

COMMUNICABLE DISEASE REPORT

2018 - 2022



**Prince William
Health District**

Prince William Health District Communicable Disease Program

Annual Summary of Reported Conditions

Serving Prince William County and the cities of Manassas and Manassas Park

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Supplemental Information for Interpretation of Report

Data Source:

Morbidity data was obtained from the Virginia Electronic Disease Surveillance System (VEDSS) Core Case Data Reports, and/or the Virginia Outbreak Surveillance System (VOSS), and/or the VDH Office of Epidemiology, Division of Surveillance and Investigation. [1] All surveillance data is considered provisional and subject to change based on date of report & classification of associated investigations.

Case Definitions:

Public health surveillance case definitions are explicit classification criteria used to ensure that disease specific morbidity is comparable between different states and jurisdictions. Public health case definitions are used to standardize disease reporting and should not be used for the clinical diagnosis or management of patients. Case counts and incidence rates included in this document are based on disease reports meeting confirmed or probable case status. Rates are representative of reported cases and do not capture those cases which were subclinical or unreported.

Disease Surveillance:

The exact incidence of disease occurrence in the population cannot be determined due to variability in disease reporting and potential for undiagnosed cases. This report includes an estimate of morbidity associated with select conditions occurring amongst the PWHD population. Public health relies on physicians and laboratories to report cases and, in turn, improve the ability of PWHD to intervene with strategies for disease control and prevention. Caution is urged in interpreting rates.

Note: Rates for counts less than 10 are considered unstable and should be interpreted with caution.

[1] [Virginia Monthly Morbidity Surveillance Report - Surveillance and Investigation and Virginia Department of Health Tuberculosis Program, Number of Reported TB Cases and Rates per 100,000: 2018-2022](#)

Introduction

The Prince William Health District (PWHD) Communicable Disease Report to Providers presents a summary of selected communicable diseases in Prince William County and the independent cities of Manassas and Manassas Park. As a public health agency operating under the leadership of Virginia Department of Health (VDH), the PWHD Communicable Disease Program investigates conditions which are required to be reported in accordance with the Virginia Disease Reporting Regulations. Each report is classified based on standard public health surveillance case definitions established by the Centers for Disease Control and Prevention (CDC). The definitions are not intended to serve as guidelines for patient care management and do not capture all occurrences of every condition. Instead, these classifications allow comparability of morbidity data across jurisdictions while providing insight into disease trends within the community.

PWHD appreciates the ongoing collaboration with community partners to improve the health of our population. Surveillance and control efforts from public health would not be possible without the communication and responsiveness of frontline providers and the larger system of individuals and organizations working to support the mission of preventing illnesses and promoting optimum wellness. Thank you for your diligence and continued efforts.

Contact Information

Communicable Disease and Epidemiology Division (703) 792-5855	Disease Intervention Specialist (HIV/STD) (703) 792-6332	Emergency Preparedness Division (703) 792-5869
Environmental Health Division (703) 792-6310	Population Health Division (703) 792-6333	Office of the Health Director (703) 792-6309

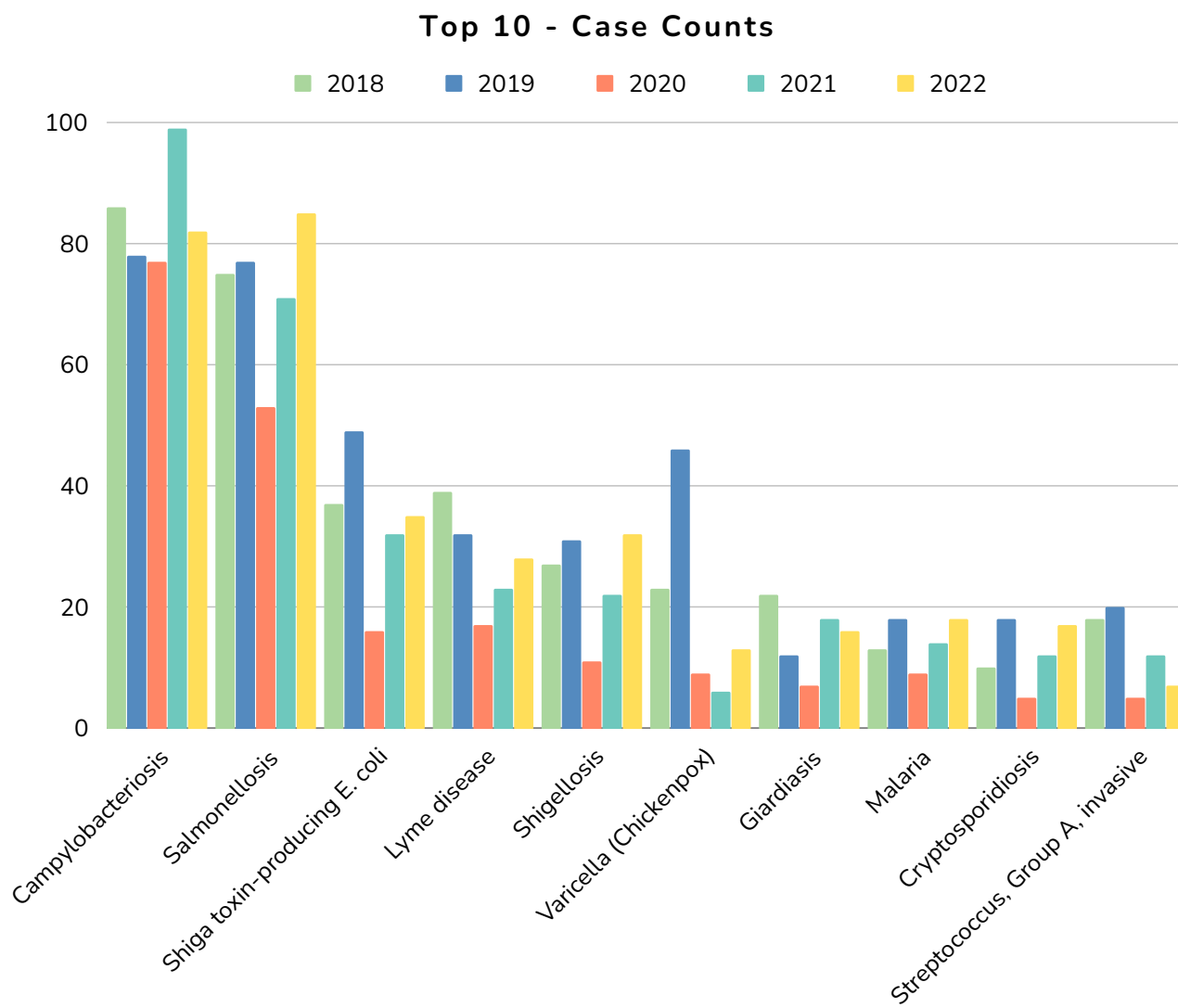
Need to report a disease, outbreak or public health concern?



