



PRINCE EDWARD ISLAND  
ÎLE-DU-PRINCE-ÉDOUARD

# **NOTIFIABLE DISEASES AND CONDITIONS AND COMMUNICABLE DISEASES REGULATIONS**

## PLEASE NOTE

This document, prepared by the *Legislative Counsel Office*, is an office consolidation of this Act, current to June 16, 2018. It is intended for information and reference purposes only.

This document is *not* the official version of the Act. The Act and the amendments as printed under the authority of the Queen's Printer for the province should be consulted to determine the authoritative statement of the law.

For more information concerning the history of this Act, please see the *Table of Public Acts* on the Prince Edward Island Government web site ([www.princeedwardisland.ca](http://www.princeedwardisland.ca)).

If you find any errors or omissions in this consolidation, please contact:

*Legislative Counsel Office*  
*Tel: (902) 368-4292*  
*Email: [legislation@gov.pe.ca](mailto:legislation@gov.pe.ca)*



## NOTIFIABLE DISEASES AND CONDITIONS AND COMMUNICABLE DISEASES REGULATIONS

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## PUBLIC HEALTH ACT CHAPTER P-30.1

### 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. Definitions

In these regulations

- (a) “**Act**” means *Public Health Act* R.S.P.E.I. 1988, Cap. P- 30.1;
- (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 Notifiable diseases or conditions

- (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*,
  - (i.1) *Clostridium difficile*,
  - (ii) Creutzfeld-Jacob disease, classic,
  - (iii) Creutzfeld-Jacob disease, variant,
  - (iii.1) 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.

**Notifiable disease or condition, nuisance diseases**

- (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.

**Notifiable disease or condition, certain circumstances**

- (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.

**Communicable diseases**

- (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. Chief Health Officer, duties and powers

### (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.

### Authority of designated person

- (2) Where the Chief Public Health Officer has designated a person, including a public health official, a medical practitioner or a person in charge of a government department or health system organization such as a laboratory or an office for the compiling of information, as the person responsible for exercising a power or carrying out a duty of the Chief Public Health Officer under these regulations, a reference in an applicable provision of these regulations to the Chief Public Health Officer shall be read as a reference to that person. (EC560/13; 22/14; 347/18)

## 3. Compliance required

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. Duties of person infected or suspected

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, nurse practitioner or the Chief Public Health Officer that he or she is or is suspected of being infected, place himself or herself under the care of a medical practitioner, nurse practitioner or direction of the Chief Public Health Officer;
- (b) submit to diagnostic examination, treatment and control measures as directed by the medical practitioner, nurse practitioner or Chief Public Health Officer, as the case may be; and
- (c) identify any contact, and provide any other relevant information that may be required, to the medical practitioner, nurse practitioner, registered nurse or Chief Public Health Officer, as the case may be.. (EC560/13; 347/18)





**5. Duty of an owner of transmitting agent**

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. Case relocating**

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. Reports**

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. Designated institutions**

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. Reports to administrator**

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

**9.1 Contents of report**

- (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.

***Idem***

- (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.

***Idem***

- (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, family physician, nurse practitioner or other person who is or has been attending the person referred to in clause (b).

**Report without delay**

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

**Other relevant information**

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

**Time periods for reporting**

- (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; 347/18*)

## 9.2 Reportable event

- (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.

### Contents of report

- (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 Preventive measures

- (1) Subject to subsection (2), as a preventive measure against the transmission of gonorrhoea, 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.

### Exemption

- (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.

### Requirements

- (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.

**Copy to be retained**

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

**10. Information to family**

A medical practitioner, nurse 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; 347/18)*

**11. Financial responsibility**

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. Notifiable diseases or conditions**

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

**13. Revocation**

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)

