

1.1 Provincial Communicable Disease Policy

The control of communicable and infectious diseases in Newfoundland and Labrador (NL) is necessary for a healthy population. The Disease Control Manual is provided for health practitioners to facilitate detection and control of communicable and infectious diseases by providing a framework of provincial legislation and policy.

Authority

The *Communicable Diseases Act - An Act Respecting Communicable Diseases C - 26 1970* and *Communicable Diseases Amendments Order, 1998* (Appendix A) constitute the statutory basis for the control of communicable diseases in Newfoundland and Labrador.

The Minister of Health and Community Services has the ultimate responsibility for this Act, however, this authority may be delegated to the Chief Medical Officer of Health (CMOH) and the Regional Medical Officers of Health (RMOH).

Purpose

The purpose of the manual is to set out the provincial policies and procedures related to the prevention and control of communicable and infectious diseases. This provides a mechanism for consistency across the province while allowing the flexibility that may be necessary within the regions.

The effective control of communicable and infectious diseases relies on the cooperation, collaboration and coordination among public health, acute care, laboratory and related health professionals at all levels.

This manual provides guidance for these health practitioners in fulfilling their roles in the prevention, surveillance, detection, investigation, control and reporting of communicable and infectious diseases in Newfoundland and Labrador.

Objectives

- Provide provincial policy direction for the prevention, surveillance and control of communicable and infectious diseases
- Ensure consistency across the province for the disease and infection control programs
- Outline the procedures for carrying out provincial policy
- Describe the procedures for reporting of communicable and infectious diseases
- Be a resource for health practitioners on issues related to the prevention and control of communicable and infectious diseases
- Serve as a guide for the orientation of new staff
- Ensure the protection of vulnerable populations

The core policies of the provincial communicable disease program are presented below. Policies related to specific diseases are included under the section for that disease.

Prevention and Protection

The RMOH will ensure that programs for prevention and protection are carried out and evaluated according to established practice.

Surveillance

Surveillance programs for specified diseases and conditions will be carried out according to established provincial, regional and local procedures.

Surveillance data will be transmitted to the provincial office for inclusion in the provincial communicable disease database according to established procedures.

Investigation

When a RMOH is made aware of a notifiable disease or other condition of potential public health importance, the RMOH will guide the investigation of same. The process and individuals involved in the investigation may vary within regions but follow the basic investigation procedure outlined in Section 1.2 of this manual.

RMOH may order tests and x-rays or other investigation methods related to the investigation of communicable diseases.

The outcomes of investigation and specific incidents of public health significance will be documented and forwarded to the provincial office according to established procedures.

Control

Measures to prevent or control the spread of a disease incident or outbreak will be carried out according to established procedures.

Treatments with medications and prevention with vaccines are outlined in the appropriate disease section of the manual. Some of the key treatments which are publicly funded include:

- Meningitis
- Tuberculosis
- Influenza prophylaxis
- Sexually Transmitted Infections

Vaccines may also be initiated as part of control:

- Meningitis
- Hepatitis A and B
- Influenza

Reporting

Disease incidents and outbreaks will be reported to the RMOH from the Provincial Public Health Laboratory and from health care practitioners. The RMOH then ensures reporting to the provincial office according to legislation and established procedure.

Education and Orientation

The RMOH will ensure that the appropriate individuals or groups within their regions are aware of public health programs and practices.

1.2 Provincial Procedure for Communicable Disease Control

The following section on procedure provides general guidelines for prevention, surveillance and control of communicable disease. This involves surveillance, investigation and reporting. These sections also include some background information that is important for all persons involved in communicable disease follow-up. For disease-specific procedures please refer to the section for that disease.

Surveillance

Disease surveillance is the continuous collection, analysis, interpretation of data and the timely dissemination of that information to those who need to know. Flow charts provided in Appendix B outline the activities required for surveillance and reporting.

This is achieved by health professionals who carry out the following activities:

- Identify and describe each individual who has acquired a communicable disease
- Determine the source of the infection
- Identify exposed individuals to whom the infection may have been transmitted
- Specify the frequency and pattern of occurrence of infection in population groups at risk by person, place and time
- Identify populations that are experiencing or may experience an increased frequency of infection
- Prepare and distribute surveillance reports to health professionals

Surveillance is used to determine the extent and risk of disease transmission. Prevention and control measures must be applied effectively and efficiently to minimize the burden of disease. Health care professionals working in communicable disease control programs may use two types of surveillance to obtain information: passive and active.

Passive surveillance occurs when disease reports are forwarded to the collector, usually as a result of legislation and/or policy. These reports may come from primary health care providers, laboratories or other health care professionals who are required to submit such reports. The advantages of passive reporting are that it is not a burden to collect as the reports are forwarded on a regular basis. The reports are collected for the purpose of noting changes in disease trends to allow for implementing disease prevention and control strategies that will decrease the burden of illness.

Active surveillance is carried out by actively seeking out information from various sources by contacting them on a regular basis to obtain data. The purpose of active surveillance is to collect specific information in order to identify trends in time, place and person. Active surveillance uses specific time frames or high risk groups to be targeted for surveillance purposes. The sources of information could be from the schools that are participating in the influenza surveillance program.

