



# Diseases of Public Health Significance (Reportable Diseases) Notification Form - EXTERNAL

Last revised:  
April 2024

(see reverse for list of Diseases of Public Health Significance)  
**Telephone:** 1-877-464-9675 x 73588 **Fax:** 905-898-5213  
**After Hours:** 905-953-6478 (after 4:30 p.m., weekends, holidays)

Reporting Source		
Name:	Report Date (Y/M/D):	Time:
Agency and Position:	Phone Number:	

Client Information		
Suspected Organism/Disease:		
Last Name:	First Name:	
Date of Birth (Y/M/D):	Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Unknown	
Telephone:	Cell Number:	
Address:	City:	Postal Code:
Parent/Guardian/Next of Kin (if applicable):		
Attending Physician:	Telephone:	
Family Physician:	Telephone:	

Diagnostic Information	Clinically Diagnosed	Laboratory Confirmation
Specimen Type/Site:	Specimen ID	Date of Collection (Y/M/D):
Result(s):		Date of Result(s) (Y/M/D):

Clinical Information	
Symptoms:	Onset Date (Y/M/D):
Relevant Medical History:	Date of Death, if applicable (Y/M/D):

Hospitalization & Treatment	
Name of Hospital: <input type="checkbox"/> Mackenzie Health <input type="checkbox"/> Markham Stouffville <input type="checkbox"/> Southlake Regional <input type="checkbox"/> Other (please specify):	
<input type="checkbox"/> ER/Outpatient	Date of Visit (Y/M/D):
<input type="checkbox"/> Hospitalized	Admission Date (Y/M/D):
<input type="checkbox"/> Transported by EMS	Discharge Date (Y/M/D):
EMS Run Number:	
Treatment:	Start Date (Y/M/D):

**Comments** (e.g., risk factors, relevant medical history, travel, possible exposures, immunization history, contacts, pregnant)

<b>For CID Use Only:</b>	Received By (Name):	
Received By: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail	Received Date (Y/M/D):	Time:

This information is being collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c.H.7 for the purpose of case management and case investigations, client follow up and monitoring, contact tracing, public health administration and the provision of statistical data to the Ministry of Health and Long-Term Care. Information will be retained, used, disclosed and disposed of in accordance with the Personal Health Information Protection Act, 2004, S.O. 2004, c. 3. Any questions regarding this collection may be directed to the Privacy Officer, located at 17150 Yonge Street, Newmarket, ON L3Y 8V3, 1-877-464-9675, ext. 73007. **The information contained in this transmission is confidential and intended only for the use of the individual or entity to whom it is addressed. If you have received this transmission in error, please notify us immediately by telephone and return the original transmission to us by mail without making a copy. Thank you for your assistance.**

# DISEASES OF PUBLIC HEALTH SIGNIFICANCE (REPORTABLE DISEASES)

## Timely reporting of communicable diseases is essential for their control

If you suspect or have confirmation of any of the following diseases of public health significance or their etiologic agents (Ontario Reg. 135/18 and recent amendments to the *Health Protection and Promotion Act*) please report to the local Medical Officer of Health. **Diseases marked with an asterisk \* should be reported immediately to the Medical Officer of Health by telephone (24 hours a day, 7 days a week).**

### Diseases of public health significance can be reported:

By fax: 905-898-5213

By phone, Monday to Friday 8:30 a.m. to 4:30 p.m.: 1-877-464-9675 ext. 73588

After hours, after 4:30 p.m. Monday to Friday and 24 hours per day on weekends/holidays: 905-953-6478

Acquired Immunodeficiency Syndrome (AIDS)	Encephalitis, including: <ol style="list-style-type: none"><li>*Primary, viral</li><li>Post-infectious</li><li>Vaccine-related</li><li>Subacute sclerosing panencephalitis</li><li>Unspecified</li></ol>	<b>*Meningococcal disease, invasive</b>
Acute Flaccid Paralysis (AFP)		<b>*Mumps</b>
Amebiasis		<b>*Mumps</b> Ophthalmia neonatorum
Anaplasmosis		<b>*Paralytic Shellfish Poisoning</b>
<b>*Anthrax</b>		<b>*Paratyphoid Fever</b>
Babesiosis		<b>*Pertussis (Whooping Cough)</b>
<b>*Blastomycosis</b>	<b>*Food Poisoning, all causes</b>	<b>*Plague</b> Pneumococcal disease, invasive
<b>*Botulism</b>	<b>*Gastroenteritis outbreaks in institutions and public hospitals</b>	<b>*Poliomyelitis, acute</b> Powassan
<b>*Brucellosis</b> <i>Campylobacter</i> enteritis	Giardiasis, except asymptomatic cases	<b>*Psittacosis/Ornithosis</b>
Carbapenemase-producing <i>Enterobacteriaceae</i> (CPE) infection or colonization	Gonorrhoea	<b>*Q Fever</b>
Chancroid	<b>*Group A Streptococcal disease, invasive</b>	<b>*Rabies</b>
Chickenpox (Varicella)	Group B Streptococcal disease, neonatal	<b>*Respiratory infection outbreaks in institutions and public hospitals</b>
<i>Chlamydia trachomatis</i> infection	<b>*Haemophilus influenzae</b> disease, all types, invasive	<b>*Rubella</b> Rubella, congenital syndrome
<b>*Cholera</b>	<b>*Hantavirus pulmonary syndrome</b>	Salmonellosis
<b>*Clostridium difficile</b> associated disease (CDAD) outbreaks and outbreak associated cases in public hospitals	<b>*Hemorrhagic fevers, including:</b> <ol style="list-style-type: none"><li>Ebola virus disease</li><li>Lassa Fever</li><li>Marburg virus disease</li><li>Other viral causes</li></ol>	<b>*Shigellosis</b>
<b>*Creutzfeldt-Jakob Disease (CJD), all types</b>	Hepatitis, viral: <ol style="list-style-type: none"><li><b>*Hepatitis A</b></li><li>Hepatitis B</li><li>Hepatitis C</li></ol>	<b>*Smallpox</b> Syphilis
Cryptosporidiosis	Influenza	Tetanus
Cyclosporiasis	<b>*Legionellosis</b>	Trichinosis
<b>*Diphtheria</b>	Leprosy	Tuberculosis <sup>+</sup>
<b>*Diseases caused by a novel coronavirus, including Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS) and COVID-19</b>	<b>*Listeriosis</b>	<b>*Tularemia</b>
<i>Echinococcus multilocularis</i> infection	Lyme disease	<b>*Typhoid Fever</b>
	<b>*Measles</b>	<b>*Verotoxin-producing <i>E. coli</i> infection indicator conditions,</b>  including Haemolytic Uraemic Syndrome (HUS)
	<b>*Meningitis, acute:</b> <ol style="list-style-type: none"><li><b>*Bacterial</b></li><li>Viral</li><li>Other</li></ol>	<b>*West Nile Virus illness</b> Yersiniosis

+ Latent Tuberculosis Infection (LTBI) is also reportable to the Medical Officer of Health