Prince William Health District Disease Surveillance Summary

Serving the communities of Prince William County, Manassas City and City of Manassas Park, Prince William Health District investigates reported conditions impacting the health of its residents and provides public health interventions to reduce associated morbidity and mortality. From 2018 - 2022, 19,800 individual reports of conditions named on the Virginia Reportable Disease List were identified in PWHD and evaluated by public health. Excluding sexually transmitted infections**, 4517 reportable conditions were evaluated.

Excluding sexually transmitted infections and chronic or non-infectious illnesses, the top 10 reported cases occurring from 2018 - 2022 were: campylobacteriosis, salmonellosis, Shiga toxin-producing E. coli, Lyme disease, shigellosis, varicella (chickenpox), giardiasis, malaria, cryptosporidiosis, streptococcus (Group A).



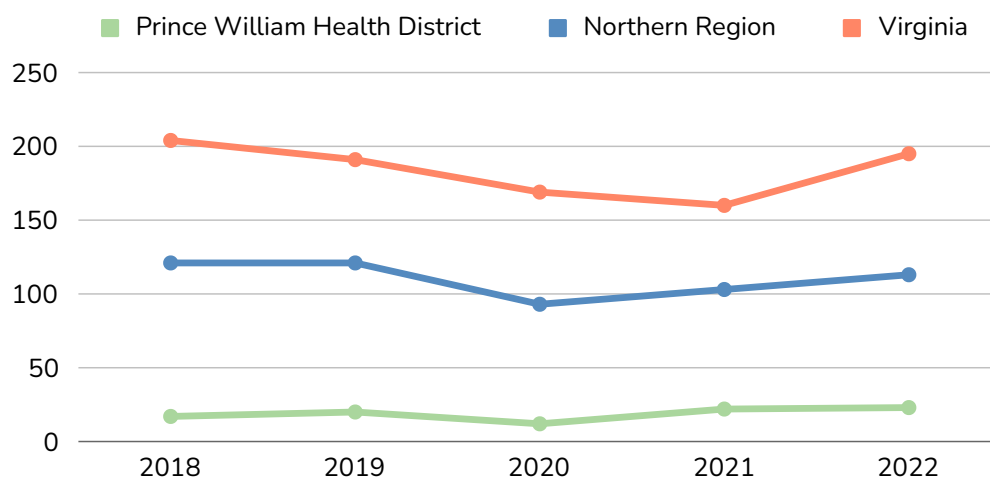
Compared to Virginia's top ten conditions from 2018 – 2022: campylobacteriosis, salmonellosis, Lyme disease, Shiga toxin-producing E. coli, cryptosporidiosis, streptococcus (group A), giardiasis, varicella (chicken pox) and shigellosis were shared as most commonly occurring both locally and statewide. legionellosis was also included on the statewide analysis, but was replaced by malaria Prince William Health District.

The COVID-19 pandemic, while causing significant disruptions and challenges worldwide, has paradoxically led to a decrease in communicable disease rates. Public health measures implemented to curb the spread of the virus, such as mask-wearing, social distancing, and increased hygiene practices, have inadvertently reduced the transmission of these diseases. Moreover, lockdowns and restrictions on travel and gatherings have limited the interaction and movement of people, contributing to a decline in the transmission of various contagious illnesses. The pandemic has also accelerated the adoption of telemedicine and remote work, reducing the spread of diseases in traditional healthcare and workplace settings. Additionally, due to the focus on COVID-19 testing and diagnosis, there has been a decrease in the testing for certain communicable diseases, leading to fewer reported cases.

Tuberculosis

In 2018, the Northern Region was again highest among all VA regions for cases of newly diagnosed tuberculosis, representing nearly 60% (122) of the state's total cases (205). However, cases in the region and in the Prince William Health District stagnated from 2018-2022. Actual case counts may be higher due to decreased testing as a result of the COVID-19 pandemic. As testing returns to normal, it is important to maintain awareness of the health impacts of TB and remain dedicated to the goal of worldwide TB elimination.

TB Case Counts

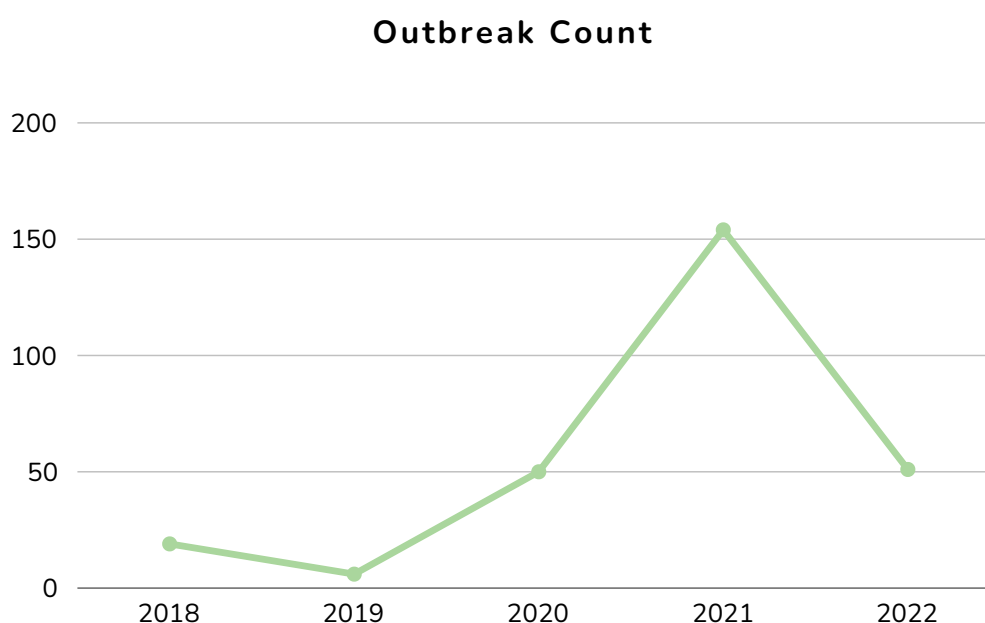


Sexually Transmitted Infections & HIV

From 2018 – 2022, the rate of chlamydia decreased by 15.8% in Prince William. Other common STIs followed a similar pattern, such as HIV (14% decrease) and early syphilis (3.4% decrease). On the other hand, gonorrhea increased by a rate of 33.5%. These trends in STI rates may be indicative of various factors, including changes in healthcare-seeking behavior, increased awareness, or possibly reduced testing due to pandemic-related disruptions, which could contribute to an incomplete representation of the actual prevalence of these infections. Recognizing the dynamic nature of STI rates and potential testing influences, underscores the ongoing need to continue aggressively applying prevention and control approaches for all STDs in the Prince William Health District.

