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For more information concerning the history of these regulations, please see the Table of Regulations.

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CHAPTER P-30.1
PUBLIC HEALTH ACT

NOTIFIABLE DISEASES AND CONDITIONS AND COMMUNICABLE DISEASES REGULATIONS

Pursuant to section 72 of the Public Health Act R.S.P.E.I. 1988, Cap. P-30.1, Council made the following regulations:

1. In these regulations
(b) “carrier” means a person who, without apparent symptoms of a disease, harbours and may disseminate the infectious agent;
(c) “control measure” means a procedure or condition applied in order to contain or prevent the spread of communicable disease, and may include restricting a person’s work, school or other community activity, detaining, hospitalizing, isolating or quarantining a person, providing public notification of risk, and disinfection or disposal of articles and substances;
(d) revoked by EC845/16. (EC560/13; 845/16)

1.1 (1) The following are prescribed as notifiable diseases or conditions:
(a) acute flaccid paralysis;
(b) revoked by EC521/17;
(c) diseases preventable by routine vaccination, including but not limited to:
   (i) congenital rubella syndrome,
   (ii) diphtheria,
   (iii) hepatitis B,
   (iv) invasive Haemophilus influenzae serotype B,
   (v) measles,
   (vi) mumps,
   (vii) pertussis,
   (viii) poliomyelitis,
   (ix) rotavirus,
   (x) rubella,
   (xi) tetanus,
   (xii) varicella;
(d) diseases spread by direct contact or through the provision of

health care, including but not limited to:

(i) carbapenemase-producing Enterobacteriaceae,

(ii) Clostridium difficile,

(iii) Creutzfeldt-Jacob disease, classic,

(iv) Creutzfeldt-Jacob disease, variant,

(v) extensively drug-resistant Enterobacteriaceae,

(iv) group B streptococcal disease of the newborn,

(v) herpes simplex, congenital,

(vi) methicillin-resistant Staphylococcus aureus (including

colonizations),

(vii) vancomycin-resistant enterococci (infections only);

(e) diseases transmitted by respiratory routes, including but not

limited to:

(i) hantavirus,

(ii) invasive group A streptococcal disease,

(iii) invasive meningococcal disease,

(iv) invasive pneumococcal disease,

(v) influenza,

(vi) legionellosis,

(vii) leprosy,

(viii) severe acute respiratory illness,

(ix) severe acute respiratory syndrome,

(x) tuberculosis;

(f) enteric, food and waterborne diseases, including but not limited
to:

(i) amoebiasis,

(ii) botulism,

(iii) campylobacteriosis,

(iv) cholera,

(v) cryptosporidiosis,

(vi) cyclosporiasis,

(vii) giardiasis,

(viii) haemolytic uremic syndrome,

(ix) hepatitis A,

(x) listeriosis,

(xi) paralytic shellfish poisoning,

(xii) salmonellosis,

(xiii) shigellosis,

(xiv) typhoid,

(xv) verotoxic Escherichia coli,

(xvi) Vibrio parahaemolyticus,

(xvii) yersiniosis;
(g) invasive *Haemophilus influenzae* non-B (non-vaccine preventable);
(h) neoplasms (benign or malignant);
(i) novel organisms deemed as having pandemic potential by the World Health Organization;
(j) severe acute respiratory diseases of unknown etiology;
(k) sexually transmitted and bloodborne pathogens, including but not limited to:
   (i) chlamydia,
   (ii) gonorrhea,
   (iii) hepatitis C,
   (iv) human immunodeficiency virus,
   (v) lymphogranuloma venereum,
   (vi) syphilis;
(l) smallpox,
(m) vectorborne or other zoonotic diseases, including but not limited to:
   (i) anthrax,
   (ii) arbovirus
   (iii) brucellosis,
   (iv) Lyme disease,
   (v) malaria,
   (vi) plague,
   (vii) rabies,
   (viii) tularaemia;
(n) viral hemorrhagic fevers.

(2) The following are prescribed as notifiable diseases or conditions, where there is or may be an outbreak of the disease or condition and either it appears epidemic or shows unusual features:
   (a) impetigo;
   (b) pediculosis;
   (c) ringworm;
   (d) scabies.

