

Diseases of Public Health Significance

Diseases that are underlined should be reported immediately by phone and those not underlined can be reported by next working day.

Local Northwestern Health Unit offices can be contacted Monday to Friday from 8:30-4:30 through local office contacts. After-hours support is available 24/7 at (807) 468-7109 or toll free at 1-866-475-6505.

The following designated diseases under the Health Protection and Promotion Act are to be reported to the Medical Officer of Health.

Zoonotic/Enteric Diseases:

Amoebiasis
Anthrax
Blastomycosis
Botulism
Brucellosis
Campylobacter enteritis
Carbapenemase-producing Enterobacteriaceae (CPE) [outbreaks]
Cholera
Clostridium difficile infection (CDI) outbreaks and outbreak-associated cases within hospitals, preliminary notification
Creutzfeldt-Jakob Disease, all types
Cryptosporidiosis
Cyclosporiasis
Echinococcus multilocularis infection
Food Poisoning, all causes
Gastroenteritis, institutional outbreaks
Giardiasis, except asymptomatic cases
Hantavirus Pulmonary Syndrome
Hemorrhagic fevers, including:

1. Ebola virus disease
2. Marburg virus disease
3. Other viral causes

Hepatitis A
Lassa Fever
Listeriosis
Lyme Disease
Paralytic Shellfish Poisoning
Paratyphoid Fever
Plague
Psittacosis/Ornithosis
Q Fever
Rabies
Salmonellosis
Shigellosis
Trichinosis
Tularemia
Typhoid Fever
Verotoxin-producing E.Coli infection indicator conditions including Hemolytic Uraemic Syndrome (HUS)
West Nile Virus
Yersiniosis

Respiratory/Direct Contact Diseases:

Acute Flaccid Paralysis
Encephalitis, including:

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

Haemophilus influenzae disease, all types, invasive
Influenza (report lab confirmed novel influenza immediately)
Legionellosis
Leprosy
Meningitis, acute

1. Bacterial
2. Viral
3. Other

Meningococcal disease, invasive
Ophthalmia neonatorum
Respiratory infection outbreaks in institutions and public hospitals
COVID-19, MERS-CoV, SARS-CoV
Streptococcal Infections, Group A invasive
Streptococcal Infections, Group B neonatal
Smallpox
Tuberculosis

Sexually Transmitted Infections/Blood Borne Infections:

Acquired Immunodeficiency Syndrome (HIV/AIDS)
Chancroid
Chlamydia trachomatis infections
Gonorrhea
Hepatitis B
Hepatitis C
Syphilis

Vaccine-preventable Diseases:

Diphtheria
Measles
Mumps
Pertussis (Whooping Cough)
Poliomyelitis, acute
Rubella
Rubella, congenital syndrome
Streptococcus pneumoniae, invasive
Tetanus
Varicella (chickenpox)



Northwestern
Health Unit

www.nwhu.on.ca

Diseases of Public Health Significance

Client Name:		Gender:	
If child – Parents name:		Health Card #:	
Client Address:		City:	
Postal Code:	Home Phone #:	Birth Date:	
Attending Physician:	Address:	Telephone:	
Family Physician:	Address:	Telephone:	
Relevant immunizations up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

DESIGNATED DISEASE:		Reported Date:
Type	<input type="checkbox"/> Suspect/Clinical Case <input type="checkbox"/> Lab Confirmed Case	Onset Date:
Symptoms: <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Dyspnea <input type="checkbox"/> Nausea / vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Headache <input type="checkbox"/> Malaise <input type="checkbox"/> Abd. Pain <input type="checkbox"/> Other(s): _____		
Name of Reporter:		

RISK FACTORS:	
<input type="checkbox"/> None known <input type="checkbox"/> Unimmunized <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Contaminated food / water <input type="checkbox"/> Occupational <input type="checkbox"/> Medical / Chronic illness risk factors: _____ <input type="checkbox"/> Behavioral /Lifestyle risk factors: _____ <input type="checkbox"/> Travel history <input type="checkbox"/> Out of Region <input type="checkbox"/> Out ofCountry Where _____ When _____ How Long _____ <input type="checkbox"/> Employment _____	

TREATMENT	Was client hospitalized for this episode? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
	Name of hospital/ / facility: _____				
	Admission date: _____ Discharge date: _____				
DRUG	Dose/Frequency	Route	Prescribed By	Started Date	Duration or D/C Date

Notes

Suspect/clinical and confirmed cases of designated diseases are required to be reported to the Medical Officer of Health as per the Health Protection and Promotion Act. The Diseases of Public Health Significance List is provided on the back of this form. Please fax report forms to (807) 468-3813 or to your local Northwestern Health Unit office.

See the following link for provincial case definitions (Appendix B) of the designated diseases
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/infdispro.aspx.

