

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
Anthrax	Listeriosis
Blastomycosis	Lyme Disease
Botulism	Measles
Brucellosis	Meningitis, acute: bacterial, viral and other causes
Campylobacter Enteritis	Meningococcal disease, invasive
Carbapenamase-producing Enterobacteriacease (CPE), colonization or infection	Mumps
Chancroid	Ophthalmia neonatorum
Chickenpox, varicella	Other
Cholera	Paralytic Shellfish Poisoning (PSP)
Chlamydia trachomatis infections	Paratyphoid Fever
Clostridium difficile associated disease (CDAD) outbreaks in public hospitals	Pertussis
COVID-19	Plague
Creutzfeldt-Jakob Diseases, all types	Pneumococcal disease (Streptococcus pneumoniae), invasive
Cryptosporidiosis	Poliomyelitis, acute
Cyclosporiasis	Psittacosis/Ornithosis
Diphtheria	Q fever
Echinococcus multilocularis infection	Rabies
Encephalitis, primary, viral	Respiratory infection, outbreaks in institutions and public hospitals
Encephalitis, post-infectious, vaccine-related, subacute sclerosing panencephalitis and unspecified	Rubella and Congenital Rubella Syndrome
Food poisoning all causes	Salmonellosis
Gastroenteritis, outbreaks in institutions and public hospitals	SARS (Severe Acute Respiratory Syndrome)
Giardiasis (except asymptomatic cases)	Shigellosis
Gonorrhoea	Smallpox
Group A Streptococcal Disease, invasive	Syphilis
Group B Streptococcal disease, neonatal	Tetanus
Haemophilus influenzae disease, all types, invasive	Transmissible Spongiform Encephalopathy (e.g. CJD)
Hantavirus pulmonary syndrome	Trichinosis
Hemorrhagic fevers, including Ebola Virus Disease and Marburg Virus Disease, Lassa Fever & other viral causes	Tuberculosis *Please complete TB Reporting form
Hepatitis A	Tularemia
Hepatitis B	Typhoid Fever
Hepatitis C	Verotoxigenic-producing E. coli infection indicator conditions, including hemolytic uremic syndrome (HUS)
Influenza (Community cases)	West Nile Virus
Influenza (institutions and public hospitals)	Yersiniosis

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:
Family Physician:		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 Physician:		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			

The Personal Information on this form is collected under the authority of the Health Protection and Promotion Act and applicable privacy legislation. This information will be used for delivery of public health programs and services and may be used for evaluation or statistical/research purposes. Any questions about the collection of this information should be directed to the MLHU Privacy Officer, Middlesex-London Health Unit, 50 King Street, London, ON N6A 5L7, (519) 663-5317 x2251 Fax: (519)663-9413 or e-mail: privacy@mlhu.on.ca