

# 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.**

- |   |  |
|---|--|
| <input type="checkbox"/> Anthrax  | <input type="checkbox"/> Rabies (includes animal bites from species known to carry Rabies, e.g. bats, cats, dogs, farm and wild animals)                   |
| <input type="checkbox"/> Botulism   | <input type="checkbox"/> Severe Acute Respiratory Illness (SARI)   |
| <input type="checkbox"/> Creutzfeldt-Jakob Disease (CJD)                      | <input type="checkbox"/> Smallpox  |
| <input type="checkbox"/> Diphtheria   | <input type="checkbox"/> Tetanus   |
| <input type="checkbox"/> Group A Streptococcal Disease, Invasive (IGAS)       | <input type="checkbox"/> Tularemia   |
| <input type="checkbox"/> Haemophilus Influenza type B Disease, Invasive (HIB) | <input type="checkbox"/> Viral Hemorrhagic Fevers (e.g. Ebola, Lassa, Marburg, Yellow Fever)   |
| <input type="checkbox"/> Measles  | <input type="checkbox"/> <b>All disease outbreaks, unusual disease clusters and unusual disease occurrences or features should be reported immediately</b> |
| <input type="checkbox"/> Meningococcal Disease, Invasive                      |  |
| <input type="checkbox"/> Plague   |  |

## Report in writing within 24 hours of laboratory or clinical diagnosis

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Acute Flaccid Paralysis   | <input type="checkbox"/> Group B Streptococcal Disease of the Newborn                  | <input type="checkbox"/> Malaria   |
| <input type="checkbox"/> Antimicrobial Resistant Organisms   | <input type="checkbox"/> Haemophilus Influenza Non-B Disease, Invasive                 | <input type="checkbox"/> Mpox  |
| <input type="checkbox"/> Arbovirus (e.g. La Crosse, West Nile, Zika virus)   | <input type="checkbox"/> Hantavirus Pulmonary Syndrome                                 | <input type="checkbox"/> Multisystem Inflammatory Syndrome in Children (MIS-C) |
| <input type="checkbox"/> Brucellosis   | <input type="checkbox"/> Hepatitis A, B, C, and Unspecified Hepatitis                  | <input type="checkbox"/> Mumps   |
| <input type="checkbox"/> Clostridium Difficile   | <input type="checkbox"/> Human Immunodeficiency Virus (HIV)                            | <input type="checkbox"/> Pertussis   |
| <input type="checkbox"/> COVID-19  | <input type="checkbox"/> Influenza (laboratory-confirmed only)                         | <input type="checkbox"/> Poliomyelitis   |
| <input type="checkbox"/> Chlamydia   | <input type="checkbox"/> Legionellosis   | <input type="checkbox"/> Q fever   |
| <input type="checkbox"/> Food and Waterborne Illness (e.g. Amoebiasis, <i>Campylobacter</i> , <i>Cryptosporidium</i> , <i>E. coli</i> , <i>Giardia</i> , <i>Listeria</i> , <i>Salmonella</i> ) | <input type="checkbox"/> Leprosy   | <input type="checkbox"/> Rubella (including Congenital Rubella Syndrome)       |
| <input type="checkbox"/> Gonorrhoea  | <input type="checkbox"/> Louse or Tickborne Diseases (e.g. Babesiosis, Lyme, Powassan) | <input type="checkbox"/> Syphilis (including Congenital Syphilis)              |
|  |  | <input type="checkbox"/> Tuberculosis  |

## Report in writing within 7 days of laboratory or clinical diagnosis

- |                                    |   |                                    |
|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Chancroid | <input type="checkbox"/> Pneumococcal Disease, Invasive | <input type="checkbox"/> Varicella |
|------------------------------------|---|------------------------------------|

## Contact Information by Zone (Monday – Friday 8:30am – 4:30pm)

If corresponding via email, please only send via secure email with encryption

### Eastern Zone

Telephone: 709-752-4358

Fax: 709-752-4873

Email: [cdcprogram@nlhealthservices.ca](mailto:cdcprogram@nlhealthservices.ca)

### Central Zone

Telephone: 709-571-2183 or 709-422-1740

Fax: 709-651-6483

Email: [CZ-communicable.disease@nlhealthservices.ca](mailto:CZ-communicable.disease@nlhealthservices.ca)

### Western Zone

Telephone: 709-643-1830

Fax: 709-643-8541

Email: [WZ-CDC@nlhealthservices.ca](mailto:WZ-CDC@nlhealthservices.ca)

### Labrador-Grenfell Zone

Telephone: 709-897-3110 or 709-456-2401 ext 6247

Fax: 709-896-4393

Email: [cdconsult@lghealth.ca](mailto:cdconsult@lghealth.ca)

**URGENT AFTER HOURS AND WEEKENDS CONTACT: 709-777-6300**

Surveillance may be conducted on other diseases in conjunction with the Public Health Laboratory.

Documentation of client information

Client Information	
Name	
Address	
MCP/HCN	
Phone Number	Phone (Home): Phone (Cell):
DOB (dd/mm/yyyy)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse <input type="checkbox"/> Unknown
Pregnancy Status	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

Disease Details	
How was the disease identified?	<input type="checkbox"/> Clinical presentation <input type="checkbox"/> Contact Tracing Follow-up <input type="checkbox"/> Screening
Is the client hospitalized? If yes, specify hospital and unit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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

Additional Comments