



NOTIFIABLE DISEASES LIST: MEMORANDUM FROM THE CHIEF MEDICAL OFFICER OF HEALTH

Notice to College Members

July 17, 2019

Dr. Claudia Sarbu, the Chief Medical Officer of Health for the Province of Newfoundland and Labrador, has requested that we circulate information to College Members regarding the new *Public Health Protection and Promotion Act*.

The following documents are attached below:

1. Memorandum from Dr. Sarbu, Chief Medical Officer of Health
2. Notifiable Disease List 2019
3. Notifiable Disease Notification Form

Questions regarding the attached documents should be directed to the office of the Chief Medical Officer of Health at (709) 729-3433.

All College communication to its members will be by email.
It is a professional obligation for College members to read all College communications.



Government of Newfoundland and Labrador
Department of Health and Community Services
Office of the Chief Medical Officer of Health

MEMORANDUM

TO: ALL PHYSICIANS

FROM: Dr. Claudia Sarbu, Chief Medical Officer of Health

RE: DUTY TO REPORT – NOTIFIABLE DISEASES LIST
Required according to the law

DATE: July 2, 2019

The New *PUBLIC HEALTH PROTECTION AND PROMOTION ACT (PHPPA)* was enacted on July 1, 2019. This Act mandates the health care professionals with the DUTY TO REPORT a set of communicable diseases known as “*Notifiable Diseases*”.

This new modern legislation will strengthen the collaboration between health care practitioners and the Public Health team in all aspects of promoting and protecting the health of our population.

Medical Officers of Health (MOH) have the legal mandate to protect the health of the population by ensuring appropriate Communicable Disease Control (CDC). In achieving this goal your contribution is essential in the timely reporting of these diseases to the Regional Medical Officers of Health, the CDC and Infection Prevention and Control representatives across the province.

The Notifiable Disease list and the written report form are attached to this correspondence. Please note the diseases for which ***suspect or confirmed diagnosis*** require **immediate** reporting to the MOH on-call.

Failing to comply with Duty to Report may result in verbal and written notifications. In situations where repeated offences are recorded for the same practitioner, the MOH may report the lack of compliance with the PHPPA to the College of Physicians and Surgeons of Newfoundland and Labrador.

Increased international travelling that accelerates the transmission of pathogens, the emergence of pathogens like SARS, MersCov, hemorrhagic fever viruses, pandemic influenza, as well as the bioterrorism and the reduced immunization rates in other countries are posing real threat for the public. Vigilance must be maintained and the protection of the public requires your collaboration and compliance with the new legislation.

Thank you for your anticipated collaboration,

Claudia Sarbu MD, MSc, FRCPC
Chief Medical Officer of Health

Dr. Claudia Sarbu
Chief Medical Officer of Health
Department of Health & Community Services
(709) 729-3433

Dr. Janice Fitzgerald
Regional Medical Officer of Health
Department of Health & Community Services
(709)729-3019

Communicable Disease Control Offices
Eastern Health (709) 752-3918
Western Health (709) 637-5417
Central Health (709) 651-6238
Labrador-Grenfell Health (709) 454-0375



Notifiable Disease List

The **PUBLIC HEALTH PROTECTION AND PROMOTION ACT** requires the following communicable diseases to be reported, as directed below, to the Regional Medical Officer of Health (MOH) or regional Communicable Disease Control Nurse or in acute and long-term care situations, Infection Control Practitioner.

Report by telephone as soon as an occurrence is SUSPECTED

MOH on Call: 1-866-270-7437

All disease outbreaks, unusual disease clusters and unusual disease occurrences or features should be reported immediately

<input type="checkbox"/> Anthrax <input type="checkbox"/> Botulism <input type="checkbox"/> Creutzfeldt-Jakob Disease (CJD) <input type="checkbox"/> Diphtheria <input type="checkbox"/> Group A Streptococcal Disease, Invasive (IGAS) <input type="checkbox"/> Haemophilus Influenza type B Disease, Invasive (HIB) <input type="checkbox"/> Measles <input type="checkbox"/> Meningococcal Disease, Invasive <input type="checkbox"/> Plague	<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"/> Severe Acute Respiratory Illness (SARI) <input type="checkbox"/> Smallpox <input type="checkbox"/> Tetanus <input type="checkbox"/> Tularemia <input type="checkbox"/> Viral Hemorrhagic Fevers* (e.g. Ebola, Lassa, Marburg, Yellow Fever) <input type="checkbox"/> All disease outbreaks, unusual disease clusters and unusual disease occurrences or features should be reported immediately
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Where a report is made by telephone, a written report is required within 24 hours of that initial report