(3) The following are prescribed as notifiable diseases or conditions, in the circumstances described:
   (a) a disease of known etiology, where it is or may be occurring with unusual frequency or in a rare or unusual form;
   (b) a disease of unknown etiology, where there is or may be a cluster of cases;
   (c) an enteric illness, including norovirus, where there is or may be an outbreak, whether or not confirmed by laboratory tests.
(4) The diseases or conditions set out in subsections (1) to (3) are prescribed as communicable diseases, except the following:
(a) acute flaccid paralysis;
(b) revoked by EC521/17;
(c) congenital rubella syndrome;
(d) haemolytic uremic syndrome;
(e) neoplasms (benign or malignant);
(f) paralytic shellfish poisoning. (EC845/16; 426/17; 521/17)

2. (1) The Chief Public Health Officer
(a) shall have overall responsibility for the control of communicable diseases in the province, including the investigation, management and follow-up of cases and agents of transmission;
(b) shall be the final medical authority on all matters pertaining to control of communicable diseases;
(c) may provide instructions to health practitioners involved in the treatment, follow-up and control of communicable diseases;
(d) revoked by EC22/14; and
(e) shall be responsible for the monitoring of notifiable diseases or conditions and may by order specify procedures, including frequency and form, for the reporting of them.

(2) Where the Chief Public Health Officer has delegated a power or duty of the Chief Public Health Officer under these regulations to a person or agency, including a public health official, medical practitioner and a unit of a government or health-system organization such as a laboratory or office for the compiling of information, references in the applicable provisions of these regulations to the Chief Public Health Officer shall be read as references to the person or agency, as the case may be. (EC560/13; 22/14)

3. Every person is required to comply with the provisions of these regulations as applicable, and with any particular order the Chief Public Health Officer may issue in accordance with these regulations. (EC560/13)

4. A person who is, or is suspected of being, infected with a communicable disease, including a suspected carrier or contact, shall
(a) if the person suspects an infection or is informed by a medical practitioner or public health official that he or she is or is suspected of being infected, place himself or herself under the care of a medical practitioner or direction of a public health official;
(b) submit to diagnostic examination, treatment and control measures as directed by the medical practitioner or Chief Public Health Officer; and
(c) identify any contact, and provide any other relevant information that may be required, to the medical practitioner or Chief Public Health Officer. (EC560/13)

5. The owner of an animal, substance or any thing which is a suspected or known transmitter of a communicable disease shall comply with any direction by the Chief Public Health Officer for the purpose of preventing spread of the communicable disease. (EC560/13)

6. When a person infected with a communicable disease is known to be relocating, the Chief Public Health Officer shall forward information concerning the case to the public health authority of the district of destination. (EC560/13)

7. A person directed by the Chief Public Health Officer shall submit reports of notifiable diseases or conditions, with any further information as may be required, as directed by the Chief Public Health Officer and to the appropriate agencies of the Government of Canada for purposes of national disease surveillance. (EC560/13; 22/14)

8. The following are designated as institutions for the purposes of section 34 of the Act:
   (a) a camp;
   (b) a community care facility;
   (c) a university or college. (EC560/13)

9. (1) -(2) Revoked by EC845/16. (EC560/13; 845/15)

9.1 (1) For the purpose of section 33 of the Act, the following information shall be reported verbally:
   (a) the name of the disease;
   (b) the name, age, sex, health number as defined in the Provincial Health Number Act R.S.P.E.I. 1988, Cap. P-27.01, and telephone number, if any, of the person who has or may have the disease and, if the person is a minor, the name and telephone number of the person’s parent or guardian; and
   (c) relevant details of the disease.

   (2) For the purpose of section 34, subsection 35(2) and section 36 of the Act, the following information shall be reported verbally:
   (a) a general description of the symptoms of the suspected disease;
   (b) the number of persons suspected of being infected with the disease; and
   (c) the name and location of the institution, health facility, school or child care facility to which the report relates.
(3) For the purpose of section 35.1 of the Act, the following information shall be reported verbally:
(a) the name of the disease;
(b) the name, date of birth and medical record number of the person from whom the specimen was taken; and
(c) the name of the ordering physician or family physician other person who is or has been attending the person referred to in clause (b).

(3.1) For the purpose of subsection 37(2) and section 38 of the Act, the required information shall be reported verbally, without delay.

(4) All reports referred to in this section shall include any further relevant information requested by the Chief Public Health Officer.