General Investigation Procedure

In Newfoundland and Labrador single cases of disease and outbreaks are investigated. Investigation is carried out by health professionals who work under the direction of the RMOH. This may include the Community/Public Health Nurse (CHN); Environmental Health Officer (EHO) working within the Government Service Centre; or Infection Control Practitioner (ICP) working within the acute care or long term care setting.

The investigation of illness may begin before a case is confirmed. This may include testing and control measures for the disease entity. Once a disease is confirmed the actions may involve

investigation of single cases of illness and outbreaks or suspected outbreaks of illness. For a summary of disease reporting of single cases and outbreaks please see Figures 1, 2, 3 and Appendix B.

Part 1: Single Case Investigation

Single cases of illness should be investigated thoroughly by investigators. The information obtained from single cases could be important in preventing the case from suffering similar illness in the future, preventing others from becoming ill and identifying communicable disease outbreaks.

To ensure that information is collected consistently throughout the province, the Newfoundland and Labrador Notifiable Disease Report (Appendix D) has been developed for use by investigators of single cases of illness. For some sections of this manual specific questionnaires have been developed, these are placed in the appropriate disease section. The responsibility for collection of this information is the RMOH; this may be with the cooperation of physicians, environmental health officers or other professionals responsible.

Investigations must include the assessment for specific risk groups. The type of work or school attendance may impact the individual's ability to attend work or school when they have a communicable disease. Specific risk groups include:

- Food Handlers
- Health Care Workers or attendants
- Child Care Staff
- Children below the age of five years
- Older children and adults with inability to attend to personal hygiene

Single case investigations may lead the investigator to suspect a communicable disease outbreak. When this occurs, the investigator shall immediately notify the Regional Medical Officer of Health (RMOH) by telephone and begin the outbreak investigation as per the procedures outlined in Part 2 below.

Part 2: Outbreak Investigation

Regional Outbreak

When an outbreak is limited to one region an investigation team, lead by the RMOH, should be assembled to carry out the investigation of an outbreak or suspected outbreak of illness. A rapid and thorough response to an outbreak may control the magnitude of the outbreak and prevent future outbreaks from occurring.

An investigation team should consist of but not limited to the following members:

- RMOH
- Communicable Disease Control Nurse
- Environmental Health Program Manager
- Lead EHO Field Investigator
- GSC Manager

Please note that a Communication Consultant may be assigned to the team

Following the completion of the outbreak investigation a written report should be prepared by the outbreak lead within the regional health authority. The RMOH sends a copy of the report to the Public Health Division of H&CS. The written report will be a record of the events of the outbreak and may serve to enhance public health protection if the report's recommendations are followed (Appendix C). The content of the report should include Summary; Introduction; Background; Methods; Results; Discussion; Recommendations.

Provincial Outbreak

If an outbreak occurs in more than one region the Public Health Division of the Department of Health and Community Services will become involved in the coordination of the outbreak. Regions will require the outbreak team and this team, or a team lead; will work with the Province to ensure a consistent and coordinated approach. The CIOSC reporting system is an excellent method for dissemination of outbreak information, all investigators may access appropriate CIOSC privileges through their RMOH.

The outbreak investigation process is not complete until the summary report details and analyses are submitted to the provincial office (see Appendix C).

Roles and Responsibilities

The roles and responsibilities of the Regional Medical Officer of Health:

- Ensure case/cases are investigated
- Ensure that appropriate public health measures have been activated
- If outbreak, assemble outbreak team
- Ensure that outbreak reports (initial and final are submitted to DH&CS)

The roles and responsibilities of the Investigator:

- Start the investigation upon receipt of a report of illness
- Complete case details information or questionnaires
- Conduct outbreak investigations in accordance with the disease specific procedures
- Implement public health measures
- Report investigation to the RMOH

The role and responsibilities of the Family Physician:

- Patient Education, follow-up, and culture for special risk contacts
- Facilitate specimen collection
- Exclusions

The role and responsibilities of the Laboratory:

- Report positive tests in writing
- Telephone Reporting

Procedure for exclusion:

- Inform client
- Inform place of employment/child care centre

Communication

Communication, although a priority at all times, is especially important during an outbreak. Communication links must be established regionally and provincially, to ensure that those who need to be informed have the information they need to perform their duties. The RMOH must ensure that local partners as well as the provincial office are informed in a timely manner. This will help minimize fears and concerns that will arise in the general public.

1.3 Reporting Of Notifiable Diseases

Reporting of notifiable diseases is a mechanism by which illness information is shared as part of surveillance activities. To ensure opportunities for adequate prevention and control of communicable diseases, reporting must be accurately and promptly completed. Newly diagnosed cases are reported to the RMOH by the diagnosing physician or laboratory.

These cases are then referred by the CDCN to the CHN or EHO for appropriate investigation and follow-up. Detailed case information is necessary for case validity and to adequately assess a possible outbreak situation. The Newfoundland and Labrador Notifiable Disease Report (Appendix D) has been provided to facilitate the collection of disease related information. Reporting to the provincial office involves individual case reports and outbreak summaries, resulting from the investigation. This information is reported through the electronic reporting system.

To facilitate reporting, the diseases listed in the *Communicable Disease Act* have been divided into subgroups, listed as A, B & C. These can be found on the Notifiable Disease Summary list for Newfoundland and Labrador (Appendix E). The subgroups are based on the level of priority of response needed for the particular disease. This list is reviewed and updated as the epidemiology of the diseases change or as new or emerging diseases are identified. For this reason diseases may be added to the Notifiable Disease Summary list when surveillance is required.

