1-2 sets of blood cultures and CSF to hospital bacteriology laboratory or NPHL for culture. For suspected viral etiology, send CSF on ice to NPHL.
Meningococcal Meningitis	Sudden onset of fever, intense headache, nausea, vomiting, lethargy, and frequently, petechial rash.	Blood and CSF to hospital bacteriology laboratory or NPHL for culture
Mpox	Unexplained acute rash AND one or more of the following signs or symptoms: fever (≥38.5ºC), headache, myalgia (muscle pain/body aches), back pain, profound weakness or fatigue.	Skin lesion swabs (nylon, dacron or polyester flocked swabs) from more than one lesion, including exudate, roofs, lesion crusts. Place specimen in viral transport medium on ice and send to NPHL.
Ophthalmia Neonatorum	Purulent conjunctivitis in any neonate	Swab of eye discharge to NPHL (Bacteriology Section)
Pertussis-Like Syndrome	Paroxysms of coughing, characteristic high pitched inspiratory whoop	Nasopharyngeal aspirate or cough plate to NPHL (Bacteriology Section). Contact laboratory for details prior to specimen collection.
Plague	Swollen, tender, inflamed lymph nodes, lymphadenitis, fever and respiratory symptoms	Blood culture or bubo aspirate to NPHL (Bacteriology Section). Notify laboratory prior to specimen submission.
Rheumatic Fever	Recurrent inflammatory disease affecting large joints (arthritis), the heart (carditis), the brain (chorea), the skin (erythema marginatum) and subcutaneous tissue (subcutaneous nodules) occurring as sequelae of streptococcal upper respiratory tract infection.	Serum for ASTO titres to NPHL (Serology Section).
Rubella	Fever (≥38ºC or 100.4ºF) and a generalized maculopapular rash	Serum specimen (collected less than 7 days after onset of rash) in red top tube on ice to NPHL (Immunology Section)
Tetanus	Children - difficulty in sucking, opisthotonus Adult - difficulty swallowing, followed by muscle spasm and rigidity	Clinical diagnosis
Tuberculosis	Persistent cough (>3 weeks), fever, night sweats, and weight loss	3 consecutive early morning sputum samples or gastric washings (for children) or relevant biopsy specimen to NPHL (Tuberculosis Section).
Typhoid	Insidious onset of sustained fever, headache, malaise, and anorexia.	Blood culture and stool specimen in a sterile container to NPHL (Bacteriology Section)
Yellow Fever	Sudden onset of fever, chills, headache, myalgia, vomiting, prostration, jaundice (especially in persons who recently visited Yellow Fever endemic areas).	Serum specimen in red top tube on ice to NPHL
Zika Fever	A patient with rash or elevated body temperature (> 37.2 °C) and one or more of the following symptoms: (i) arthralgia or myalgia (ii) non-purulent conjunctivitis or conjunctival hyperaemia (iii) headache or malaise	Serum specimen in red top tube on ice to NPHL

***Stool and sera should be transported on ice unless otherwise indicated. Samples should reach the designated lab within 24 hours of collection.**

***Serum samples sent to NPHL should be submitted as follows: Acute blood: 1-7 days after onset of symptoms; Convalescent Blood: 14-21 days after onset of symptoms.**

ANY EXOTIC OR UNUSUAL HEALTH EVENTS OR COMMUNICABLE DISEASE SUCH AS ANTHRAX, LEGIONNAIRES DISEASE, SEVERE ACUTE RESPIRATORY SYNDROME (SARS), NEW SUBTYPE INFLUENZA, PANDEMIC INFLUENZA, RABIES, ETC., SHOULD ALSO BE REPORTED AS CLASS 1.

Revised August 2023