

Reportable Infectious Diseases and Events

Timely reporting of diseases of public health significance is essential for their control. If you suspect or have confirmation of the following specified diseases and events (as per Ontario Regulation 135/18 and amendments under the Health Protection and Promotion Act) please report them to the local Medical Officer of Health:

- Diseases marked in bold/with an asterisk are reportable immediately by telephone. All other diseases are reportable by the next business day.
- Monday to Friday from 8:30 a.m. to 4:30 p.m., call 613-580-2424, ext. 24224 Fax: 613-580-9640
- After hours, on weekends or holidays, call 3-1-1
- Sexually transmitted infections (STIs), call 613-580-2424, ext. 12580 Fax: 613-580-2831

<ul style="list-style-type: none"> * Acute Flaccid Paralysis * Adverse event following immunization (AEFI) AIDS (Acquired Immunodeficiency Syndrome) Amebiasis (<i>Entamoeba histolytica</i>) * Anthrax * Bites or exposures to potentially rabid animals Blastomycosis * Botulism * Brucellosis Campylobacter enteritis Carbapenemase-producing <i>Enterobacteriaceae</i> (CPE) infection or colonization Chancroid Chickenpox (Varicella) Chlamydia trachomatis infections * Cholera Clostridium difficile infection (CDI) outbreaks in public hospitals 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 (primary viral, post-infectious, vaccine-related, subacute sclerosing panencephalitis, unspecified) * Food poisoning 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, all types, invasive * Hantavirus pulmonary syndrome * Hemorrhagic fevers, including: (Ebola virus disease, Marburg virus disease, Lassa fever and other viral causes) * Hepatitis A, viral Hepatitis B, viral Hepatitis C, viral 	<ul style="list-style-type: none"> HIV infection Influenza Legionellosis Leprosy Listeriosis Lyme Disease * Measles * Meningitis, acute, including: bacterial, viral and other * Meningococcal disease, invasive * Mumps Ophthalmia neonatorum * Paralytic Shellfish Poisoning * Paratyphoid Fever * Pertussis (Whooping Cough) * Plague Pneumococcal disease, invasive * Poliomyelitis, acute Psittacosis/Ornithosis * Q Fever * Rabies * Respiratory infection outbreaks in institutions and public hospitals * Rubella Rubella, congenital syndrome Salmonellosis * Shigellosis * Smallpox Syphilis * Tetanus Trichinosis Tuberculosis * Tularemia * Typhoid Fever * Verotoxin-producing E. coli infections including Hemolytic Uremic Syndrome (HUS) West Nile Virus illness Yersiniosis
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September 2021

Reporting Form

Please complete all applicable areas and return this form to the Medical Officer of Health for Ottawa Public Health.

Infectious Disease Program 100 Constellation Drive, 8 East, Ottawa ON K2G 6J8 Telephone: 613-580-2424, ext. 24224 Fax: 613-580-9640	Sexual Health Centre (for Sexually Transmitted Infections) 179 Clarence Street, Ottawa ON K1N 5P7 Telephone: 613-580-2424, ext. 12580 Fax: 613-580-2831
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Name of reporting agency:	Telephone #:
Name of person reporting (please print):	
Patient Information	
Ontario health card #: _____	
Last name: _____ First name: _____	
Date of birth: _____ Age: _____ Gender: _____	
Address: _____	
City: _____ Postal code: _____	
Home telephone #: _____ Alternative telephone #: _____	
Occupation: _____	
Name of school/child care centre: _____	
Disease Information	
Disease: _____ Specimen type: _____	
Onset date: _____ Specimen collection date: _____	
STI lab specimen #: _____	
Treatment History	
Treatment: _____ Treatment date: _____	
<input type="checkbox"/> No STI treatment information available at reporting time	
Hospitalized?: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of hospital: _____	
Admission date: _____ Discharge date: _____	
Physician Information	
Name: _____ Specialty: _____	
Address: _____	
City: _____ Postal code: _____	
Telephone #: _____	
Date of notification:	Signature of person reporting:

Personal information on this form is collected under the authority of the *Health Protection and Promotion Act, Sections 22 and 24*, and will be used for public health follow-up. Any questions should be directed to the Infectious Disease Program at 613-580-2424, ext. 24224.