List A

Rationale

List A diseases must be reported immediately by the diagnosing physician or laboratory to the RMOH to ensure coordinated and rapid response. The RMOH or designate reports to the provincial office. These are diseases that are seen very rarely but may put other people at risk if measures are not immediately implemented to ensure prevention and control.

Associated Activities:

- Physician or laboratory report immediately by telephone to the RMOH
- The Regional Health Authority initiates coordinated and rapid response including contact tracing as indicated within the disease-specific section
- RMOH or designate reports immediately by telephone to the provincial office
- A complete report is entered into the electronic database
- Case details are collected for specific diseases
- Outbreaks are reported using the NL outbreak report form and CIOSC

List B

Rationale

List B diseases require immediate investigation but do not require immediate reporting unless there is an outbreak. This would include foodborne and waterborne outbreaks.

Associated Activities:

- Physician or laboratory report within 4 days to the RMOH
- The RHA initiates coordinated response including contact tracing as indicated within the specific disease section
- The RHA reports once a week to the provincial office with electronic reporting of all case details
- Outbreaks are reported using the NL outbreak report form and CIOSC

Note: In the event of a List B outbreak, the procedure for List A diseases is followed and an outbreak report is completed (Appendix C)

List C

Rationale

List C diseases require aggregate reporting; specific details are not needed. This method of surveillance helps to determine what diseases are occurring at a given time and to identify outbreaks.

Associated Activities:

- Report these diseases to the RMOH
- The RHA reports weekly aggregate data
- Contact tracing as indicated within the disease-specific section
- Outbreaks are reported using the NL outbreak report form and CIOSC

Once all case information is gathered, the CDCN, or designate, must complete the electronic disease report to provincial office.

Disease Registry

The process for reporting some Communicable Diseases includes case details; these reports are included in disease-specific sections of this manual. The diseases that require additional case details are:

- Invasive Meningococcal Disease
- Measles
- Severe Respiratory Illness, unknown origin
- Tuberculosis
- West Nile Virus Infection
- Hepatitis B
- Hepatitis C
- HIV
- Group A Streptococcal invasive
- Mumps
- Invasive Listeriosis Infection
- Others as may be required

1.4 Organization of Manual

For the purpose of this manual communicable diseases are grouped into the following categories:

Section Title

- 1) Introduction to Disease Control Policy
- 2) Enteric, Food and Waterborne Diseases
- 3) Diseases Transmitted Respiratory Routes
- 4) Diseases Transmitted by Direct Contact and Through the Provision of Health Care
- 5) Diseases Preventable by Routine Vaccination
- 6) Sexually Transmitted Infections and Bloodborne Pathogens
- 7) Vectorborne and Other Zoonotic Diseases
- 8) Infection Control Protocols
- 9) Immigration Protocols
- 10) Bioterrorism Related Events

Note:

All the disease case definitions used in this Disease Control Manual are extracted with modification from The Case Definition for Diseases under National Surveillance, this can be found at the following link:

<http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/09vol35/35s2/index-eng.php>

1.5 Abbreviations and Definitions

AFB	Acid Fast Bacillus
BWA	Boil Water Advisory
CDCN	Communicable Disease Control Nurse
CFIA	Canadian Food Inspection Agency
CMOH	Chief Medical Officer of Health
DC	Division of Disease Control
DCNS	Disease Control Nurse Specialist
EHC	Environmental Health Coordinator (Manager with Regional Health Authority)
EHO	Environmental Health Officer (Inspector with GSC)
GSC	Government Services Centre
HAV	Hepatitis A Virus
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
H&CS	Health and Community Services
ICP	Infection Control Practitioner
ISG	Immune Serum Globulin
NL	Newfoundland and Labrador
PCR	Polymerase Chain Reaction
PHL	Public Health Laboratory (of Newfoundland and Labrador)
5TUPPD	5 Tuberculin Units of Purified Protein Derivative
PZA	Pyrazinamide
RHA	Regional Health Authority
RMOH	Regional Medical Officer of Health
RPM	Rifampin
SARS	Severe Acute Respiratory Syndrome
TST	Tuberculin Skin Test
VPD	Vaccine Preventable Disease

Appendix A

RSNL1990 CHAPTER C-26

COMMUNICABLE DISEASES ACT

Amended:

2004 c36 s6; 2006 c40 s21

Schedule: R&S CNLR 954/96; R&S NLR 32/98; 44/03 s2

CHAPTER C-26

AN ACT RESPECTING COMMUNICABLE DISEASES

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 - [31. Epidemics - powers of minister](#)
 - [32. Epidemics - closing schools](#)
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- [Schedule](#)

Short title

1. This Act may be cited as the *Communicable Diseases Act*.

RSN1970 c52 s1

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Definitions

2. In this Act
 - (a) "communicable disease" means a disease mentioned in the Schedule, and includes other diseases that may be added to the Schedule by the minister;
 - (b) "deputy minister" means the Deputy Minister of Health;
 - (c) "minister" means the minister appointed under the *Executive Council Act* to administer this Act; and
 - (d) "health officer" means a medical or other health officer authorized by the minister to act as such.