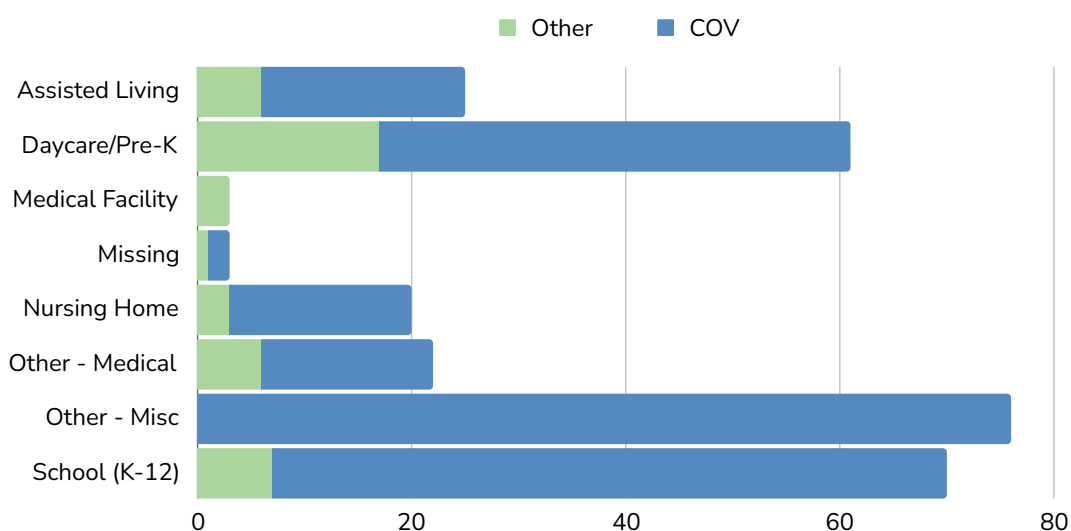
Outbreaks

The Prince William Health District monitors reportable and emerging diseases or suspected outbreaks of illness, provides recommendations and guidance to prevent the spread of communicable diseases, and investigates outbreaks of disease and other public health emergencies. Between 2018 and 2022, 280 outbreaks were reported to the health district.

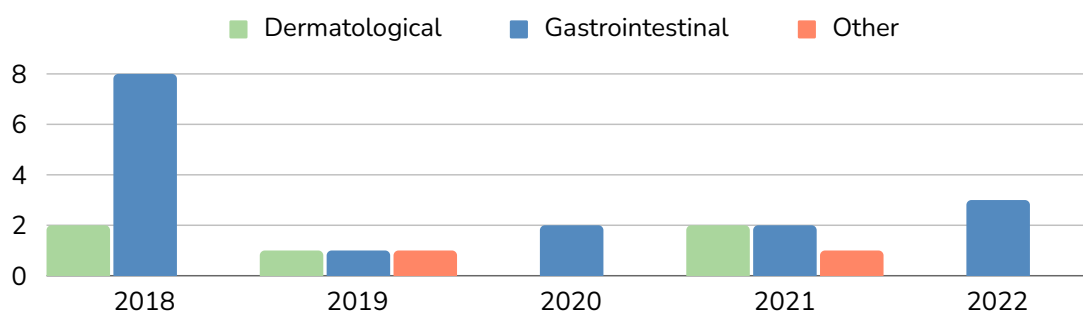


Most outbreaks occurred in school and daycare/pre-K settings, followed by assisted living facilities. The most common infectious agents associated with these outbreaks were SARS-COV-2 (84.64%), influenza (5.36%) and norovirus (2.50%).

