### TABLE 1: Public Health Act Notifiable Diseases and Conditions and Communicable Diseases Regulations

- Acute Flaccid Paralysis
- Adverse events following immunization (AEFI)
- Amoebiasis
- Anthrax
- Botulism
- Brucellosis
- Campylobacteriosis
- Chlamydia
- Cholera
- Clostridium difficile
- Congenital Rubella syndrome
- Creutzfeld-Jacob Disease, Classic and Variant
- Cryptosporidiosis
- Cyclosporiasis
- 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
- Exposure to a suspected rabid animal
- Extensively drug-resistant Enterobacteriaceae
- Giardiasis
- Gonorrhea
- Group B Streptococcal Disease of the Newborn
- Haemolytic uremic syndrome
- Hantavirus
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Herpes (neonatal)
- Herpes Simplex
- Human Immunodeficiency Virus
- Influenza
- Influenza- Like Illness outbreaks in health facilities and institutions
- Invasive Group A Streptococcal Disease
- Invasive *Haemophilus influenzae* non-B
- Invasive *Haemophilus influenzae* Serotype B
- Invasive Meningococcal Disease (Bacterial)
- Invasive Pneumococcal Disease
- Legionellosis
- Leprosy
- Listeriosis
- Lyme Disease
- Lymphohgranuloma 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 Syndrome
  - Severe respiratory disease of unknown etiology*
  - Shigellosis
  - Smallpox
  - Syphilis
  - Tetanus
  - Tuberculosis
  - Tularemia
  - Typhoid
  - Vancomycin Resistant Enterococci (infections only)
  - Varicella
  - *Verotoxigenic Escherichia coli*
  - *Vibrio parahaemolyticus*
  - Viral Hemorrhagic Fever
  - West Nile Virus
  - Yellow Fever
  - Yersiniosis

To be reported verbally as observed and in any case not later than 1 hour after observation. **(Schedule I)**

- Acute Flaccid Paralysis
- Anthrax
- Botulism
- Cholera
- 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
- Exposure to a suspected rabid animal
- Haemolytic uremic syndrome
- Hantavirus
- Hepatitis A
- Invasive Group A Streptococcal Disease
- Invasive *Haemophilus influenzae* Serotype B
- Measles
- Meningococcal Disease Invasive
- Novel organisms deemed as having pandemic potential by the WHO
- Paralytic Shellfish Poisoning
- Plague
- Poliomyelitis
- Rabies
- Outbreaks of Influenza-Like Illness in health facilities and institutions
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Tuberculosis
- Typhoid
- *Verotoxigenic Escherichia coli*
- Viral Hemorrhagic Fevers
- West Nile Virus
- Yellow Fever

To be reported verbally as observed and in any case not later than 24 hours after observation. **(Schedule II)**

- Adverse events following immunization (AEFI)
- Congenital Rubella syndrome
- Creutzfeld-Jacob Disease, Classic and Variant
- Mumps
- Leprosy

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

- *Impetigo*
- *Ringworm*
- *Pediculosis*
- *Scabies*

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

After Hours: Chief Public Health Officer on call: 902-629-9624
The new Notifiable Diseases and Conditions and Communicable Diseases Regulations [http://www.gov.pe.ca/law/regulations/pdf/P30-1-05.pdf](http://www.gov.pe.ca/law/regulations/pdf/P30-1-05.pdf) became effective on February 1st, 2014. 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. Physicians and Nurse Practitioners have responsibility to report **suspected cases** as they are observed. Please note the specific reporting timeline parameters outlined in Schedules I, II and III. The provincial laboratory has responsibility to report all cases which have been **confirmed** by the laboratory.