

Diseases of Public Health Significance

If you **suspect or have confirmation** of a “disease of public health significance” or it’s “etiologic agent”, (as stated in Ontario Regulation 135/18 and Reg. 569 under the Health Protection and Promotion Act R.S.O. 1990, Chapter H.7) **please report to the local Medical Officer of Health**. Click on the disease name for [diagnostic, clinical & case management guidelines](#).

Report Immediately*

- Anthrax
- Botulism
- Brucellosis
- Cholera
- Clostridium difficile associated disease (CDAD) outbreaks in Public Hospitals
- Coronavirus, novel (not seasonal) (New: Jan 2020)**
- Creutzfeldt-Jakob Disease, all types
- Diphtheria
- E. coli (Verotoxin-Producing E. coli infection indicator conditions, including Hemolytic Uremic Syndrome)
- Gastroenteritis, institutional outbreaks
- Group A Streptococcal disease, invasive
- Haemophilus, all types, invasive
- Hantavirus Pulmonary Syndrome
- Hemorrhagic fevers, including Ebola, Marburg and other viral causes
- Hepatitis A
- Influenza, novel (not seasonal)
- Measles
- Meningococcal disease, invasive
- Plague
- Poliomyelitis, acute
- Q Fever
- Rabies
- Respiratory infection, institutional outbreaks
- Severe Acute Respiratory Syndrome (SARS)
- Shigellosis
- Smallpox
- Tularemia

REPORT BY PHONE ONLY

After-hours, weekends, & holidays

Mon. - Fri. 8:30 am

St. Thomas Phone: 519-631-9900 ext. 0

Phone: 519-631-9900 ext. 1232

Woodstock Phone: 519-421-9901 ext. 0

Phone: 519-421-9901 ext. 3500

Report by Next Working Day

- Acquired Immunodeficiency Syndrome (AIDS)
- Acute Flaccid Paralysis (AFP)
- Amebiasis
- Blastomycosis
- Campylobacter
- Carbapenemase-producing Enterobacteriaceae (CPE), colonization or infection
- Chancroid
- Chickenpox (Varicella)
- Chlamydia trachomatis infections
- Cryptosporidiosis
- Cyclosporiasis
- Echinococcus multilocularis infection
- Encephalitis, including
 - ✓ Primary, viral
 - ✓ Post-infectious
 - ✓ Vaccine related
 - ✓ Sub-acute sclerosing panencephalitis
 - ✓ Unspecified
- Food poisoning, all causes
- Giardiasis, symptomatic cases only
- Gonorrhea
- Group B Streptococcal disease, neonatal
- Hepatitis B and C
- Influenza, seasonal
- Legionellosis
- Leprosy
- Listeriosis
- Lyme Disease
- Meningitis, acute
 - ✓ Bacterial
 - ✓ Viral
 - ✓ Other
- Mumps
- Ophthalmia neonatorum
- Paralytic Shellfish Poisoning (PSP)
- Paratyphoid fever
- Pertussis (Whooping Cough)
- Pneumococcal disease, invasive
- Psittacosis/Ornithosis
- Rubella and Congenital Rubella Syndrome
- Salmonellosis
- Syphilis
- Tetanus
- Trichinosis
- Tuberculosis, active TB and latent TB
- Typhoid Fever
- West Nile Virus
- Yersiniosis

REPORT BY PHONE or FAX

Mon. - Fri. 8:30 am - 4:30 pm -and- after-hours weekends and holidays

St. Thomas Phone: 519-631-9900 ext. 1232

Fax: 519-631-1682

Woodstock Phone: 519-421-9901 ext. 3500

Fax: 519-539-6206

*Immediate reporting **BY PHONE** is required due to the need for public health follow-up. Immediate reporting is also required: a) For clusters of any disease and b) When the Health Unit and/or Ministry of Health issues an alert requesting immediate reporting.

Fax completed form to Southwestern Public Health

St. Thomas Site: 519-631-1682

Woodstock Site: 519-539-6206

Confirmed Case Suspect/Probable Case New Report Update

DISEASE/DIAGNOSIS: Click here to enter text.

DATE & TIME OF REPORT: Click to enter a date and time.

REPORTED BY: Physician Hospital Lab Other: Click here to enter text.

REPORTING PERSON'S NAME & CONTACT INFORMATION: Click here to enter text.

PATIENT DEMOGRAPHIC INFORMATION

Patient Name (first, last): Click here to enter text.

Date of Birth: Click here to enter a date.

Phone #: Click here to enter text.

Address (street, city, postal code): Click here to enter text.

Occupation: Click here to enter text.

Workplace: Click here to enter text.

Emergency Contact: Click here to enter text.

Emergency Phone #: Click here to enter text.

Family Physician: Click here to enter text.

Family Physician Phone #: Click here to enter text.

PATIENT LAB RESULTS (Please attach lab results, radiologist reports etc.)

Type of Specimen(s) Collected: Click here to enter text.

Date of Collection: Click to enter a date.

Results: Click here to enter text.

Date of Results: Click to enter a date.

Other Tests/Results: Click here to enter text.

PATIENT CLINICAL INFORMATION

Signs & Symptoms:

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

Onset Date(s):

Click to enter a date.

Click to enter a date.

Click to enter a date.

Click to enter a date.

Underlying Conditions & Other Relevant Risk Factors:

Click here to enter text.

Click here to enter text.

Treatment Details:

Click here to enter text.

Click here to enter text.

Emergency Room Visit: Yes No

Hospitalization Required: Yes No

Name of Hospital: Click here to enter text.

Admit Date/Discharge Date: Click to enter a date.

Most Responsible Physician: Click here to enter text.