

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.

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| <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"/> All disease outbreaks, unusual disease clusters and unusual disease occurrences or features should be reported immediately |
| <input type="checkbox"/> Meningococcal Disease, Invasive | |
| <input type="checkbox"/> Plague | |

Report in writing within 24 hours of laboratory or clinical diagnosis


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| <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

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|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Chancroid | <input type="checkbox"/> Pneumococcal Disease, Invasive | <input type="checkbox"/> Varicella |
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Regional Contact Information (MONDAY – FRIDAY 8:30am – 4:30pm)


Eastern Health
 Community Services
 Mount Pearl Square
 760 Topsail Road
 Mount Pearl, NL A1N 3J5

 (709) 752-4358


 (709) 752-4873


Central Health
 Health Protection Division
 125 TransCanada Hwy
 Gander, NL A1V 1P7

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


 (709) 651-6483


Western Health
 149 Montana Drive
 2nd Floor
 Stephenville, NL A2N 2T4

 (709) 643-1830


 (709) 643-8541


Labrador-Grenfell Health (North)
 P.O. Box 7000, Station C
 Happy Valley Goose Bay, NL
 AOP 1C0

 (709) 897-3110

 (709) 896-4393

Labrador-Grenfell Health
 Lab West Health Centre
 1700 Nichols-Adam Highway
 Labrador City, NL A2V 0B2

 (709) 285-8410

 (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 (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