

Reportable Communicable 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

* **Acute Flaccid Paralysis**

* **Acute Respiratory Infection (ARI)** with one of the following: travel history to a country with a Public Health Agency of Canada (PHAC) travel health notice for respiratory infection **OR** contact with someone with a travel history to a country with a PHAC travel health notice for respiratory infection

<http://www.phac-aspc.gc.ca/tmp-pmv/pub-eng.php>

* **Adverse event following immunization (AEFI)**

AIDS (Acquired Immunodeficiency Syndrome)

Amebiasis (*Entamoeba histolytica*)

* **Anthrax**

* **Bites or exposures to potentially rabid animals**

Blastomycosis

* **Botulism**

* **Brucellosis**

Campylobacter enteritis

Carbapenemase-producing *Enterobacteriaceae* (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**

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

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

* **Severe Acute Respiratory Syndrome (SARS)**

* **Shigellosis**

* **Smallpox**

Syphilis

* **Tetanus**

Trichinosis

Tuberculosis

* **Tularemia**

* **Typhoid Fever**

* **Verotoxin-producing E. coli infections including Hemolytic Uremic Syndrome (HUS)**

West Nile Virus illness

Yersiniosis

Reporting Form

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

Communicable 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. 15280 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 Communicable Disease Program at 613-580-2424, ext. 24224.