RSN1970 c52 s2; [2006 c40 s21](#)

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Notice by boarding housekeeper

3. (1) When a hotel-keeper, keeper of a boarding house or person in charge of similar premises where 2 or more people live, knows or is informed by a physician, or has reason to believe, that a person in the hotel, boarding house or premises, has a communicable disease dangerous to the public health, he or she shall immediately give notice to the nearest health officer.

(2) The notice shall state the name of the person having or suspected of having the disease, the name of the disease, if known, the name of the hotel-keeper, keeper of a boarding house or person giving notice, and shall, by street number or otherwise, sufficiently designate the house or room in which the person is living.

RSN1970 c52 s3

[Back to Top](#)**Notice by physician**

4. (1) When a physician knows, or has reason to believe, that a person is infected with a communicable disease he or she shall within 24 hours give notice to the deputy minister, or to the health officer in whose jurisdiction the person is, and to the hotel-keeper, keeper of a boarding house or tenant within whose house or rooms the person lives.

(2) The notice to the deputy minister or to the health officer shall, where possible, state the name of the disease, the name, age and sex of the person, and the name of the physician giving the notice, and shall by street and number or otherwise, sufficiently designate the house or room in which the person is living.

RSN1970 c52 s4

[Back to Top](#)**Notice by others**

5. (1) Where a person, being the manager or recognized official head in charge of a hospital or residential institution, or a teacher or instructor of students in a school or college or other seminary of learning knows or has reason to believe that a person in the hospital or institution, school, college or other seminary of learning, has a communicable disease, that person shall immediately give notice to the deputy minister or to the health officer in whose district the hospital or other institution, school, college or seminary of learning is located.

(2) The notice shall state the name of the person giving notice, the hospital or other institution in which the person is, or, in case the person at the time was attending a school, college or other seminary of learning, the name of the person, and, if not a resident there, the street and number or other information sufficient to designate the house or premises in which the person lives.

RSN1970 c52 s5

[Back to Top](#)**Inspection of premises**

6. As soon as possible, after the receipt by a health officer of a notification of the existence of a case of communicable disease, the health officer may inspect the premises where the disease is reported to exist, and it is the duty of the householder or manager and of a person within the premises to give to the health officer, or other person delegated by him or her to make an inspection, the fullest available information as to the person suspected of being infected, the source of the infection, if known, and generally other information that the health officer or person making the inspection requires.

RSN1970 c52 s6

[Back to Top](#)**Inspection of premises not reported**

7. Where a complaint is made or a reasonable belief exists that a communicable disease exists in a house or other locality, that has not been reported to the health officer, the health officer shall inspect the house or locality,

and, on discovering that the communicable disease exists, the health officer may, as he or she considers best, send the person so infected to a hospital or may restrain the person and others exposed within the house or locality from intercourse with other persons, and prohibit entry to and exit from the premises.

RSN1970 c52 s7

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Dealer in uncooked foods

8. Where a case of communicable disease exists in the house of a dealer in foods ordinarily eaten uncooked, including milk and cream, or a person engaged in delivering the foods, the dealer or delivery person shall not continue the delivering or the distribution of the foods until permitted to do so by the health officer of the locality in which he or she distributes or sells the foods.

RSN1970 c52 s8

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Milk vendors to report

9. A dairyperson or milk vendor supplying milk, cream or butter for use in a city, town or village shall immediately report to the health officer a case of communicable disease in himself or herself, his or her family or employees.

RSN1970 c52 s9

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Dairy

10. (1) In the event of a communicable disease occurring at a house occupied by the keeper of a dairy from which milk, cream or butter is supplied for use by the public, or at premises within a city, town or municipality where milk, cream or butter is kept, stored or prepared for sale, the health officer may, where he or she thinks appropriate, prohibit the sale or delivery of the articles from the premises until the time that the health officer is satisfied that all necessary precautions for the public safety have been observed.

(2) A person, firm or corporation who, after having been so notified by the health officer to discontinue or interrupt the sale of milk, cream or butter, neglects or refuses to obey or conform to the notice, is guilty of a violation of this Act, and is liable to a fine of \$50 for every day after the notification on which milk, cream or butter from the premises is sold or delivered in the city, town or municipality, and in default of payment to imprisonment for 30 days for every day on which milk, cream or butter was so sold.

RSN1970 c52 s10

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Diseased person not to milk cows

11. A member of the dairy industry supplying milk, cream or butter shall not allow a person suffering from a communicable disease, or having recently been in contact with a person so suffering, to milk cows or to handle vessels for containing milk, cream or butter or to take part or help in the conduct of the trade, in so far as regards the production, distribution or storing of the articles, until the danger of the communication of infection to milk, cream or butter, or their contamination, has stopped and a certificate to that effect obtained from the health officer.

RSN1970 c52 s11

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Disease among cattle

12. Where disease exists among the cattle in a dairy or cow shed, or other building or place, notice shall immediately be given to the health officer, and the milk of a diseased cow shall not be mixed with other milk, and shall not be used or sold for human food or food for swine or other animals, unless and until it has been boiled for at least 30 minutes.

