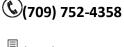


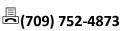
## Notifiable Disease and Notification Form

The **PUBLIC HEALTH PROTECTION AND PROMOTION ACT** requires the following communicable diseases to be reported to Communicable Disease Control, within the appropriate timeframes identified below. Timely reporting is essential to control the spread of communicable disease.

### Report by telephone to the appropriate region noted below as soon as disease is SUSPECTED. Following reporting via telephone, a written report is required within 24 hours.

		cal Disease, Invasive (IG nza type B Disease, Inva		НВ)	ca Se Sr Te Tu Vi Al	ts, dogs, far evere Acute mallpox etanus ularemia iral Hemorr <b>Il disease o</b>	m and wild animal e Respiratory Illno hagic Fevers (e.g putbreaks, unusu	s) ess (s . Ebo <b>al di</b>	SARI) la, Lassa <b>sease c</b> l	own to carry Rabies, e.g. bats, , Marburg, Yellow Fever) lusters and unusual De reported immediately
	Rep	ort <u>in writing</u> wi	thin	24 houi	rs of	laborato	ory or clinica	al d	iagno	osis
	Acute Flaccid Paraly Antimicrobial Resist Arbovirus (e.g. La Cro Zika virus) Brucellosis Clostridium Difficile COVID-19 Chlamydia Food and Waterbor (e.g. Amoebiasis, <i>Cam</i> <i>Cryptospiridium, E. con</i> <i>Salmonella</i> ) Gonorrhea	ant Organisms osse, West Nile, ne Illness pylobacter,		Newborn Haemophilu Invasive Hantavirus Hepatitis A, Hepatitis Human Imr Influenza (Ia Legionellos Leprosy Louse or Tio	us Influ Pulmoi , B, C, a nunode aborato is	eptococcal Disease of the s Influenza Non-B Disease, Pulmonary Syndrome B, C, and Unspecified unodeficiency Virus (HIV) boratory-confirmed only) s kborne Diseases (e.g. yme, Powassan)			Malaria Mpox Multisystem Inflammatory Syndrome in Children (MIS-C) Mumps Pertussis Poliomyelitis Q fever Rubella (including Congenital Rubella Syndrome) Syphilis (including Congenital Syphilis) Tuberculosis	
	Re	port <u>in writing</u> w	/ithi	in 7 days	s of la	borato	ry or clinical	dia	agnos	is
	Chancroid		D F	neumococo	cal Dise	ase, Invasi	ve			Varicella
	Regi	onal Contact Info	orm	ation (M	IOND	AY – FR	IDAY 8:30a	m –	4:30	pm)
Community ServicesHealth ProMount Pearl Square125 Transo		<b>Central Health</b> Health Protection Division 125 TransCanada Hwy Gander, NL A1V 1P7		Western H 149 Montana 2 <sup>nd</sup> Floor Stephenville,	a Drive	2T4	Labrador-Grent (North) P.O. Box 7000, Stat Happy Valley Goose	ion C		Labrador-Grenfell Health Lab West Health Centre 1700 Nichols-Adam Highway Labrador City, NL A2V 0B2







**(**709) 571-2183/ (709) 422-1740

**(709) 651-6483** 

# a (709) 643-8541

# **(709) 897-3110**

# **(709)** 896-4393

# **(**709) 285-8410 a (709) 896-4393

## **URGENT AFTER HOURS AND WEEKENDS CONTACT MOH ON CALL: 1-866-270-7437**

Surveillance may be conducted on other diseases in conjunction with the Public Health Laboratory. Documentation of client information on page 2

Client Information					
Name					
Address					
MCP/HCN					
Phone Number	Phone (Home):				
Phone Number	Phone (Cell):				
DOB (dd/mm/yyyy)					
Gender	🗆 Male 🛛 Female 🔲 Gender Diverse 🗖 Unknown				
Pregnancy Status	🗆 Yes 🗆 No 🗆 Not Applicable				

Disease Details						
	Clinical presentation					
How was the disease identified?	Contact Tracing Follow-up					
laentillear	□ Screening					
Is the client hospitalized?	□Yes □No □Unknown					
If yes, specify hospital and unit						

Reporting Health Care Provider Details						
Name						
Clinic Name						
Phone Number						
Date (dd/mm/yyyy)						

# Additional Comments