

## REPORTABLE COMMUNICABLE DISEASE NOTIFICATION FORM

Disease:		Reporting Agency:	
Test type:		Source type:	
Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending		Collection date:	
<b>Positive TST/Mantoux Positive</b>			
Date administered: _____		Date read: _____	
		Result: _____ (mm of induration)	
Location: <input type="checkbox"/> Lt <input type="checkbox"/> Rt <input type="checkbox"/> Forearm <input type="checkbox"/> Other (specify) _____		Lot# _____ Expiry: _____	
<b>Client Information</b>			
Last name:		First name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
Health card number (optional):		DOB:	
Address:		City/Town:	Postal Code:
Telephone:	Home:	Cell:	Employer:
Physician (involved with direct care):		Phone:	
Other Physician (Family/Physician/Specialist):		Phone:	
<b>Clinical Information (if known)</b>			
<input type="checkbox"/> Arrived by EMS Date: _____	<input type="checkbox"/> Outpatient visit: _____ <input type="checkbox"/> ER visit <input type="checkbox"/> Clinic visit: _____	Date of visit: _____ Date of visit: _____ Date of visit: _____	
<input type="checkbox"/> Hospitalized	Date of admission: _____	Date of discharge: _____	
<input type="checkbox"/> Airborne isolation	<input type="checkbox"/> Droplet isolation	<input type="checkbox"/> Contact isolation	Isolation start date: _____
Clinical signs and symptoms:		Date of onset: _____	
Risk factors: <input type="checkbox"/> Alcohol misuse <input type="checkbox"/> Drug misuse <input type="checkbox"/> Pregnant <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Under housed/homeless <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____			
Notes:			
Treatment related to communicable disease (dosage, route, frequency, duration):			
1.	Date started: _____	Date d/c: _____	
2.	Date started: _____	Date d/c: _____	
3.	Date started: _____	Date d/c: _____	

**REPORTED BY:** \_\_\_\_\_ **Tel #:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Personal health information collected on this form is collected under the authority of the *Health Protection and Promotion Act*, R.S.O. 1990 c. H. 7. The information is used to investigate communicable disease events and to control and prevent the spread of communicable/infectious diseases. Questions about this collection can be directed to the NEPH Manager (169 Pine Street South, Timmins, Ontario, P4N8B7) or by phone at 1-877-442-1212. This facsimile transmission is intended for the addressee indicated above. It may contain information that is privileged, confidential, or otherwise protected from disclosure. Any review, dissemination or use of this information or contents by persons other than the addressee is strictly prohibited.

NEPH Use only: Received by/Date

# Diseases of Public Health Significance (DOPHS)

Diseases marked with a ★ and in bold should be reported IMMEDIATELY by telephone to the Medical Officer of Health. All other diseases are to be reported the next working day. To report a DOPHS, contact Northeastern Public Health at 1-877-442-1212.

Timely reporting of diseases of public health significance is mandated and essential for their control. As per Ontario Regulation 135/18 and amendments under the *Health Protection and Promotion Act*, R.S.O. 1990 c.H.7, if you suspect or have confirmation of the following specified diseases or their etiologic agent, please report them to the local Medical Officer of Health or designate.

Acquired Immunodeficiency Syndrome (AIDS)

Acute flaccid paralysis (AFP)

Amebiasis

Anaplasmosis

★**Anthrax**

Babesiosis

Blastomycosis

★**Botulism**

★**Brucellosis**

★**Campylobacter enteritis**

★**Candida auris infection**

Carbapenemase-producing Enterobacteriaceae (CPE) infection or colonization

Chancroid

Chickenpox (Varicella)

Chlamydia trachomatis infections

Cholera

★**Clostridium difficile-infection (CDI) outbreaks in public hospitals**

Coronavirus disease 2019 (COVID-19)

★**Creutzfeldt-Jakob Disease, all types**

★**Cryptosporidiosis**

★**Cyclosporiasis**

★**Diphtheria**

★**Diseases caused by a novel coronavirus, including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS)**

Echinococcus multilocularis infection

Encephalitis, including:

1. Primary, viral
2. Post-infectious
3. Vaccine-related
4. Subacute sclerosing panencephalitis
5. Unspecified

★**Food poisoning, all causes**

★**Gastroenteritis outbreaks in institutions and public hospitals**

★**Giardiasis, except asymptomatic cases**

Gonorrhoea

★**Group A Streptococcal disease, invasive**

Group B Streptococcal disease, neonatal

★**Haemophilus influenzae disease, invasive, all types**

★**Hantavirus pulmonary syndrome**

★**Hemorrhagic fevers:**  
**1. Ebola virus disease**  
**2. Marburg virus disease**  
**3. Lassa Fever**  
**4. Other viral causes**

★**Hepatitis, viral:**

1. Hepatitis A
2. Hepatitis B
3. Hepatitis C

Influenza

Legionellosis

Leprosy

★**Listeriosis**

Lyme disease

★**Measles**

★**Meningitis, acute**  
**1. bacterial**  
**2. viral**  
**3. other**

★**Meningococcal disease, invasive**

★**Mumps**

Ophthalmia neonatorum

Paralytic shellfish poisoning (PSP)

Paratyphoid Fever

★**Pertussis (Whooping Cough)**

★**Plague**

Pneumococcal disease, invasive

★**Poliomyelitis, acute**

Powassan Virus

Psittacosis/Ornithosis

★**Q Fever**

★**Rabies**

★**Respiratory infection outbreaks in institutions and public hospitals**

★**Rubella**

★**Rubella, congenital syndrome**

★**Salmonellosis**

★**Shigellosis**

★**Smallpox and other orthopoxviruses, including Monkeypox**

Syphilis

★**Tetanus**

Trichinosis

Tuberculosis

Tularemia

Typhoid Fever

★**Verotoxin-producing E. coli infection indicator conditions including, Haemolytic Uraemic Syndrome (HUS)**

West Nile Virus Illness

★**Yersiniosis**

NORTHEASTERN  
PUBLIC HEALTH