

It's the Law: Reporting Notifiable Diseases, Conditions, and Events

TABLE 1. Public Health Act Notifiable Diseases and Conditions and Communicable Diseases Regulations

- Acute flaccid paralysis
- Adverse events following immunization (AEFI)
- Amoebiasis
- Anthrax
- Arbovirus (e.g. West Nile Virus, Zika, Dengue, Yellow Fever)
- Botulism
- Brucellosis
- Campylobacteriosis
- Chlamydia
- Cholera
- Clostridium difficile
- Congenital rubella syndrome
- Creutzfeldt-Jakob Disease, Classic and Variant
- Cyclosporiasis
- Cryptosporidiosis
- Diphtheria
- Diseases of known etiology occurring with more frequency or in a rare or unusual form, or clusters of cases presenting with unknown etiology
- Enteric Illness Outbreaks, including Norovirus
- Giardiasis
- Gonorrhoea
- Group B Streptococcal disease of the newborn
- Haemolytic-uremic syndrome
- Hantavirus
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Herpes simplex, congenital
- Human immunodeficiency virus (HIV)
- Influenza
- Invasive Group A Streptococcal disease
- Invasive *Haemophilus influenzae* non-B (non-vaccine preventable)
- Invasive *Haemophilus influenzae* serotype B
- Invasive meningococcal disease
- Invasive pneumococcal disease
- Legionellosis
- Leprosy
- Listeriosis (invasive)
- Lyme disease
- Lymphogranuloma venereum
- Malaria
- Measles
- Methicillin-resistant *Staphylococcus aureus* (including colonizations)
- Mumps
- Neoplasms (benign or malignant)
- Novel organisms deemed as having pandemic potential by the WHO
- Occurrences of the following if the disease appears epidemic or the case shows unusual features:
 - Impetigo*
 - Ringworm*
 - Pediculosis*
 - Scabies*
- Paralytic Shellfish Poisoning
- Pertussis
- Plague
- Poliomyelitis
- Rabies
- Rotavirus
- Rubella
- Salmonellosis
- Severe acute respiratory illness (SARI)
- Severe acute respiratory syndrome (SARS)
- Severe acute respiratory disease of unknown etiology
- Shigellosis
- Smallpox
- Syphilis
- Tetanus
- Tuberculosis
- Tularemia
- Typhoid
- Vancomycin-resistant enterococci (infections only)
- Varicella
- Verotoxic *Escherichia coli*
- *Vibrio parahaemolyticus*
- Viral hemorrhagic fever (e.g. Ebola, Marburg)
- Yersiniosis

TABLE 2. To be reported verbally as soon as observed and in any case not later than 1 hour after observation.

- Acute Flaccid Paralysis
- Anthrax
- Botulism
- Congenital Rubella Syndrome
- Diseases of known etiology occurring with more frequency or in a rare or unusual form, or clusters of cases presenting with unknown etiology
- Diphtheria
- Enteric illness outbreaks, including norovirus
- Haemolytic-uremic syndrome
- Hepatitis A
- Invasive Group A Streptococcal Disease
- Invasive *Haemophilus influenzae* Serotype B
- Invasive Meningococcal Disease
- Measles
- Novel organisms deemed as having pandemic potential by the WHO
- Influenza-like illness, where there is or may be an outbreak in a health facility or institution
- Paralytic Shellfish Poisoning
- Plague
- Poliomyelitis
- Rabies
- Rubella
- Severe Acute Respiratory Illness (SARI)
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Viral Hemorrhagic Fevers

To be reported verbally as soon as observed and in any case not later than 24 hours after observation.

- Adverse events following immunization (AEFI)
- Creutzfeldt-Jakob Disease, Classic and Variant
- Mumps
- Pertussis
- Tuberculosis
- Varicella

To be reported verbally as soon as observed and in any case not later than 24 hours after observation if the disease appears epidemic or the case shows unusual features.

- Impetigo
- Pediculosis
- Ringworm
- Scabies

Report Notifiable Diseases to the Chief Public Health Office: 902-368-4996

After Hours: Chief Public Health Officer on call:

902-629-9624

** See Reverse*

January 1, 2017

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The new Notifiable Diseases and Conditions and Communicable Diseases Regulations <http://www.gov.pe.ca/law/regulations/pdf/P&30-1-05.pdf> became effective on January 1st, 2017. The purpose of the updated regulations is to strengthen surveillance and response to the diseases and conditions noted in these regulations.

*Reporting of **suspected or confirmed cases** of diseases and conditions noted on Table 1 is mandatory under this legislation. Individuals noted in [Sections 32-36](#) of the [PEI Public Health Act](#), including health care practitioners and facility administrators, have responsibility to report **suspected cases and illnesses** as they are observed. Please note the specific reporting timeline parameters on Table 2 of this document. The provincial laboratory has responsibility to report all cases which have been **confirmed** by the laboratory.