

## ***Health Notification***

### **Neonatal Abstinence Syndrome Reporting Requirement in Philadelphia**

**February 26, 2019**

On September 20, 2018, the Philadelphia Board of Health approved amending the Regulations Governing the Control of Communicable and Non-communicable Diseases and Conditions in Philadelphia. The requirements were promulgated as final Regulation on October 22, 2018 and are being announced today.

The amended Regulation provides the following update to the List of Reportable Diseases and Conditions, authorized by Section 6-201 of the Philadelphia Code:

#### **Neonatal Abstinence Syndrome (NAS).**

**Local trends.** Maternal opioid use or dependence and NAS have risen in Philadelphia. Between 2002 and 2016, the estimated rate of NAS in live hospital births more than quadrupled (Figure).

**Case definition.** For reporting purposes, Neonatal Abstinence Syndrome (NAS) is defined as a clinical diagnosis of drug withdrawal in an infant during the neonatal period based on:

- a) Known or suspected prenatal drug exposure or a positive neonatal drug screen.
- b) At least one sign in the newborn consistent with drug withdrawal, such as hyperirritability, restlessness, hyperactive reflexes, myoclonic jerks, seizures, tremors, poor feeding, vomiting, diarrhea, fever, sweating, mottled skin, nasal flaring, apnea, inconsolability, or tachypnea.

AND

- c) At least one Finnegan score  $\geq 8$ .

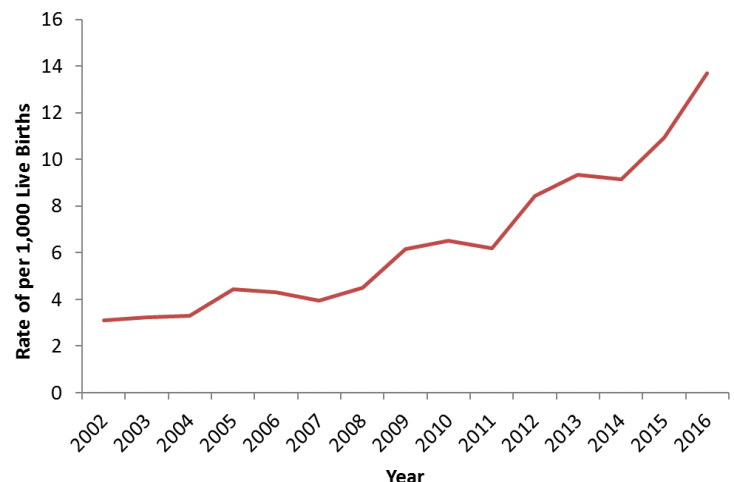
**Reporting requirement.** Beginning on

February 25, all hospitals and other birthing facilities should report NAS cases that meet the above case definition to the Philadelphia Department of Public Health (PDPH). The protocol, timeline, and form for reporting are included as attachments.. Reporting NAS to the Health Department for surveillance purposes does not constitute a report to the Department of Human Services for purposes of CAPTA (Child Abuse Protection and Treatment Act).

**Purpose of NAS reporting requirement.** The collection of NAS data will allow PDPH to (1) better understand and respond to NAS and (2) improve public health interventions for mother and infant. This includes linking infants to home visiting programs and early intervention education services, and offering mothers overdose prevention services and linkage to treatment.

The full Regulation amendment can be viewed [here](#). An updated Reportable Disease list is attached.

**Figure.** Rate of Neonatal Abstinence Syndrome per 1,000 Live Births by Year, 2002 - 2016



## Neonatal Abstinence Syndrome Reporting Protocol

### Who to report?

- All infants with a clinical diagnosis of **drug or alcohol withdrawal during the neonatal period** based on (i) **known or suspected prenatal drug or alcohol exposure** or **positive neonatal drug screen**, and (ii) **at least one sign consistent with drug or alcohol withdrawal**, such as hyperirritability, restlessness, hyperactive reflexes, myoclonic jerks, seizures, tremors, poor feeding, vomiting, diarrhea, fever, sweating, mottled skin, nasal flaring, apnea, inconsolability, or tachypnea and at least one **Finnegan score  $\geq 8$** .

### When to report?

- Diagnosed infants should be reported during the reporting period nearest the date of diagnosis. For a copy of the reporting schedule please contact Deborah Hinds, [Deborah.Hinds@Phila.gov](mailto:Deborah.Hinds@Phila.gov).

### How to report?

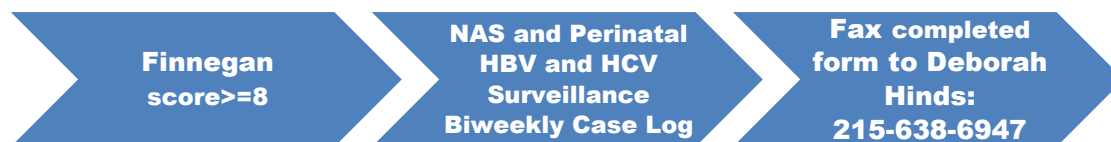
- Newly diagnosed infants should be reported using the **Neonatal Abstinence Syndrome and Perinatal Hepatitis B and C Surveillance Biweekly Case Log**, a fillable pdf document.