RSN1970 c52 s12

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Power to enter premises

13. (1) The health officer, an inspector or a person authorized by 1 of them, shall

- (a) where it is reasonably necessary to determine compliance with this Act, have the right and power to enter and have free access without hindrance to a building, structure or premises where there are reasonable grounds for believing that milk, cream or butter is stored or kept for sale; and
- (b) have the right of access to vehicles used for the conveyance or delivery of milk, cream or butter, or to a building, structure or premises where there are reasonable grounds for believing that milk, cream or butter is stored or kept for sale,

and that health officer, inspector or person shall have the right to take samples from each vessel, not exceeding 50 millilitres from each vessel, in which milk, cream or butter is kept or stored for the purpose of inspecting, testing or analyzing the milk, cream or butter where it is reasonably necessary to determine compliance with this Act.

(2) Where the minister believes on reasonable grounds that a person has contravened this Act or the regulations, a health officer, inspector or other person authorized by 1 of them may with a warrant issued under subsection (3) at a reasonable time enter upon the building, structure or premises referred to in subsection (1) or business premises and may investigate, inquire into, examine and take samples of anything that there are reasonable grounds to believe will give evidence with respect to an offence under this Act.

(3) A Provincial Court judge who is satisfied by information upon oath or affirmation that there are reasonable grounds for believing that there is on a building, structure or premises anything that will give evidence with respect to an offence under this Act may issue a warrant authorizing a health officer, inspector or person authorized by 1 of them named in the warrant to enter and search those premises and to make the inquiries and take the samples that are considered necessary, subject to those conditions that may be specified in the warrant.

(4) The owner or person in charge of the premises referred to in this section and a person found there shall give a health officer, inspector or person authorized by 1 of them reasonable help to enable the health officer, inspector or person authorized by 1 of them to carry out his or her duties and functions under this section and shall provide the information that the health officer, inspector or person authorized by 1 of them may reasonably require.

1985 c11 s38; [2004 c36 s6](#)

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Investigations

14. (1) The minister may in writing authorize and direct an appropriate and adequately qualified person to investigate the causes and circumstances of an outbreak of communicable disease or outbreak of unusual and unexplained mortality; and the person so authorized and directed shall, for the purposes of the investigation, have and exercise the powers ordinarily conferred upon a commissioner under the *Public Inquiries Act*.

(2) Where upon the investigation the minister is of opinion that a remediable insanitary condition exists, the minister may direct its immediate removal or abatement by the person responsible for it, and where the person neglects or refuses after 3 days' written notice to remove or abate the condition, may cause the removal or abatement to be made.

(3) A person who, after written notice fails to remove or put an end to the insanitary condition to the satisfaction of the minister within the time limited, is guilty of an offence and liable on summary conviction to a fine of not more than \$100 a day for every day of default.

RSN1970 52 s14

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Persons examined

15. (1) Where a medical health officer has reasonable grounds for believing that a person is or may be infected with or has been exposed to a communicable disease, the medical health officer may by written order direct that person to submit to an examination by the medical health officer or a physician designated by or satisfactory to the medical health officer and to obtain and produce or send to the medical health officer within the time specified in the notice a report or certificate of the physician that the person is or is not infected with the disease.

(2) Where, as the result of a report or certificate produced or sent to a medical health officer under subsection (1), it appears that a person is infected with a communicable disease, the medical health officer may

- (a) with the approval of the minister or the deputy minister order in writing that the person infected be, for the purpose of treatment, removed to and detained in a hospital for the treatment of the disease with which that person is infected until the time that a physician attending at that hospital is satisfied that the infected person has received treatment and recovered sufficiently to be no longer a danger to the public and to be released from the hospital permanently or conditionally upon his or her returning for further examination or treatment or both; and
- (b) before, after or instead of making an order under paragraph (a), give to the infected person directions as to a course of treatment and conduct to be followed and require that person to produce evidence satisfactory to the medical health officer that he or she is following the directions and where the infected person does not follow the directions or does not produce the evidence required under this paragraph or where the evidence is not satisfactory to the medical health officer, the medical health officer may make an order under paragraph (a).

(3) Where a medical health officer makes an order under subsection (1) or (2), he or she may deliver that order or a copy to a constable who shall take into custody the person named in the order or in respect of whom the order is made and remove that person to a place named in the order for examination or treatment.

(4) A person who voluntarily enters a hospital for the treatment of a communicable disease or who has been removed to a hospital in accordance with an order under subsection (1) or (2) shall not leave the hospital before being released from the hospital by a physician attending at the hospital or by another person that may have authority to release persons from the hospital.

(5) An action does not lie against a person in respect of anything done or required to be done in carrying out or for the purpose of carrying out an order or examination given or made under this section where there was probable cause for the action and that action was not malicious.

(6) A person who

- (a) without reasonable excuse fails to comply with an order made under subsection (1) or paragraph (2)(a) or comply with paragraph (2)(b); or
- (b) leaves a hospital contrary to subsection (4),

is guilty of an offence and liable on summary conviction to a fine of not more than \$100.

RSN 1970 c52 s15

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Sick persons prohibited from public conveyance

16. Persons knowing themselves to be suffering from a communicable disease shall not enter or be in a public conveyance or mingle with the general public until they have seen a health officer or registered medical practitioner and been advised that it is not dangerous to the public to so enter or mingle.

