Health Canada Santé Canada

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CONFIDENTIAL

First Nations and Inuit Health Branch – Ontario Region
Reportable Disease Form *** See reverse for detailed instructions ***

CASE INFORMATION

Last Name: | First Name: | Initial(s):

If child, parent's name:

DOB: D D M M M Y Y Y Y | Age: | Gender: ❒ Male ❒ Female ❒ Unknown

Community:

Address:

Postal code: | | | | | |

Pregnant: ❒ Yes ❒ No ❒ Unknown

If yes, LMP: D D M M M Y Y Y Y

E.g. March 2, 2013 is entered as 02 MAR 2013

Name of school/daycare: | Occupation:

DIAGNOSTIC INFORMATION

Specimen collection date: D D M M M Y Y Y Y ❒ Unknown ❒ Not applicable (i.e. no sample)

Specimen type: ❒ **Unknown** ❒ swab ❒ blood ❒ CSF ❒ sputum ❒ urine ❒ stool ❒ other: _____

Specimen site: ❒ **Unknown** ❒ urethral ❒ cervical ❒ anal ❒ oral ❒ nasal ❒ nasopharyngeal (N/P)
❒ wound site: _____ ❒ other: _____

Lab report date: D D M M M Y Y Y Y | Diagnosis date: D D M M M Y Y Y Y

Organism: _____ | Diagnosis: _____

If applicable: Serotype: _____ | If syphilis: ❒ Congenital ❒ Primary ❒ Secondary
❒ Early latent ❒ Late latent ❒ Neurosyphilis

Subtype(s): _____

Is organism resistant to any drugs: ❒ Yes ❒ No ❒ Unknown If yes, specify: _____

Case classification: ❒ Lab confirmed ❒ Clinical diagnosis ❒ Clinical diagnosis with epi link to lab-confirmed case

Symptoms: ❒ **Unknown** ❒ Yes ❒ No (i.e. asymptomatic) If yes, symptom onset date: D D M M M Y Y Y Y

If yes, check all that apply: ❒ Fever/chills ❒ Weight loss ❒ Night sweats ❒ Nausea/vomiting ❒ Diarrhea ❒ Headache ❒ Rash
❒ Jaundice ❒ Cough ❒ Hemoptysis ❒ Dysuria ❒ Abdominal pain ❒ Chancre/ulcer ❒ Discharge (vaginal/urethral)
❒ Other(s): _____

TREATMENT/PREVENTION INFORMATION

No. of contacts:

Contact tracing done: ❒ Yes ❒ No
By: _____

Health education done: ❒ Yes ❒ No
By: _____

Referral(s): ❒ Yes ❒ No If yes, specify below (e.g. PHU):

Has client received any doses of vaccine for this organism: ❒ Yes ❒ No ❒ Unknown ❒ Not applicable

If yes, what vaccine was given: _____ Lot #(s): _____
(List any additional Lot #s in Notes section on reverse.)

Indicate if vaccine series is: ❒ **Complete:** all eligible doses received
❒ **Incomplete:** but up-to-date on all doses ❒ **Incomplete:** at least 1 eligible dose missed

Previous medication allergies: ❒ None known

Treatment medication	Dose/units	Frequency	Start date (d/m/y)	Duration

Refused treatment: ❒ Yes ❒ No | Client outcome: ❒ Recovered (tx completed) ❒ Ongoing ❒ Deceased ❒ Other _____

CLINICAL INFORMATION

Was client hospitalized for this episode? ❒ Yes ❒ No ❒ Unknown

If yes, date of hospitalization: D D M M M Y Y Y Y Name of hospital: _____

List any complications: _____ ❒ None known

If deceased, date of death: D D M M M Y Y Y Y If known, cause of death: _____

RISK FACTOR PROFILE

Exposure setting: ❒ Home ❒ Work ❒ School ❒ Hospital ❒ Social ❒ Food services ❒ Jail ❒ Other: _____

Mode of transmission: ❒ **Unknown** ❒ Animal-to-person ❒ Blood-borne ❒ Food-borne ❒ Item-to-person ❒ Person-to-person
❒ Vector-borne ❒ Waterborne ❒ Other: _____