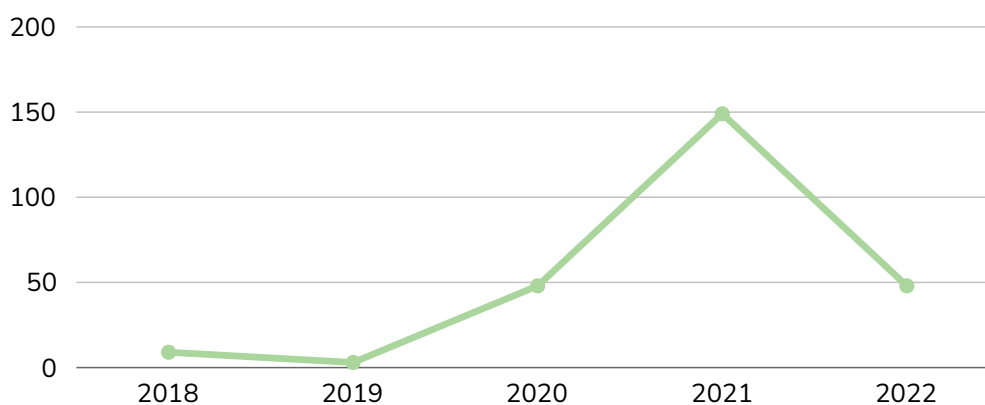
Outbreak by Setting



Outbreak Count by Type - Excluding Respiratory



Outbreak Count - Respiratory



Spotlight: COVID-19

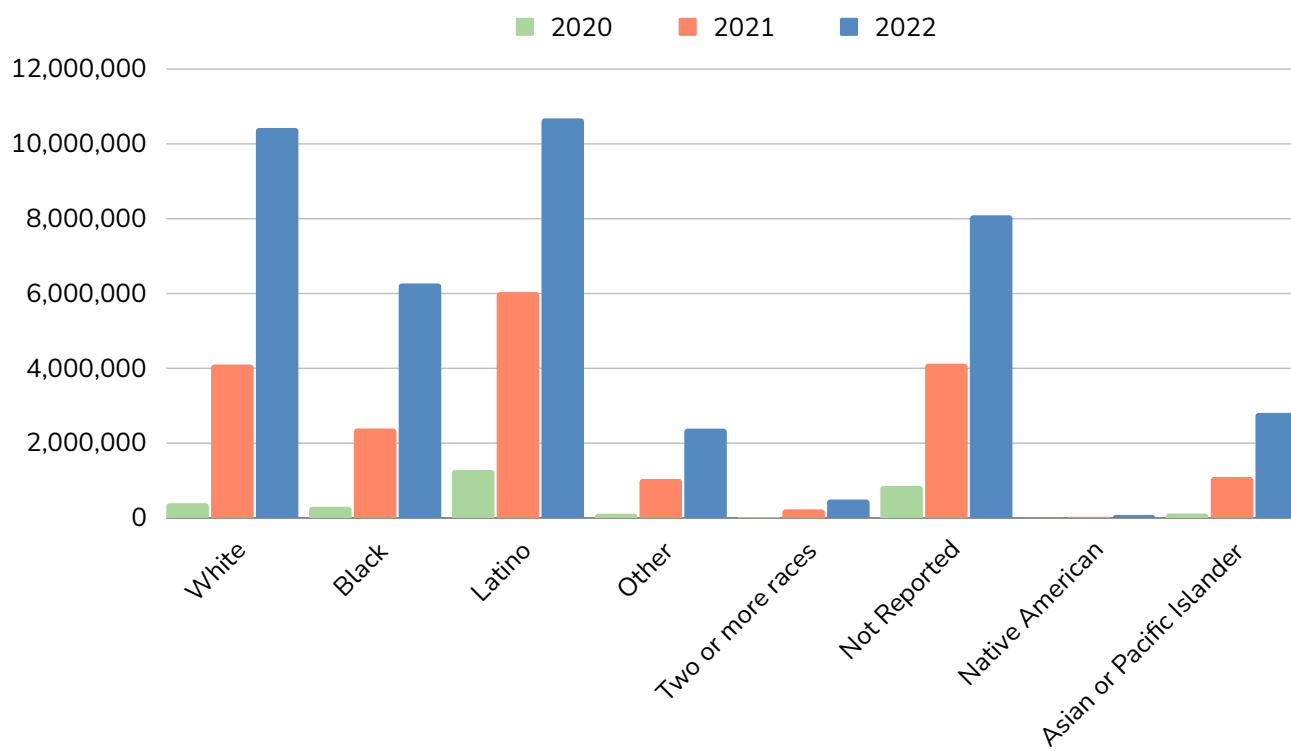
COVID-19, caused by the novel coronavirus SARS-CoV-2, is a highly contagious respiratory illness that exhibits a spectrum of severity, ranging from mild flu-like symptoms to severe respiratory distress and, in some cases, can be fatal. The virus primarily spreads through respiratory droplets when an infected person coughs, sneezes, or talks. It can also spread by touching surfaces contaminated with the virus and then touching the face.

In Prince William, the impact of COVID-19 has been substantial, with a staggering 85% of outbreaks attributed to SARS-CoV-2. The region, like many others globally, faced overwhelming challenges, including strained healthcare systems and significant socioeconomic consequences. Swift and coordinated responses became imperative, leading to widespread vaccination efforts and the implementation of public health measures, all aimed at curbing the spread and impact of the virus.

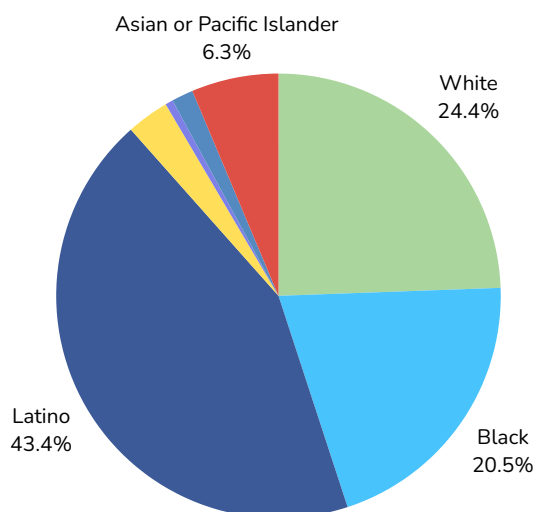
Interestingly, Prince William experienced an initial concentration of COVID-19 cases among the Latino population, but this disparity gradually diminished over time. The demographic distribution of cases within the region also underwent shifts, with early trends showing a majority of cases among adults. However, as the pandemic progressed, there was a noticeable rise in cases among children aged 0-19, particularly during the school year.

Further complicating the demographic landscape, despite the overall higher percentage of males in the Prince William Health District (PWHD) population, there were more reported cases among females than males throughout the pandemic. The geographical distribution of cases reflected a concentration in high-population areas, notably in places like Woodbridge and Manassas City/Manassas Park. The nuanced patterns of COVID-19 incidence in Prince William underscore the dynamic nature of the pandemic's impact on different communities and demographics within the region.

