



**Fax form to:** Porcupine Health Unit  
 Medical Officer of Health  
**Confidential Fax: 705-360-7324**  
 (If lab result if available, include with fax.)

**REPORTABLE COMMUNICABLE DISEASE NOTIFICATION FORM**

Disease (see list on page 2):	Reporting Agency:
Test type:	Source type:
Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending	Collection date:

**Positive TST/Mantoux Positive**

Date administered: \_\_\_\_\_ Date read: \_\_\_\_\_ Result: \_\_\_\_\_ (mm of induration)

**Client Information**

Last name:	First name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
Health card number (optional):	DOB:	
Address:	Postal code:	
Telephone: Home: _____ Cell: _____	Employer:	
Physician (involved with direct care):	Phone:	
Other Physician (Family/Physician/Specialist):	Phone:	

**Clinical Information (if known)**

<input type="checkbox"/> Arrived by EMS Date: _____	<input type="checkbox"/> Outpatient visit: _____ Date of visit: _____	<input type="checkbox"/> ER visit _____ Date of visit: _____	<input type="checkbox"/> Clinic 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	<input type="checkbox"/> Droplet-Contact isolation <input type="checkbox"/> None
Isolation start date: _____		Isolation end 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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Notification received by: \_\_\_\_\_ Date: \_\_\_\_\_

Personal health information collected on this form is collected under the authority of the Health Protection 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 PHU Manager (169 Pine St South, Timmins, Ontario, P4N8B7) or by phone at 705-267-1181. 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.

# Diseases of Public Health Significance

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.**

**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.**

Acquired Immunodeficiency Syndrome (AIDS)	Food poisoning, all causes	Ophthalmia neonatorum
Acute flaccid paralysis (AFP)	★ <b>Gastroenteritis outbreaks in institutions and public hospitals</b>	Paralytic shellfish poisoning (PSP)
Amebiasis	Giardiasis, except asymptomatic cases	Paratyphoid Fever
Anaplasmosis	Gonorrhoea	Pertussis (Whooping Cough)
★ <b>Anthrax</b>	★ <b>Group A Streptococcal disease, invasive</b>	★ <b>Plague</b>
Babesiosis	Group B Streptococcal disease, neonatal	Pneumococcal disease, invasive
Blastomycosis	★ <b>Haemophilus influenzae disease, invasive, all types</b>	★ <b>Poliomyelitis, acute</b>
★ <b>Botulism</b>	★ <b>Hantavirus pulmonary syndrome</b>	Powassan Virus
★ <b>Brucellosis</b>	★ <b>Hemorrhagic fevers, including:</b>	Psittacosis/Ornithosis
Campylobacter enteritis	1. Ebola virus disease	★ <b>Q Fever</b>
Carbapenemase-producing Enterobacteriaceae (CPE)	2. Marburg virus disease	★ <b>Rabies</b>
Chancroid	3. Lassa Fever	★ <b>Respiratory infection outbreaks in institutions and public hospitals</b>
Chickenpox (Varicella)	4. Other viral causes	Rubella
Chlamydia trachomatis infections	★ <b>Hepatitis, viral:</b>	Rubella, congenital syndrome
Cholera	1. Hepatitis A	Salmonellosis
★ <b>Clostridium difficile-associated disease (CDAD) outbreaks in public hospitals</b>	2. Hepatitis B	Shigellosis
★ <b>Coronavirus, novel strains including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS) and COVID-19 (2019 nCoV)</b>	3. Hepatitis C	★ <b>Smallpox and other orthopoxviruses, including Monkeypox</b>
★ <b>Creutzfeldt-Jakob Disease, all types</b>	Influenza	Syphilis
Cryptosporidiosis	Legionellosis	Tetanus
Cyclosporiasis	Leprosy	Trichinosis
★ <b>Diphtheria</b>	Listeriosis	Tuberculosis
Echinococcus multilocularis	Lyme disease	Tularemia
Encephalitis, including:	★ <b>Measles</b>	Typhoid Fever
1. Primary, viral	★ <b>Meningitis, acute</b>	★ <b>Verotoxin-producing E. coli infection indicator conditions including, Haemolytic Uraemic Syndrome (HUS)</b>
2. Post-infectious	1. bacterial	West Nile Virus Illness
3. Vaccine-related	2. viral	Yersiniosis
4. Subacute sclerosing panencephalitis	3. other	
5. Unspecified	★ <b>Meningococcal disease, invasive</b>	
	Mumps	

R: 2023-07-26

**To report a disease of public health significance or for more information, contact the Porcupine Health Unit's Infectious Diseases Team at:**

**705-267-1181 or 1-800-461-1818  
Confidential fax 705-360-7324**