### What to include on the reporting form? (Names of fields on form indicated in bold letters)

- Name of your institution (**Reporting Facility Name**)
- Name of person making entry (**Name of Reporter**)
- Date(s) information entered on form (**Dates**)
- Infant's medical record number (**Infant MRN**)
- Condition(s) with which infant is diagnosed (**Condition**)
  - Place check mark in the box associated with the appropriate condition(s).
  - For infants diagnosed with NAS, input the highest documented Finnegan score for infant, along with the date score was given.
- Contact information for mother and infant (**Contact Information**)
  - **For infant** please record the first name, last name, date of birth, and sex
  - **For mother** please record first name, last name, date of birth, street address, zip code and telephone number
- Results from drug screen (**Results of Child's/Mother's Drug Screen?**)
  - If either the infant or mother were tested for drugs indicate which drug (s) were detected by placing a check mark(s) by all that apply.
  - If either the infant or mother was not tested for drugs place a check mark in the box for Not Tested.
- If there are no newly diagnosed NAS, Perinatal Hepatitis B or Perinatal Hepatitis C cases place a check mark in the **NO CASES** box.

***Completed form(s) should be sent by secure fax to 215-238-6947, attn: Deborah Hinds.***

### NAS Reporting Schematic



## Reporting Periods for NAS Active Surveillance 2019-2020

\*Reports should be returned by **secure fax at (215) 238-6947** on the Monday after the close of the reporting period.

Period	Period Range	Report Due Date
30.	Jan 1 – Jan 13	January 14, 2019
31.	Jan 14 – Jan 27	January 28, 2019
32.	Jan 28 – Feb 10	February 11, 2019
33.	Feb 11 – Feb 24	February 25, 2019
34.	Feb 25 – Mar 10	March 11, 2019
35.	Mar 11 – Mar 24	March 25, 2019
36.	Mar 25 – Apr 7	April 8, 2019
37.	Apr 8 – Apr 21	April 22, 2019
38.	Apr 22 – May 5	May 6, 2019
39.	May 6 – May 19	May 20, 2019
40.	May 20 – Jun 2	June 3, 2019
41.	Jun 3 – Jun 16	June 17, 2019
42.	Jun 17 – Jun 30	July 1, 2019
43.	Jul 1 – Jul 14	July 15, 2019
44.	Jul 15 – Jul 28	July 29, 2019
45.	Jul 29 – Aug 11	August 12, 2019
46.	Aug 12 – Aug 25	August 26, 2019
47.	Aug 26 – Sep 8	September 9, 2019
48.	Sep 9 – Sep 22	September 23, 2019
49.	Sep 23 – Oct 6	October 7, 2019
50.	Oct 7 – Oct 20	October 21, 2019
51.	Oct 21 – Nov 3	November 4, 2019
52.	Nov 4 – Nov 17	November 18, 2019
53.	Nov 18 – Dec 1	December 2, 2019
54.	Dec 2 – Dec 15	December 16, 2019
55.	Dec 16 – Dec 29	December 30, 2019
56.	Dec 30 – Jan 12	January 13, 2020

# Neonatal Abstinence Syndrome and Perinatal Hepatitis B and C Surveillance

## Biweekly Case Log

PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH  
Tel: 215-685-6453 Fax: 215-238-6947  
Email: [Deborah.Hinds@Phila.gov](mailto:Deborah.Hinds@Phila.gov)



Reporting Facility Name:

Dates:

Name of Reporter:

☐

**NO CASES** (Please check here if there are no cases for the indicated reporting period and return this form by secure fax.)

		Child's Information, Drug Testing and Vaccination			Mother's Information and Drug Testing	
Infant MRN	Condition	Contact Information	Results of Child's Drug Screen?	Contact Information	Results of Mother's Drug Screen?	
	<input type="checkbox"/> NAS  <input type="checkbox"/> Perinatal Hep B  <input type="checkbox"/> Perinatal Hep C	If NAS; <b>Highest Finnegan score:</b>  <b>Date of highest Finnegan score:</b>  If Perinatal Hep B exposure; <b>HBIG Date:</b> <b>HBIG Time:</b> <b>Hep B vaccine Date:</b> <b>Hep B vaccine Time:</b>	First Name:  Last Name:  Date of Birth:  Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Marijuana <input type="checkbox"/> Opioids <input type="checkbox"/> Amphetamines <input type="checkbox"/> Barbiturates <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cocaine <input type="checkbox"/> Phencyclidine (PCP) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Tested	First Name:  Last Name:  Street Address:  Zip Code:  Telephone:	<input type="checkbox"/> Marijuana <input type="checkbox"/> Opioids <input type="checkbox"/> Amphetamines <input type="checkbox"/> Barbiturates <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cocaine <input type="checkbox"/> Phencyclidine (PCP) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Tested
	<input type="checkbox"/> NAS  <input type="checkbox"/> Perinatal Hep B  <input type="checkbox"/> Perinatal Hep C	If NAS; <b>Highest Finnegan score:</b>  <b>Date of highest Finnegan score:</b>  If Perinatal Hep B exposure; <b>HBIG Date:</b> <b>HBIG Time:</b> <b>Hep B vaccine Date:</b> <b>Hep B vaccine Time:</b>	First Name:  Last Name:  Date of Birth:  Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Marijuana <input type="checkbox"/> Opioids <input type="checkbox"/> Amphetamines <input type="checkbox"/> Barbiturates <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cocaine <input type="checkbox"/> Phencyclidine (PCP) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Tested	First Name:  Last Name:  Street Address:  Zip Code:  Telephone:	<input type="checkbox"/> Marijuana <input type="checkbox"/> Opioids <input type="checkbox"/> Amphetamines <input type="checkbox"/> Barbiturates <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cocaine <input type="checkbox"/> Phencyclidine (PCP) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Tested
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For after hours immediate reporting and consultation: (215) 686-4514— ask for Division of Disease Control on-call staff