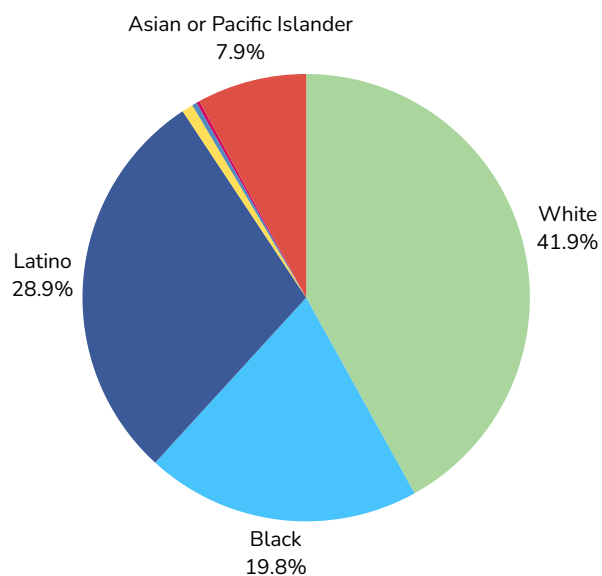
COVID-19 Case Counts by Race



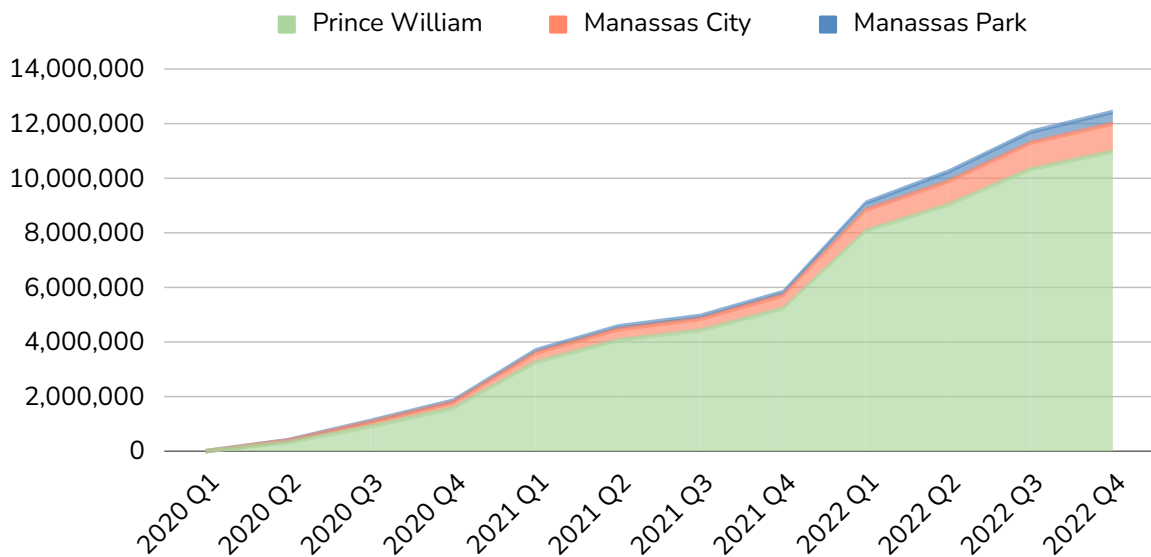
Hospitalizations



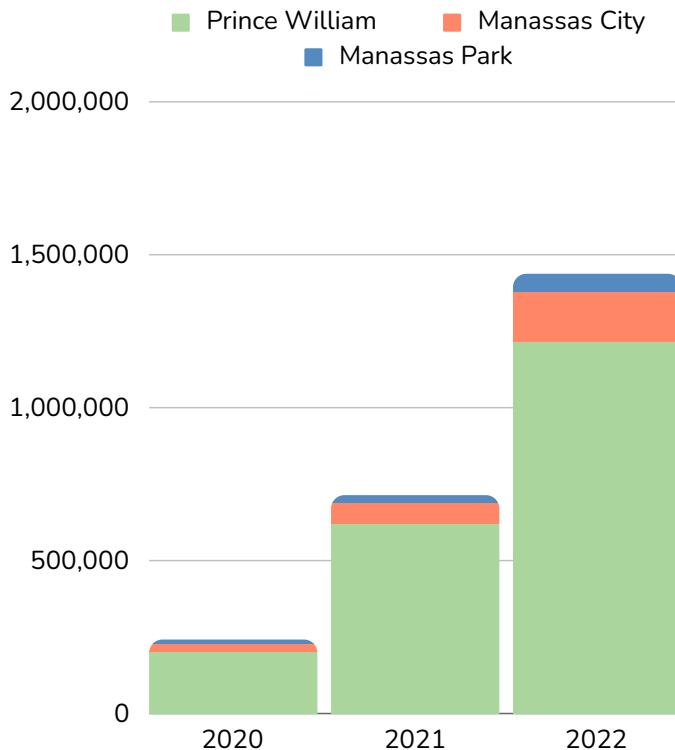
Deaths



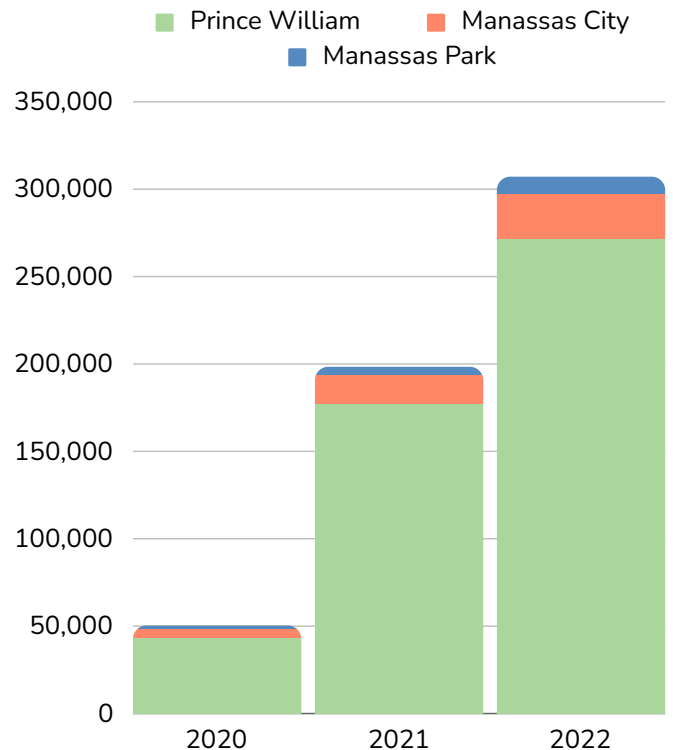
COVID-19 Case Counts



COVID-19 Hospitalizations



COVID-19 Deaths



Number of Cases and Rate per 100,000 of selected conditions for Virginia, Northern Virginia Region, and Prince William Health District, 2018 -		Geographic Jurisdiction		Prince William Health District		Virginia		Prince William Health District		Virginia		Prince William Health District		Virginia		Prince William Health District		Virginia	
		Year	2018	2019	2020	2021	2022												
Estimated Population	521,627	8,517,685	534,446	8,598,513	542,285	8,646,905	542,646	8,655,608	550,228	8,696,955									
Amebiasis	Number Reported Cases	4	28	4	35	1	24	0	15	0	25								
	Rate per 100,000 population	0.8	0.3	0.7	0.4	0.2	0.3	0	0.2	0	0.3								
Anaplasmosis/Ehrlichiosis	Number Reported Cases	3	136	2	97	1	88	5	87	3	114								
	Rate per 100,000 population	0.6	1.6	0.4	1.1	0.2	1	0.9	1	0.5	1.3								
Babesiosis	Number Reported Cases	0	5	0	1	0	3	0	11	0	11								
	Rate per 100,000 population	0	0.1	0	0	0	0	0	0.1	0	0.1								
Botulism	Number Reported Cases	0	9	0	6	1	2	1	7	0	4								
	Rate per 100,000 population	0	0.1	0	0.1	0.2	0	0.2	0.1	0	0								
Brucellosis	Number Reported Cases	0	3	0	3	0	2	0	0	0	1								
	Rate per 100,000 population	0	0	0	0	0	0	0	0	0	0								
Campylobacteriosis	Number Reported Cases	86	1657	78	1617	77	1381	99	1662	82	1455								
	Rate per 100,000 population	16.5	19.5	14.6	18.8	14.2	16	18.2	19.2	14.9	16.7								
Chikungunya virus diseases	Number Reported Cases	0	3	0	10	0	0	0	0	1	3								
	Rate per 100,000 population	0	0	0	0.1	0	0	0	0	0.2	0								
Chlamydia trachomas	Number Reported Cases	2617	43714	2877	47462	2282	40119	2322	40318	2203	40342								
	Rate per 100,000 population	501.7	513.2	538.3	552	420.8	464	427.9	465.8	400.4	463.9								
Cryptosporidiosis	Number Reported Cases	10	304	18	496	5	193	12	215	17	268								
	Rate per 100,000 population	1.9	3.6	3.4	5.8	0.9	2.2	2.2	2.5	3.1	3.1								

Cyclosporiasis	Number Reported Cases	2	21	10	199	1	28	2	35	7	56
	Rate per 100,000 population	0.4	0.2	1.9	2.3	0.2	0.3	0.4	0.4	1.3	0.6
Dengue	Number Reported Cases	0	8	1	22	0	6	0	1	5	21
	Rate per 100,000 population	0	0.1	0.2	0.3	0	0.1	0	0	0.9	0.2
Diphtheria	Number Reported Cases	0	0	0	1	0	0	0	0	0	0
	Rate per 100,000 population	0	0	0	0	0	0	0	0	0	0
