

Date of Issue October 1, 2008

Original Date of Issue October 8, 1991

Subject **COMMUNICABLE DISEASES – REPORTING PROCEDURES**

References *Health Protection and Promotion Act*
Municipal Freedom of Information and Protection of Privacy Act
Education Act

Links FORM A7670–1; www.simcoehealth.org

Contact School Services
Simcoe County District Health Unit

1. In order to comply with the *Health Protection and Promotion Act* and the *Municipal Freedom of Information and Protection of Privacy Act*. Principals who are of the opinion that pupil has or may have a communicable disease must, as soon as possible after forming the opinion, report this to the Medical Officer of Health for the Simcoe Muskoka District Health Unit on the form “Notification of Reportable Disease” (**FORM A7670-1**).

2. The following diseases must be reported immediately to the Communicable Disease Team at (705)721-7520 or 1-800-721-7520 with the form to follow to the Medical Officer of Health so that appropriate measures can be taken immediately. A full list of reportable communicable diseases can be found in **APPENDIX A**.

<ul style="list-style-type: none"> • Anthrax • Botulism • Brucellosis • Cryptosporidiosis • Cyclosporiasis • Diphtheria • Encephalitis • Food poisoning • Gastroenteritis Outbreaks • Giardiasis • Haemophilus influenza b disease, invasive • Hantavirus pulmonary syndrome 	<ul style="list-style-type: none"> • Hemorrhagic fevers including: <ul style="list-style-type: none"> - Ebola virus - Marburg virus • Hepatitis, viral, Hepatitis A • Legionellosis • Listeriosis • Measles • Meningitis, acute, bacterial • Meningococcal disease, invasive • Poliomyelitis, acute • Q Fever 	<ul style="list-style-type: none"> • Rabies • Respiratory infection outbreaks • Severe Acute Respiratory Syndrome (SARS) • Shigellosis • Smallpox • Streptococcal disease, Group A invasive • Tularemia • Verotoxin-producing E. coli infection • West Nile Virus • Yellow Fever
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For all other reportable diseases fax the completed form to the Communicable Disease Team's confidential fax line (705) 733-7738. For additional information on childhood illnesses not listed on the reportable disease list (**APPENDIX A**) or information related to symptoms and exclusion periods from school, see the Common Childhood Illnesses brochure from the Simcoe Muskoka District Health Unit.

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Issued under the authority of the Director of Education



Communicable Disease Reporting Contact Numbers and Address

Communicable Disease Program
15 Sperling Drive

Barrie, ON L4M 6K9

Phone: (705)721-7520 ext. 8809 After hours: 1-888-225-7851

Fax: (705) 733-7738

Timely reporting of communicable diseases is essential for their control. If you *suspect* or have confirmation of the following specified Reportable Communicable Diseases or their etiologic agents, (as per Ontario Reg 559/91 and amendments under the Health Protection and Promotion Act) please report them to the local Medical Officer of Health:

Acquired Immunodeficiency Syndrome (AIDS)
Amebiasis
***Anthrax**
***Botulism**
***Brucellosis**
Campylobacter enteritis
Chancroid
Chickenpox (Varicella)
Chlamydia trachomatis infections
***Cholera**
***Cryptosporidiosis**
***Cyclosporiasis**
Cytomegalovirus infection, congenital
***Diphtheria**
***Encephalitis, including:**
1. ***Primary, viral**
2. *Post-infectious*
3. *Vaccine-related*
4. *Subacute sclerosing panencephalitis*
5. *Unspecified*
***Food poisoning, all causes**
***Gastroenteritis, institutional outbreaks**
***Giardiasis, except asymptomatic cases**
Gonorrhoea
***Haemophilus influenzae b disease, invasive**
***Hantavirus Pulmonary Syndrome**

***Hemorrhagic fevers, including:**
1. ***Ebola virus disease**
2. ***Marburg virus disease**
3. ***Other viral causes**
***Hepatitis, viral**
1. ***Hepatitis A**
2. *Hepatitis B*
3. *Hepatitis C*
4. *Hepatitis D (Delta hepatitis)*
Herpes, neonatal
Influenza
***Lassa Fever**
***Legionellosis**
Leprosy
***Listeriosis**
Lyme Disease
Malaria
***Measles**
***Meningitis, acute**
1. ***Bacterial**
2. *Viral*
3. *Other*
***Meningococcal disease, invasive**
Mumps
Ophthalmia neonatorum
***Paratyphoid Fever**
Pertussis (Whooping Cough)
***Plague**
***Poliomyelitis, acute**
Psittacosis/Ornithosis
***Q Fever**
***Rabies**
***Respiratory infection outbreaks in institutions**

***Rubella**
Rubella, congenital syndrome
Salmonellosis
***Severe Acute Respiratory Syndrome (SARS)**
***Shigellosis**
***Smallpox**
***Streptococcal infections, Group A invasive**
Streptococcal infections, Grp B neonatal
Streptococcus pneumoniae, invasive
Syphilis
Tetanus
Transmissible Spongiform Encephalopathy, including:
i. *Creutzfeldt-Jakob Disease, all types*
ii. *Gerstmann-Straussler-Scheinker Syndrome*
iii. *Fatal Familial Insomnia*
iv. *Kuru*
Trichinosis
Tuberculosis
***Tularemia**
***Typhoid Fever**
***Verotoxin-producing E. coli infection indicator conditions including:**
***Haemolytic Uraemic Syndrome (HUS)**
West Nile Virus Illness
i. *West Nile Virus Fever*
ii. ***West Nile Neurological Manifestations**
***Yellow fever**
Yersiniosis

Note: Diseases marked * (and influenza in institutions) should be reported immediately to the Medical Officer of Health by telephone. Other diseases can be reported by the next working day by fax, phone, or mail.

Thank you for your ongoing cooperation in helping us control communicable diseases in Simcoe Muskoka!



Notification of Reportable Disease

Disease being reported:		Date: <i>yyyy mm dd</i>	
Please indicate type of institution/facility reporting: <input type="checkbox"/> School <input type="checkbox"/> Day Nursery <input type="checkbox"/> Other (please specify):			
Person reporting to health unit (Name and Position):			
Name of Institution/Facility:			
Address: <i>street</i>			
City:		Postal Code:	
Phone:		Fax:	
Name of Child/Student:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: <i>yyyy/mm/dd</i>		Date of Onset: <i>yyyy mm dd</i>	
Name of Parent/Guardian:			
Home Address: <i>street</i>			
City:		Postal Code:	Phone:
Comments:			
<small><i>This information is collected under Section 5 of the Health Protection and Promotion Act, R.S.O 1990, c.H.7. The personal health information collected in this form will be used for case management and to provide statistical data to the Ontario Ministry of Health and Long Term Care. Questions regarding the collection and use of personal health information should be directed to the Associate Director of Corporate Services, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, telephone (705)721-7520.</i></small>			
Note: Asterisked diseases are to be phoned immediately to the Communicable Disease team at the above numbers. All other diseases are to be reported the next working day. PLEASE FAX THE COMPLETED COPY OF THIS FORM TO THE SIMCOE MUSKOKA DISTRICT HEALTH UNIT CONFIDENTIAL FAX LINE: (705)733-7738.			