RSN1970 52 s16

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Sick person's removal from public conveyance

17. (1) Where there is reason to suspect that a person who has a communicable disease is in or upon a railway car, ship or vessel, bus or other conveyance, the health officer or a person authorized by him or her may enter the conveyance and remove the person from it, using force, where necessary, and may detain the conveyance until it is properly disinfected, or the health officer may remain or re-enter and remain on or in the conveyance, with help that he or she may require, for the purpose of disinfecting it, and his or her authority shall continue in respect of the person and conveyance, notwithstanding the conveyance is taken into another district.

(2) The deputy minister or an inspector, or a medical practitioner or other person authorized by the deputy minister shall have the same authority.

RSN1970 c52 s17

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Disease outside province

18. Where a part of the province becomes exposed to an epidemic communicable disease existing outside the province, the Lieutenant-Governor in Council may declare that the disease exists in those places outside the province and prescribe the precautions that are considered necessary to prevent the spread of the epidemic into this province from the place for a period to be named in the order.

RSN1970 c52 s18

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Notice of disease in laundry

19. The proprietor, manager or person in charge of a laundry shall give immediate notice to the health officer of a case of communicable disease appearing on the premises.

RSN1970 c52 s19

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Clothing from infected premises

20. A proprietor, manager or employer of a laundry shall not knowingly receive or remove clothing from a premises where there exists or has recently existed a case of communicable disease.

RSN1970 c52 s20

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Immunization

21. (1) The minister may if of the opinion that an emergency condition in relation to a communicable disease exists or is to be apprehended, order, with the approval of the Lieutenant-Governor in Council, that immunization and re-immunization shall be compulsory within the limits of a specified part of the province.

(2) The minister may make regulations respecting immunization including regulations respecting fees to be charged for immunization.

RSN1970 c52 s 21

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Penalty

22. (1) A parent or guardian of a child required to be immunized, or other person acting in contravention of, or failing to comply with this Act, or a person wilfully obstructing an authorized person in carrying out this Act, shall incur a penalty not exceeding \$2 for every offence, to be recoverable by the minister in a summary manner, and in default of payment is liable to imprisonment for a period not exceeding 3 days.

(2) A person refusing to be immunized, or a parent or guardian refusing to submit a child for immunization shall not be liable to a penalty if it appears that there is satisfactory reason for the person or child not being immunized.

RSN1970 c52 s22

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Certificate of immunization

23. Upon and immediately after the effective immunization of a child the medical practitioner who performed the operation shall deliver to the father or mother or other person having care of the child a certificate in a form to be prescribed by the minister.

RSN1970 c52 s23

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Child not appropriate for immunization

24. (1) Where a medical practitioner is of the opinion that a person or child is not in an appropriate state to be immunized, he or she shall deliver to the person or to the father or mother of the child or to the person having the care of the child a certificate to that effect, which certificate shall remain in force for 2 months after its delivery.

(2) The person or the father or mother of the child or the person having the care of the child shall at the end of that 2 month period either have the certificate renewed or the immunization performed.

(3) The certificate referred to in subsection (1) shall be in a form to be prescribed by the minister.

RSN1970 c52 s24

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Right to refuse admission of child

25. Superintendents of education, school boards and educational authorities may, where so directed by the minister, order that a student shall not be admitted to a school or other educational institution under their respective control unless the pupil hands to the teacher of the school a certificate either of efficient immunization or of being insusceptible to immunization.

RSN1970 c52 s25

[Back to Top](#)**Certificate of immunity**

26. (1) The minister or the health officer of a locality that is invaded by or threatened to be invaded by a communicable disease may require a certificate or other sufficient evidence of immunity from the communicable disease to be given by a student attending a school, college, convent, university or other educational institution within the locality to the authorities of the institution.

(2) A student who neglects or refuses to produce the certificate on demand shall be excluded from the institution during the whole time of his or her refusal or neglect.

RSN1970 c52 s26

[Back to Top](#)**Failure to exclude child not certified**

27. (1) A person or corporation, having control over a school, college, convent, university or other educational institution, refusing or neglecting to exclude a student who does not provide a certificate of immunization or insusceptibility to immunization when required to do so, shall be guilty of a violation of this Act and subject to the penalty prescribed.

(2) The certificate of insusceptibility shall be in a form to be prescribed by the minister.

RSN1970 c52 s27

[Back to Top](#)**Order for immunization**

28. In a proceeding under this Act, the court may, with or without inflicting a penalty, make an order that immunization shall take place; and every subsequent refusal or neglect to obey the order shall be considered a new offence.

RSN1970 c52 s28

[Back to Top](#)**Children if under 16**

29. For the purpose of immunization, children mean persons under the age of 16 years.

RSN1970 c52 s29

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Quarantine regulations

30. The minister may in a case of actual or apprehended emergency, and subject to the approval of the Lieutenant-Governor in Council, make general and particular quarantine orders and regulations applicable to vessels, goods, persons and things, being in the province or coming or being imported from abroad, as he or she may consider expedient for preventing the introduction or spread of communicable disease, and may set penalties, forfeitures and punishments for the breach of the general or particular orders or regulations, not exceeding the general penalties in section 34.

RSN1970 c52 s30

[Back to Top](#)**Epidemics - powers of minister**

31. Where the minister is of the opinion that a communicable disease is epidemic or threatens to become epidemic in a community, he or she shall have authority to issue an order, declaring the disease epidemic, and to order and enforce those measures in the way of quarantine, isolation of the sick, vaccination, disinfectant, closing of schools, public or private or prohibition of public gatherings that in his or her judgment may be necessary to stamp out the infection or contagion.