Encephalis, CA serogroup virus, neuroinvasive	Number Reported Cases	0	0	0	0	0	0	0	1	0	0
	Rate per 100,000 population	0	0	0	0	0	0	0	0	0	0
Giardiasis	Number Reported Cases	22	324	12	291	7	149	18	260	16	253
	Rate per 100,000 population	4.2	3.8	2.2	3.4	1.3	1.7	3.3	3	2.9	2.9
Gonorrhea	Number Reported Cases	397	11961	450	13611	513	14955	545	14354	530	13262
	Rate per 100,000 population	76.1	140.4	84.2	158.3	94.6	173.0	100.4	165.8	96.3	152.5
Haemophilus influenzae, invasive	Number Reported Cases	7	150	11	157	1	63	5	65	6	159
	Rate per 100,000 population	1.3	1.8	2.1	1.8	0.2	0.7	0.9	0.8	1.1	1.8
Hansens disease (Leprosy)	Number Reported Cases	0	0	0	0	0	0	0	0	0	0
	Rate per 100,000 population	0	0	0	0	0	0	0	0	0	0
Hantavirus pulmonary syndrome	Number Reported Cases	0	0	0	0	0	0	0	1	0	0
	Rate per 100,000 population	0	0	0	0	0	0	0	0	0	0
Hemolytic uremic syndrome	Number Reported Cases	1	10	1	10	0	3	0	9	0	0
	Rate per 100,000 population	0.2	0.1	0.2	0.1	0	0	0	0.1	0	0
Hepas A	Number Reported Cases	3	81	6	308	2	214	10	169	0	154
	Rate per 100,000 population	0.6	1	1.1	3.6	0.4	2.5	1.8	2	0	1.8

Hepas B, acute	Number Reported Cases	1	64	1	57	0	44	1	39	2	43
	Rate per 100,000 population	0.2	0.8	0.2	0.7	0	0.5	0.2	0.5	0.4	0.5
Hepas B, chronic	Number Reported Cases	172	2018	167	1903	115	1511	152	1674	126	1646
	Rate per 100,000 population	33	23.7	31.2	22.1	21.2	17.5	28	19.3	22.9	18.9
Hepas C, acute	Number Reported Cases	1	68	2	97	0	50	0	38	0	31
	Rate per 100,000 population	0.2	0.8	0.4	1.1	0	0.6	0	0.4	0	0.4
Hepas C, chronic	Number Reported Cases	344	10395	405	11183	238	6197	274	6272	181	5302
	Rate per 100,000 population	65.9	122	75.8	130.1	43.9	71.7	50.5	72.5	32.9	61
Histoplasmosis	Number Reported Cases	0	0	0	0	0	0	0	0	0	2
	Rate per 100,000 population	0	0	0	0	0	0	0	0	0	0
HIV	Number Reported Cases	50	886	61	853	47	633	35	801	43	841
	Rate per 100,000 population	9.6	10.4	11.4	9.9	8.7	7.3	6.4	9.3	7.8	9.7
Lead, reportable levels	Number Reported Cases	90	1269	89	1138	64	801	87	1021	77	923
	Rate per 100,000 population	17.3	14.9	16.7	13.2	11.8	9.3	16	11.8	14	10.6
Legionellosis	Number Reported Cases	11	236	5	191	13	205	12	162	17	193
	Rate per 100,000 population	2.1	2.8	0.9	2.2	2.4	2.4	2.2	1.9	3.1	2.2
Leptospirosis	Number Reported Cases	0	3	0	0	0	0	0	0	0	1
	Rate per 100,000 population	0	0	0	0	0	0	0	0	0	0
Listeriosis	Number Reported Cases	4	34	3	31	0	23	0	29	1	17
	Rate per 100,000 population	0.8	0.4	0.6	0.4	0	0.3	0	0.3	0.2	0.2
Lyme disease	Number Reported Cases	39	1078	32	1134	17	531	23	648	28	1386
	Rate per 100,000 population	7.5	12.7	6	13.2	3.1	6.1	4.2	7.5	5.1	15.9