Risk factors: ❒ **None known** ❒ Unsafe sex ❒ Sharing drug use equipment ❒ Blood transfusion prior to 1992 ❒ Unvaccinated
❒ Immunocompromised ❒ Contaminated food/water ❒ Infected mother ❒ Occupational (e.g. healthcare worker)
❒ Epi-link to lab-confirmed case ❒ Other(s): _____

Name of reporting facility: _____ Reported by (printed): _____

Date reported to zone CDC nurse: D D M M M Y Y Y Y Reported by (signature): _____

To be completed by zone CDC nurse only: Outbreak associated: ❒ Yes ❒ No Province case # (*if applicable*): _____

FNIHB-OR Case #: _____ Date report received by zone CDC nurse: D D M M M Y Y Y Y

NOTES: _____

INSTRUCTIONS:

NOTE: Diseases in **bold** need to be reported to the zone CDC nurse immediately via telephone.

This Reportable Disease Form should be completed by the Community Health Nurse (CHN) for all infectious disease cases that are listed as Reportable Diseases as per the Ontario Ministry of Health and Long-term Care Infectious Diseases Protocol (see links and list below) that occur among **First Nations clients who live on reserve at the time of diagnosis**. This reporting process in no way substitutes or absolves healthcare professionals of provincial reporting requirements to local public health units as per the Health Protection and Promotion Act, RSO 1990, c. H.7.

Upon completion, the CHN will submit this form via email (if scanning capacity exists) or fax to the zone CDC nurse (Health Canada).

Ontario Public Health Standards:
http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/index.html

Ontario Public Health Standards, Infectious Diseases Protocol:
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/infdispro.aspx#m

All data should be entered as accurately as possible based on available information. If you have any questions about how to complete data fields on this form, please contact your zone CDC nurse for assistance.

Zone CDC Nurse Contact Information:	Moose Factory Zone	Phone: 705-360-4114	Fax: 705-360-4119
	Sioux Lookout Zone	Phone: 807-737-5842	Fax: 807-737-3141
	Southern Ontario Zone	Phone: 519-751-6526	Fax: 519-751-6456
	Thunder Bay Zone	Phone: 807-343-5353	Fax: 807-343-5348

LIST OF REPORTABLE DISEASES

The following diseases are specified as reportable as per Ontario Regulation 559/91 under the Health Protection and Promotion Act (HPPA). **NOTE:** In the case of an outbreak involving any of the diseases listed below, please contact the zone CDC nurse who will contact the appropriate Zone Medical Officer for instructions.

Acquired Immunodeficiency Syndrome (AIDS) – *including HIV*
Acute flaccid paralysis
Amebiasis
Anthrax
Botulism
Brucellosis
Campylobacter enteritis
Chancroid
*Chickenpox (Varicella)
Chlamydia trachomatis infections
Cholera
***C. difficile* associated disease (CDAD) outbreaks in public hospitals**
Creutzfeld-Jakob Disease, all types
Cryptosporidiosis
Cyclosporiasis
****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
Gonorrhea
Group A streptococcal disease, invasive
Group B streptococcal disease, neonatal
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

Influenza
Lassa Fever
Legionellosis
Leprosy
Listeriosis
Lyme Disease
Malaria
****Measles**
Meningitis, acute
- **1. Bacterial**
- 2. Viral
- 3. Other

Meningococcal disease, invasive
**Mumps
Ophthalmia neonatorum
Paralytic shellfish poisoning
Paratyphoid Fever
****Pertussis (Whooping Cough)**
Plague
Pneumococcal disease, invasive
****Poliomyelitis, acute**
Psittacosis/Ornithosis
Q Fever
Rabies
Respiratory infection outbreaks in institutions
Rubella
Rubella, congenital syndrome
Salmonellosis
Severe Acute Respiratory Syndrome (SARS)
Shigellosis
Smallpox
Syphilis
*Tetanus
Trichinosis
Tuberculosis
Tularemia
Typhoid Fever
Verotoxin-producing E. coli infection indicator conditions, including Hemolytic Uremic Syndrome
West Nile Virus illness
Yellow Fever
Yersiniosis

*Diseases for which a clinical diagnosis alone is sufficient to confirm cases for reporting purposes.
**Diseases for which clinically compatible signs or symptoms AND an epidemiological link to a lab-confirmed case is sufficient to confirm cases for reporting purposes. (For measles, please also refer to travel history in Appendix B of Infectious Diseases Protocol)