RSN1970 c52 s31

[Back to Top](#)**Epidemics - closing schools**

32. Where a communicable disease is unusually prevalent, or it is considered by the minister that in the absence of suitable preventive measures it may become epidemic, and a health officer considers it necessary to order the closing of 1 or more schools and to prohibit public gatherings for the purpose of preventing or checking the spread of a disease, the health officer shall have power to so order for the period that he or she may specify, and the persons in charge of the schools shall not receive or admit a pupil into those schools, nor shall public gatherings take place or be resumed, until permission for that purpose is granted by the health officer.

RSN1970 c52 s32

[Back to Top](#)**Regulations**

33. The minister may make and publish regulations and orders for achieving the purposes of this Act, and in particular, for preventing the arising of communicable diseases, the spread of communicable diseases, the checking of epidemics, the securing of safe conditions in places to which the public resort where they might be infected, and

the securing of safe conditions in trades which might readily be the means of communication of infections, and may in and by the regulations prescribe penalties for a breach not exceeding the general penalty prescribed in section 34 of this Act.

RSN1970 c52 s33

[Back to Top](#)**General**

34. In a case not otherwise specifically provided for in this Act, a person wilfully committing a breach of this Act shall be subject to a penalty not exceeding \$100, or in default of payment, to imprisonment for a period not exceeding 30 days, or to both a fine and imprisonment.

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Schedule

"Communicable disease" includes

Anthrax

Botulism

Brucellosis

Chancroid

Chickenpox

Chlamydia

Cholera

Creutzfeldt-Jakob Disease

Cryptosporidiosis

Cyclospora

Dengue Fever

Diphtheria

Dysentery; amoebic, bacillary and unspecified and believed infectious

Encephalitis, including viral and arthropod-borne

Food-poisoning - due to chemical, toxin, virus, bacteria or other organism (specified or unspecified) including conditions where food-poisoning is suspected but not confirmed

Genital herpes

Giardiasis

Gonorrhoea in all its forms, including ophthalmia neonatorum

Haemophilus influenza type b invasive disease

Hantavirus

Hepatitis A, Hepatitis B, Hepatitis C and other infectious hepatitis

Human immunodeficiency virus infection (HIV)

Influenza A and influenza B (laboratory confirmed)

Invasive disease due to antibiotic resistant organisms

Leprosy

Legionellosis

Louse/Tick-Borne Diseases

Malaria

Measles

Meningitis, viral and bacterial (specified and unspecified)

Meningococcal invasive disease

Mumps

Ornithosis

Pertussis (whooping cough)

Plague

Pneumococcal invasive disease

Poliomyelitis, paralytic

Psittacosis

Rabies (human)

Rubella, including congenital rubella syndrome (CRS)

Severe Acute Respiratory Syndrome (SARS)

Smallpox

Streptococcal Group A and Group B invasive disease

Syphilis in all its forms

Tetanus

Toxoplasmosis

Trichinosis

Tuberculosis

Tularaemia

Typhoid and para-typhoid fever

Water-borne disease - due to chemical, toxin, virus, bacteria or other organism (specified or unspecified) including conditions where water-borne disease is suspected but not confirmed

Yellow Fever, and

Other diseases that may be declared by the minister by order to be a communicable disease.

NLR 32/98; NLR 44/03 s2

Related Legislation:

Health and Community Services Act:

