

REPORTABLE DISEASE- Notification Form

FAX to Infectious Disease Team at 519-663-8241

1. Please indicate the disease you are reporting- check all that apply Note: Bolded font indicate diseases that need to be reported <u>immediately</u> to the Middlesex-London Health Unit for confirmed and suspected cases, and outbreaks. Report all other diseases (confirmed or suspected) as soon as possible or by the next working day.	
Acute Flaccid Paralysis (AFP) in children < 15 years of age	Influenza (Novel, not seasonal)
Acquired Immunodeficiency Syndrome (AIDS)	Legionellosis
Amebiasis	Leprosy
Anaplasmosis	Listeriosis
Anthrax	Lyme Disease
Babesiosis	Measles
Blastomycosis	Meningitis, acute: bacterial, viral and other causes
Botulism	Meningococcal disease, invasive
Brucellosis	Mumps
Campylobacter Enteritis	Ophthalmia neonatorum
Candida auris infection	Other
Carbapenamase-producing Enterobacteriaceae (CPE), colonization or infection	Paralytic Shellfish Poisoning (PSP)
Chancroid	Paratyphoid Fever
Chickenpox, varicella	Pertussis
Cholera	Plague
Chlamydia trachomatis infections	Pneumococcal disease (Streptococcus pneumoniae), invasive
Clostridium difficile associated disease (CDAD) outbreaks in public hospitals	Poliomyelitis, acute
COVID-19	Powassan Virus
Creutzfeldt-Jakob Diseases, all types	Psittacosis/Ornithosis
Cryptosporidiosis	Q fever
Cyclosporiasis	Rabies
Diphtheria	Respiratory infection, outbreaks in institutions and public hospitals
Echinococcus multilocularis infection	Rubella and Congenital Rubella Syndrome
Encephalitis, primary, viral	Salmonellosis
Encephalitis, post-infectious, vaccine-related, subacute sclerosing panencephalitis and unspecified	SARS (Severe Acute Respiratory Syndrome)
Food poisoning all causes	Shigellosis
Gastroenteritis, outbreaks in institutions and public hospitals	Smallpox and other Orthopoxviruses including Monkeypox
Giardiasis (except asymptomatic cases)	Syphilis
Gonorrhoea	Tetanus
Group A Streptococcal Disease, invasive	Transmissible Spongiform Encephalopathy (e.g. CJD)
Group B Streptococcal disease, neonatal	Trichinosis
Haemophilus influenzae disease, all types, invasive	Tuberculosis *Please complete TB Reporting form
Hantavirus pulmonary syndrome	Tularemia
Hemorrhagic fevers, including Ebola Virus Disease and Marburg Virus Disease, Lassa Fever & other viral causes	Typhoid Fever
Hepatitis A	Verotoxigenic-producing E. coli infection indicator conditions, including hemolytic uremic syndrome (HUS)
Hepatitis B	West Nile Virus
Hepatitis C	Yersiniosis
Influenza (Community cases)	
Influenza (institutions and public hospitals)	

2. Please indicate if the disease is – <input type="checkbox"/> Confirmed or <input type="checkbox"/> Suspect			
Comments:			
3. Reporting Information		Date Reported to Health Unit: YYYY-MM-DD	Time:
Type of reporting source: (Name of clinic, hospital, school, laboratory, etc.)			
Name:		Phone Number:	
4. Client Demographics			
Last Name:		First Name:	
Date of birth: YYYY-MM-DD	Age:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Specify:	
Address:			
City:	Postal Code:	Phone:	
Next of Kin:		Relationship:	Phone:
Health Care Provider:		Phone Number:	
5. Laboratory Results – please attach if available <input type="checkbox"/> N/A			
Specimen Type:	Collection Date: YYYY-MM-DD	Result:	Date of Laboratory Result: YYYY-MM-DD
6. Hospitalization <input type="checkbox"/> N/A			
Name of Hospital :			
Date Admitted / Seen in emergency:		Date Discharged:	
Attending Health Care Provider:		Phone Number:	
7. Treatment <input type="checkbox"/> N/A			
Treatment Started: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Treatment Start date:		Medication	
Comments:			
8. Comments			
See attached: <input type="checkbox"/> progress notes <input type="checkbox"/> laboratory results			