(5) A report referred to in subsection (1), (2) or (3) shall be made to the Chief Public Health Officer within one of the following time periods after developing the belief on which the report is based or, in the case of a report made under subsection (3), after the laboratory finding on which the report is based is made:
(a) within one hour, where the report relates to
(i) a disease of known etiology, where it is or may be occurring with unusual frequency or in a rare or unusual form,
(ii) a disease of unknown etiology, where there is or may be a cluster of cases,
(iii) an enteric illness, including norovirus, where there is or may be an outbreak, whether or not confirmed by laboratory tests,
(iv) an influenza-like illness, where there is or may be an outbreak in a health facility or institution,
(v) a novel organism deemed as having pandemic potential by the WHO, or
(vi) any of the following:
(A) acute flaccid paralysis,
(B) anthrax,
(C) botulism,
(D) congenital rubella syndrome,
(E) diphtheria,
(F) hepatitis A,
(G) haemolytic uremic syndrome,
(H) invasive group A streptococcal disease,
(I) invasive *Haemophilus influenzae* serotype B,
(J) invasive meningococcal disease,
(K) measles,
(L) paralytic shellfish poisoning,
(M) plague,
(N) poliomyelitis,  
(O) rabies,  
(P) rubella,  
(Q) severe acute respiratory illness (SARI),  
(R) severe acute respiratory syndrome (SARS),  
(S) smallpox,  
(T) a viral hemorrhagic fever;  

(b) within 24 hours, where the report relates to any of the following:  
   (i) revoked by EC521/17,  
   (ii) Creutzfeld-Jacob disease, classic,  
   (iii) Creutzfeld-Jacob disease, variant,  
   (iv) impetigo,  
   (v) mumps,  
   (vi) pediculosis,  
   (vii) pertussis,  
   (viii) ringworm,  
   (ix) scabies,  
   (x) tuberculosis,  
   (xi) varicella;  

(c) within the time period specified by order of the Chief Public Health Officer, where the report relates to a notifiable disease or condition or communicable disease not referred to in clause (a) or (b). (EC22/14; 845/16; 521/17)

9.2 (1) Exposure of a person to an animal suspected or known to be infected with rabies is a reportable event for the purposes of sections 33, 34 and 36 of the Act.

   (2) A report in respect of a reportable event shall be made within one hour of its coming to the attention of the person required to report in accordance with section 33, 34 or 36, as the case may be, and shall include the name, age, sex and telephone number, if any, of the person who has been exposed to the animal and, if the person is a minor, the name and telephone number of the person’s parent or guardian. (EC22/14)

9.3 (1) Subject to subsection (2), as a preventive measure against the transmission of gonorrhea, chlamydia or other infectious diseases, a medical practitioner assisting at the birth of a baby shall within one hour of the birth treat the eyes of the baby with a prophylactic solution, dispensed in single use containers, of
   (a) 1% tetracycline;  
   (b) 0.5% erythromycin; or  
   (c) 1% silver nitrate.
(2) Subsection (1) does not apply if the parents of the baby provide a written statement directing that subsection (1) not be followed in the case of their baby.

(3) Before accepting a written statement under subsection (2), the medical practitioner assisting at the birth shall inform the parents respecting
(a) the reasons why the treatment is recommended;
(b) the advantages that may be anticipated from the treatment;
(c) the problems that may arise if the treatment is not given; and
(d) any side effects that may arise from the treatment.

(4) A copy of the written statement referred to in subsection (2) shall be added to the baby’s patient record. (EC22/14)

10. A medical practitioner or the Chief Public Health Officer may provide information concerning the condition of a person who is or is suspected of being infected with a communicable disease to members of the person’s family for the protection of their health. (EC560/13)

11. Responsibility for the costs or losses which may result from control measures rests with the person or persons affected by those measures, not with the Chief Public Health Officer or other person who may impose or supervise the carrying out of the measures. (EC560/13)

12. (1) -(3) Revoked by EC845/16. (EC560/13; 22/14; 845/16)

13. The Notifiable and Communicable Diseases Regulations (EC330/85) are revoked. (EC560/13)
Schedule I

Revoked by EC845/16.
(EC22/14; 845/16)

Schedule II

Revoked by EC845/16.
(EC22/14; 845/16)

Schedule III

Revoked by EC845/16.
(EC22/14; 845/16)