Malaria	Number Reported Cases	13	66	18	100	9	29	14	73	18	95
	Rate per 100,000 population	2.5	0.8	3.4	1.2	1.7	0.3	2.6	0.8	3.3	1.1
Measles	Number Reported Cases	0	1	1	2	0	1	8	21	0	2
	Rate per 100,000 population	0	0	0.2	0	0	0	1.5	0.2	0	0
Meliodosis	Number Reported Cases	0	0	0	0	0	0	0	0	0	0
	Rate per 100,000 population	0	0	0	0	0	0	0	0	0	0
Meningitis, aseptic	Number Reported Cases	0	0	0	0	0	0	0	1	0	0
	Rate per 100,000 population	0	0	0	0	0	0	0	0	0	0
Meningococcal disease	Number Reported Cases	0	6	0	9	1	6	0	4	1	16
	Rate per 100,000 population	0	0.1	0	0.1	0.2	0.1	0	0	0.2	0.2
Monkeypox	Number Reported Cases	0	0	0	0	0	0	0	0	37	566
	Rate per 100,000 population	0	0	0	0	0	0	0	0	6.7	6.5
Mumps	Number Reported Cases	11	178	5	61	0	8	0	8	0	17
	Rate per 100,000 population	2.1	2.1	0.9	0.7	0	0.1	0	0.1	0	0.2
Other Arbovirus	Number Reported Cases	0	0	0	0	0	0	0	1	0	0
	Rate per 100,000 population	0	0	0	0	0	0	0	0	0	0
Pertussis	Number Reported Cases	8	234	7	362	1	86	1	43	3	71
	Rate per 100,000 population	1.5	2.7	1.3	4.2	0.2	1	0.2	0.5	0.5	0.8
Pneumococcal disease	Number Reported Cases	2	23	2	20	0	11	1	12	1	25
	Rate per 100,000 population	0.4	0.3	0.4	0.2	0	0.1	0.2	0.1	0.2	0.3
Q fever	Number Reported Cases	0	1	0	6	0	1	0	2	1	2
	Rate per 100,000 population	0	0	0	0.1	0	0	0	0	0.2	0

[illegible]

[illegible]

VIRGINIA REPORTABLE DISEASE LIST

Reporting of the following diseases is required by state law (Sections 32.1-36 and 32.1-37 of the [Code of Virginia](#) and 12 VAC 5-90-80 of the [Board of Health Regulations for Disease Reporting and Control](#)). Report all conditions when suspected or confirmed to your [local health department \(LHD\)](#). Reports may be submitted by [Confidential Morbidity Report Portal \(Epi-1 form\)](#), computer-generated printout, CDC or VDH surveillance form, or upon agreement with VDH, by means of secure electronic submission.

REPORT IMMEDIATELY

- Anthrax (*Bacillus anthracis*) 📍
- Botulism (*Clostridium botulinum*) 📍
- Brucellosis (*Brucella* spp.) 📍
- Cholera (*Vibrio cholerae* O1/O139) 📍
- Coronavirus infection, severe (e.g., SARS-CoV, MERS-CoV) 📍
- Diphtheria (*Corynebacterium diphtheriae*) 📍
- Disease caused by an agent that may have been used as a weapon
- *Haemophilus influenzae* infection, invasive 📍
- Hepatitis A 📍
- Influenza-associated deaths if younger than 18 years of age
- Influenza A, novel virus 📍
- Measles (Rubeola) 📍
- Meningococcal disease (*Neisseria meningitidis*) 📍
- Outbreaks, all (including foodborne, healthcare-associated, occupational, toxic substance-related, waterborne, and any other outbreak)
- Pertussis (*Bordetella pertussis*) 📍
- Plague (*Yersinia pestis*) 📍
- Poliovirus infection, including poliomyelitis 📍
- Psittacosis (*Chlamydia psittaci*) 📍
- Q fever (*Coxiella burnetii*) 📍
- Rabies, human and animal 📍
- Rubella [a], including congenital rubella syndrome 📍
- Smallpox (Variola virus) 📍
- Syphilis (*Treponema pallidum*), congenital, primary, secondary, and other 📍
- Tuberculosis, active disease (*Mycobacterium tuberculosis* complex) 📍
- Tularemia (*Francisella tularensis*) 📍
- Typhoid/Paratyphoid infection (*Salmonella* Typhi, *Salmonella* Paratyphi (all types)) 📍
- Unusual occurrence of disease of public health concern
- Vaccinia, disease or adverse event 📍
- Vibriosis (*Vibrio* spp.) 📍
- Viral hemorrhagic fever 📍
- Yellow fever 📍

LEGEND

- 📍 Reportable by directors of laboratories. Additional condition-specific requirements for directors of laboratories available [here](#). These and all other conditions listed must be reported by physicians and directors of medical care facilities.
- 📋 Laboratories must submit initial isolate or other initial specimen to the [Division of Consolidated Laboratory Services \(DCLS\)](#) within 7 days of identification. All specimens must be identified with patient and physician information, and the LHD must be notified within the timeframe specified below.
- 🔬 Include available antimicrobial susceptibility findings in report.
 - a Laboratories report AFB, *M. tuberculosis* complex or any other mycobacteria, and antimicrobial susceptibility for *M. tuberculosis* complex.
 - b Includes submission of *Candida haemulonii* specimens to DCLS.
 - c Laboratories that use EIA without a positive culture should forward positive stool specimens or enrichment broth to DCLS.
 - d Includes reporting of *Photobacterium damsela* and *Grimontia hollisae*.
 - e By culture, antigen detection by direct fluorescent antibody (DFA), or nucleic acid detection.