## REPORTABLE DISEASES AND CONDITIONS

<p>Amebiasis Animal bites (wild/stray/domestic) <b>Anthrax *</b> <b>Arboviruses *</b> Babesiosis <b>Botulism *</b> <b>Brucellosis *</b> Campylobacteriosis <b>Candida auris *</b> Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE) Chancroid Chikungunya <i>Chlamydia trachomatis</i> including lymphogranuloma venereum <b>Cholera *</b> Creutzfeldt-Jakob Disease Cryptosporidiosis Cyclosporiasis Dengue <b>Diphtheria *</b> Ehrlichiosis/Anaplasmosis <b>Encephalitis *</b> <i>Escherichia coli</i> O157:H7 and Shiga toxin-producing bacteria * <b>Food poisoning *</b></p>	<p>Giardiasis Gonococcal infections Guillain-Barré Syndrome <b>Haemophilus influenzae, invasive disease *</b> <b>Hantavirus Pulmonary Syndrome *</b> <b>Hemorrhagic fever, all *</b> Hepatitis A Hepatitis B, also including: pregnancy in a Hepatitis B infected woman Hepatitis C, also including: pregnancy in a Hepatitis C infected woman Hepatitis, other viral Histoplasmosis Human immunodeficiency virus (HIV/ AIDS) ‡, also including: • <b>acute HIV infection *+</b> • <b>birth of an infant to an HIV infected woman*^</b>, • <b>new HIV positive result in a pregnant woman*^</b>, and • <b>pregnancy in an HIV infected woman*^</b> Influenza (including novel influenza A *, pediatric deaths*, and institutional outbreaks *)</p>	<p>Lead poisoning † Legionellosis Leprosy (Hansen's disease) Leptospirosis Listeriosis Lyme disease Malaria <b>Measles (rubeola) *</b> <b>Melioidosis *</b> Meningitis (viral, fungal, bacterial) <b>Meningococcal infections *</b> Mumps Neonatal Abstinence Syndrome (NAS) <b>Novel coronavirus (SARS, MERS-CoV) *</b> <b>Pandrug-resistant organism *•</b> Pertussis (whooping cough) <b>Plague *</b> <b>Poliomyelitis *</b> Psittacosis (ornithosis) <b>Rabies *</b> Rickettsial diseases (including Rocky Mountain spotted fever, rickettsialpox, typhus fever) <b>Rubella (German Measles) &amp; Congenital Rubella *</b> Salmonellosis</p>	<p>Shigellosis <b>Smallpox *</b> <i>Staphylococcus aureus</i>, vancomycin insensitive Streptococcal disease, invasive group A Streptococcal disease, invasive group B (infants 0-89 days of age) <i>Streptococcus pneumoniae</i>, invasive disease Syphilis Tetanus Toxic Shock Syndrome Trichinosis Tuberculosis § <b>Tularemia *</b> <b>Typhoid (Salmonella typhi and paratyphi) *</b> Varicella, including zoster Vibriosis <b>West Nile Virus *</b> <b>Yellow Fever *</b> Yersiniosis Zika, including prenatal and postnatal birth defects associated with congenital Zika infection</p>
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Mandatory reporting of **all** immunizations administered to **all individuals of all ages** in the City of Philadelphia to PhilaVax,  
the citywide immunization information system, at [vax.phila.gov](http://vax.phila.gov)

**\* Report suspected and confirmed cases within 24 hours**

All unusual disease clusters, disease outbreaks, and unusual  
disease occurrences should be reported immediately

† Report to Lead Poisoning Prevention at (215) 685-2788 § Report to TB Control Program at (215) 685-6873

‡+^ Report to AIDS Activities Coordinating Office at ‡(215) 685-4789, +(215) 685-4781,  
or ^ (215) 685-4786, based on result/event type

• Organism is pan-drug resistant if it exhibits non-susceptibility to all antibacterial or antifungal agents tested

Phone: (215) 685-6748

Fax: (215) 238-6947

To report a case to DDC, call, fax, or submit through PA-NEDSS the following information:

Patient Name | Condition | Age/DOB, Sex, Address & Phone | Clinician Name, Address & Phone | Laboratory Results

Effective:

02/2019