Report in writing within 24 hours of laboratory or clinical diagnosis

<input type="checkbox"/> Acute Flaccid Paralysis <input type="checkbox"/> Antimicrobial Resistant Organisms <input type="checkbox"/> Arbovirus* (e.g. La Crosse, West Nile, Zika virus) <input type="checkbox"/> Brucellosis <input type="checkbox"/> Clostridium Difficile <input type="checkbox"/> Chlamydia <input type="checkbox"/> Food and Waterborne Illness* (e.g. Amoebiasis, <i>Campylobacter</i> , <i>E. coli</i> , <i>Giardia</i> , <i>Listeria</i> , <i>Salmonella</i>) <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Group B Streptococcal Disease of the Newborn	<input type="checkbox"/> Haemophilus Influenza Non-B Disease, Invasive <input type="checkbox"/> Hantavirus Pulmonary Syndrome <input type="checkbox"/> Hepatitis A, B, C, and Unspecified Hepatitis <input type="checkbox"/> Human Immunodeficiency Virus (HIV) <input type="checkbox"/> Influenza (laboratory-confirmed only) <input type="checkbox"/> Legionellosis <input type="checkbox"/> Leprosy <input type="checkbox"/> Louse or Tickborne Diseases* (e.g. Babesiosis, Lyme, Powassan) <input type="checkbox"/> Malaria	<input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Q fever <input type="checkbox"/> Rubella (including Congenital Rubella Syndrome) <input type="checkbox"/> Syphilis (including Congenital Syphilis) <input type="checkbox"/> Tuberculosis
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* Please refer to the Communicable Disease Manual for a complete listing of notifiable diseases.

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 (chickenpox)
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Regional Contact Information

Eastern Health Community Services Mount Pearl Square 760 Topsail Road Mount Pearl, NL A1N 3J5 (709) 752-3918 (709) 752-4873	Western Health 1 Brookfield Road P.O. Box 2005 Corner Brook, NL A2H 6J7 (709) 784-5417 (709) 637-5160	Central Health Health Protection Division 125 TransCanada Hwy Gander, NL A1V 1P7 (709) 651-6238 (709) 651-6483	Labrador-Grenfell Health (North) P.O. Box 7000, Station C Happy Valley Goose Bay, NL A0P 1C0 (709) 897-3110 (709) 896-4393	Labrador-Grenfell Health (South) Mission Store 178-200 West Street St. Anthony, NL A0K 4S0 (709) 454-0375 (709) 454-4978
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AFTER HOURS AND WEEKENDS MOH on Call: 1-866-270-7437

Notifiable Disease Notification Form

Report by telephone as soon as an occurrence is SUSPECTED Report in writing within 24 hours of the initial communication MOH on Call: 1-866-270-7437	
<input type="checkbox"/> Anthrax <input type="checkbox"/> Botulism <input type="checkbox"/> Creutzfeldt-Jakob Disease (CJD) <input type="checkbox"/> Diphtheria <input type="checkbox"/> Group A Streptococcal Disease, Invasive (IGAS) <input type="checkbox"/> Haemophilus Influenza type B Disease, Invasive (HIB) <input type="checkbox"/> Measles <input type="checkbox"/> Meningococcal Disease, Invasive <input type="checkbox"/> Plague <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"/> Severe Acute Respiratory Illness (SARI) <input type="checkbox"/> Smallpox <input type="checkbox"/> Tetanus <input type="checkbox"/> Tularemia <input type="checkbox"/> Viral Hemorrhagic Fevers (e.g. Ebola, Lassa, Marburg, Yellow Fever) <input type="checkbox"/> All disease outbreaks, unusual disease clusters and unusual disease occurrences or features	

Report in writing within 24 hours of diagnosis	
<input type="checkbox"/> Acute Flaccid Paralysis <input type="checkbox"/> Antimicrobial Resistant Organisms <input type="checkbox"/> Arbovirus (e.g. La Crosse, West Nile, Zika virus) <input type="checkbox"/> Brucellosis <input type="checkbox"/> Clostridium Difficile <input type="checkbox"/> Chlamydia <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"/> Gonorrhea <input type="checkbox"/> Group B Streptococcal Disease of the Newborn <input type="checkbox"/> Haemophilus Influenza Non-B Disease, Invasive <input type="checkbox"/> Hantavirus Pulmonary Syndrome <input type="checkbox"/> Hepatitis A, B, C, and Unspecified Hepatitis <input type="checkbox"/> Human Immunodeficiency Virus (HIV) <input type="checkbox"/> Influenza (laboratory-confirmed only) <input type="checkbox"/> Legionellosis <input type="checkbox"/> Leprosy <input type="checkbox"/> Louse or Tickborne Diseases (e.g. Babesiosis, Lyme, Powassan) <input type="checkbox"/> Malaria <input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Q fever <input type="checkbox"/> Rubella (including Congenital Rubella Syndrome) <input type="checkbox"/> Syphilis (including Congenital Syphilis) <input type="checkbox"/> Tuberculosis	

Report in writing within 7 days of diagnosis	
<input type="checkbox"/> Chancroid <input type="checkbox"/> Pneumococcal Disease, Invasive <input type="checkbox"/> Varicella	

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	

Regional Contacts Notifiable diseases are to be reported to the Regional Medical Officer of Health (MOH) <u>or</u> regional Communicable Disease Control Nurse <u>or</u> in acute and long-term care situations, Infection Control Practitioner.		
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