REPORT WITHIN 3 DAYS

- Amebiasis (*Entamoeba histolytica*) 📍
- Arboviral infections (e.g., CHIK, dengue, EEE, LAC, SLE, WNV, Zika) 📍
- Babesiosis (*Babesia* spp.) 📍
- Campylobacteriosis (*Campylobacter* spp.) 📍
- *Candida auris*, infection or colonization 📍^b
- Carbapenemase-producing organism, infection or colonization 📍
- Chancroid (*Haemophilus ducreyi*) 📍
- Chickenpox (Varicella virus) 📍
- Chlamydia trachomatis infection 📍
- Coronavirus disease 2019 (COVID-19 or SARS-CoV-2) 📍
- Cryptosporidiosis (*Cryptosporidium* spp.) 📍
- Cyclosporiasis (*Cyclospora* spp.) 📍
- Ehrlichiosis/Anaplasmosis (*Ehrlichia* spp., *Anaplasma phagocytophilum*) 📍
- Giardiasis (*Giardia* spp.) 📍
- Gonorrhea (*Neisseria gonorrhoeae*) 📍
- Granuloma inguinale (*Calymmatobacterium granulomatis*) 📍
- Hantavirus pulmonary syndrome 📍
- Hemolytic uremic syndrome (HUS)
- Hepatitis B (acute and chronic) 📍
- Hepatitis C (acute and chronic) 📍
- Hepatitis, other acute viral 📍
- Human immunodeficiency virus (HIV) infection 📍
- Influenza, confirmed 📍^{*}
- Lead, blood levels 📍
- Legionellosis (*Legionella* spp.) 📍
- Leprosy/Hansen's disease (*Mycobacterium leprae*)
- Leptospirosis (*Leptospira interrogans*) 📍
- Listeriosis (*Listeria monocytogenes*) 📍
- Lyme disease (*Borrelia* spp.) 📍
- Lymphogranuloma venereum (*Chlamydia trachomatis*)
- Malaria (*Plasmodium* spp.) 📍
- Mumps 📍
- Neonatal abstinence syndrome (NAS)
- Ophthalmia neonatorum
- Rabies treatment, post-exposure
- Salmonellosis (*Salmonella* spp.) 📍
- Shiga toxin-producing *Escherichia coli* infection 📍^c
- Shigellosis (*Shigella* spp.) 📍
- Spotted fever rickettsiosis (*Rickettsia* spp.) 📍
- Streptococcal disease, Group A, invasive or toxic shock 📍
- *Streptococcus pneumoniae* infection, invasive and <5 years of age 📍
- Syphilis (*Treponema pallidum*), if not primary, secondary, or congenital
- Tetanus (*Clostridium tetani*)
- Toxic substance-related illness 📍
- Trichinosis (Trichinellosis) (*Trichinella spiralis*) 📍
- Tuberculosis infection 📍
- Vancomycin-intermediate or vancomycin-resistant *Staphylococcus aureus* infection 📍
- Yersiniosis (*Yersinia* spp.) 📍

**ALL REPORTS ARE
CONFIDENTIAL
AND SHOULD INCLUDE -**

1. the disease or condition diagnosed or suspected
2. patient's name, date of birth, age, sex, race/ethnicity, pregnancy status, address, and telephone number
3. physician's name, address, and telephone number
4. method of diagnosis, if available

FAQ: Disease Reporting for Medical Providers

What are the legal requirements for physicians to report communicable diseases?

According sections 32.1-36 and 32.1-37 of the Code of Virginia and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health Regulations for Disease Reporting and Control, state law requires the reporting of all diseases on the Virginia Reportable Disease List.

What diseases are required to be reported?

All diseases included on the Virginia Reportable Disease list, which is available at

<https://www.vdh.virginia.gov/content/uploads/sites/134/2023/03/VIRGINIA-REPORTABLE-DISEASE-LIST.pdf>

Which health department should be contacted?

The corresponding local health department serving the city and/or county in which the medical facility is located should be the contact point for disease reporting. If the medical facility is located in Prince William County, Manassas City, or Manassas Park the contact is Prince William Health District and information is available at

<http://www.vdh.virginia.gov/prince-william/>. Information on all of Virginia's health districts is available at <http://www.vdh.virginia.gov/local-health-districts/>.

What is the required timeframe for providers to submit disease reports?

Once a disease on Virginia's Reportable Disease list is suspected or confirmed, physicians generally have three days to submit a report. However, for diseases listed under the **RED HEADER** on Virginia's Reportable Disease list or if an outbreak is suspected, a report must be generated immediately due to the potential communicability of the disease.

Who is required to complete and submit a report?

The physician who treats or examines a person who has a suspected or confirmed reportable disease or condition is required to submit a timely report. However, the physician may designate someone else to report on his or her behalf but will be responsible for ensuring that the report is made.

What is needed in order to complete and submit a disease report?

For the convenience of healthcare providers, the Virginia Department of Health has a consolidated morbidity report form, also referred to as an Epi-1 form, which contains information needed for a disease report. The Epi-1 form is available at

<http://www.vdh.virginia.gov/content/uploads/sites/13/2016/03/Epi1.pdf>

What information should I include in the report?

The information expected in a disease report includes a completed Epi-1 form along with any additional relevant and/or supportive lab results. In lieu of an Epi-1, alternate report formats/methods must include patient demographics, clinical information, and provider contact details.

How does one submit a disease report?

Disease reports can be submitted via fax, mail, or telephone. In cases where immediate notification is required, telephone is the preferred method of communication. During normal business hours please call (703) 792-6300 or (703) 792-7300. For urgent after-hours reporting please call 1-866-531-3068.

Notes

* Population estimates for data analysis were obtained from U.S. Census figures. Source: U.S. Census Bureau, Population Division) which can be found at: <https://factfinder.census.gov>. Incidence rates were calculated based on U.S. Census Estimates for the stated year(s).

** Sexually Transmitted Infections: Chlamydia, Gonorrhea, Early Syphilis (includes diagnoses of primary, secondary and early latent syphilis), HIV disease (includes newly reported HIV infection regardless of disease progression and includes people with AIDS).

*** Figure adapted from VDH Division of Surveillance and Investigation's Public Health Surveillance visualizations
<http://www.vdh.virginia.gov/data/communicable-diseases/>

Resources

[Prince William Health District](#)

[Virginia Department of Health](#)

[VDH Data Portal](#)

[Centers for Disease Control and Prevention](#)

[World Health Organization](#)

Offices

Manassas Clinic

9301 Lee Avenue
Manassas, VA 20110
Phone: 703-792-6300
FAX: 703-792-6338

Woodbridge Clinic

4001 Prince William Parkway, Suite 101
Woodbridge, VA 22192
Phone: 703-792-7300
FAX: 703-792-7311

Environmental Health – On-Site Sewage & Water Services

Development Services Building
5 County Complex Court, Suite 240
Woodbridge, VA 22192
Phone: 703-792-6310 – Option 2
FAX: 703-792-4743

Environmental Health – Consumer Services

8470 Kao Circle
Manassas, VA 20110
Phone: 703-792-6310 – Option 1
FAX: 703-257-5138

Women, Infants and Children (WIC) – multiple locations

Woodbridge Office

4001 Prince William Parkway, Suite 204
Woodbridge, VA 22192
Phone: 703-792-7319
FAX: 703-792-7166
Email: PWHDWIC@vdh.virginia.gov

Manassas Office

9430 Forestwood Lane
Manassas, VA 20110
Phone: 703-792-7319
FAX: 571-292-1901

Georgetown South Office

9444 Taney Road
Manassas, VA 20110
Phone: 703 792-7319
FAX: 703 792-7166

For more information, please visit:

<http://www.vdh.virginia.gov/princewilliam/locations/>

Email us: pwhd@vdh.virginia.gov



Prince William Health District

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