

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

- Acute flaccid paralysis
- Adverse events following immunization (AEFI)
- Amoebiasis
- Anaplasmosis
- Anthrax
- Arbovirus (e.g. West Nile Virus, Zika, Dengue, Yellow Fever)
- Babesiosis
- Botulism
- Brucellosis
- Campylobacteriosis
- Chlamydia
- Cholera
- Clostridium difficile
- Congenital rubella syndrome
- COVID-19
- 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)
- Mpox
- 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
- Respiratory syncytial virus (RSV)
- 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
- Tularaemia
- 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.

- Acute Flaccid Paralysis
- Anthrax
- Botulism
- Congenital Rubella Syndrome
- Diphtheria
- 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
- 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 not later than 24 hours after observation.

- Adverse events following immunization (AEFI)
- Creutzfeldt-Jakob Disease, Classic and Variant
- Enteric illness outbreaks, including norovirus
- Influenza-like illness, where there is or may be an outbreak in a health facility or institution
- Mumps
- Pertussis
- Tuberculosis
- Varicella

To be reported verbally not later than 24 hours after observation if the disease appears epidemic or the case shows unusual features.

- Diseases of known etiology occurring with more frequency or in a rare or unusual form, or clusters of cases presenting with unknown etiology
- Impetigo
- Pediculosis
- Ringworm
- Scabies

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

After Hours: Chief Public Health Officer through locating

*** See Reverse**

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

The new Notifiable Diseases and Conditions and Communicable Diseases Regulations

<https://www.princeedwardisland.ca/sites/default/files/legislation/p30-1-5.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 33-38 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.