<http://www.assembly.nl.ca/Legislation/sr/statutes/P37-1.htm>

Health Care Association Act

<http://www.assembly.nl.ca/Legislation/sr/statutes/h08.htm>

Appendix B

Figure 1: Passive Surveillance

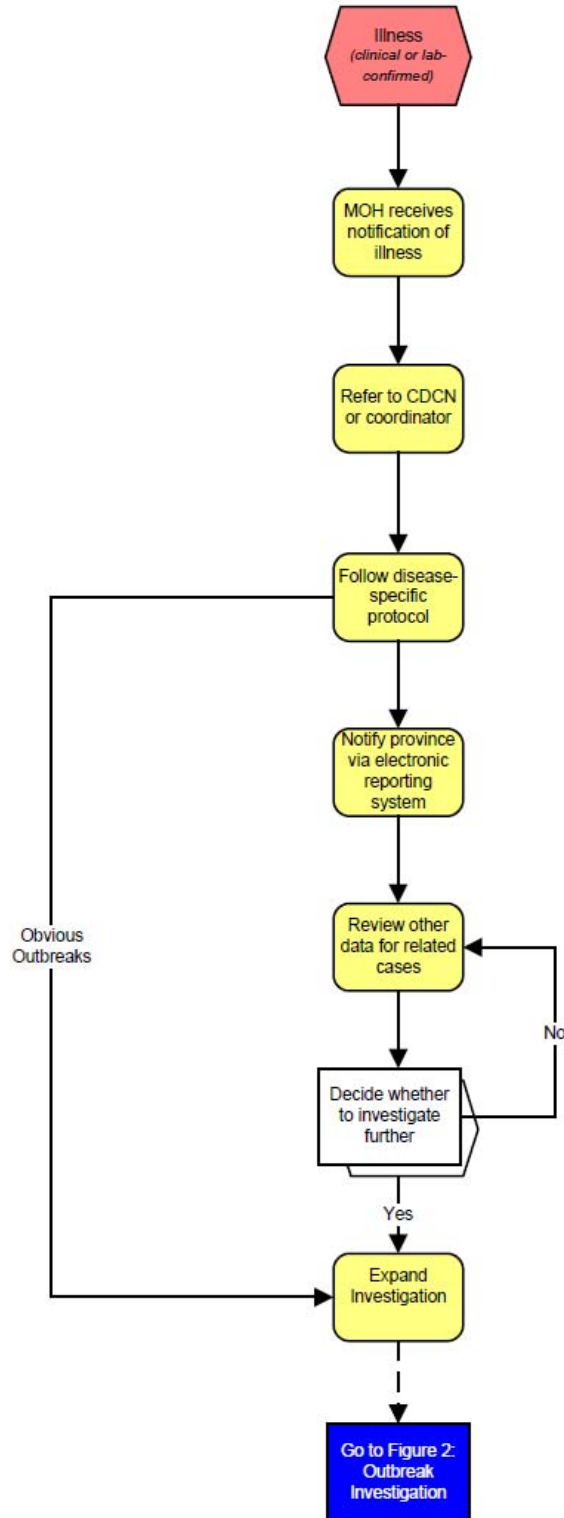


Figure 2: Outbreak Investigation

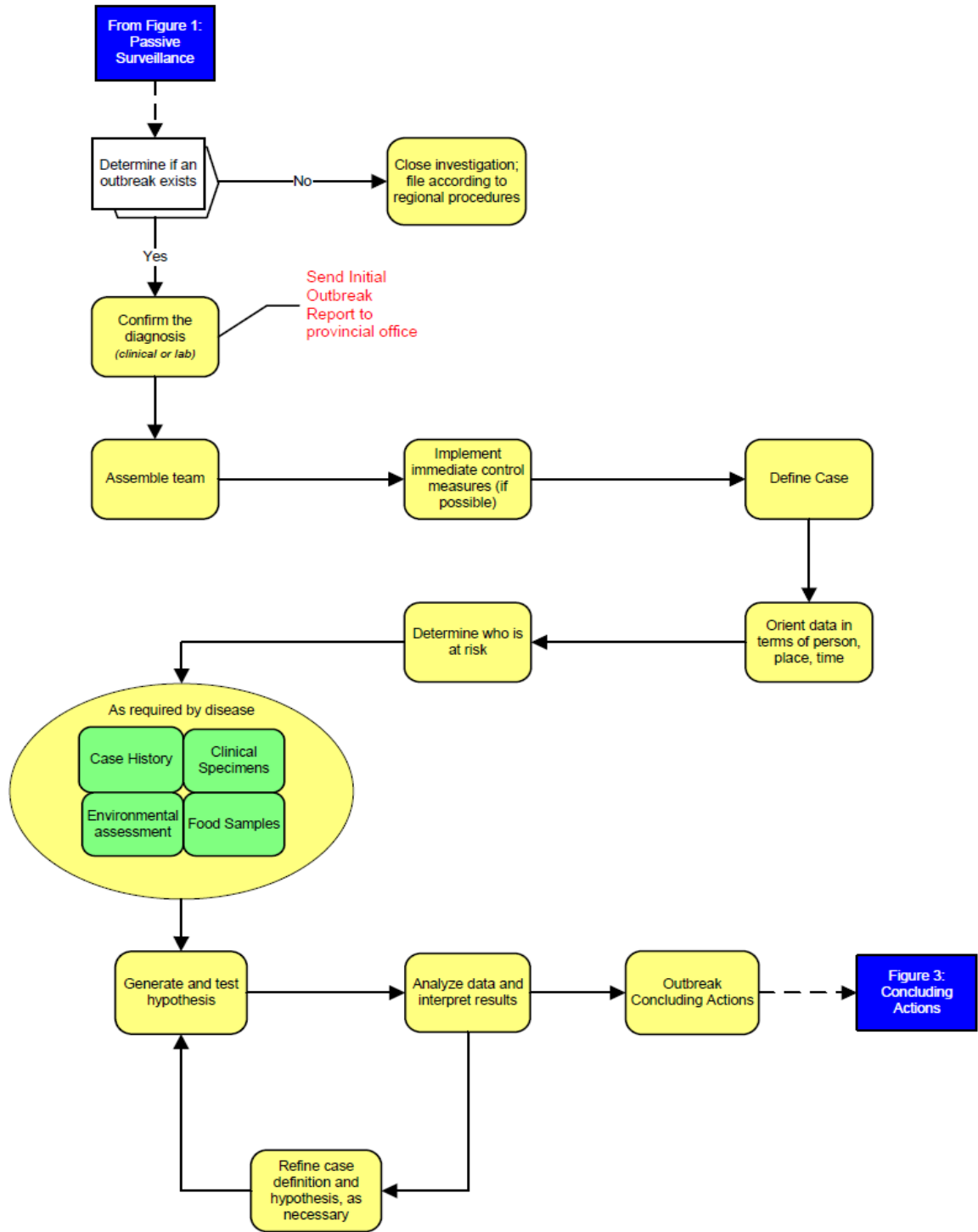
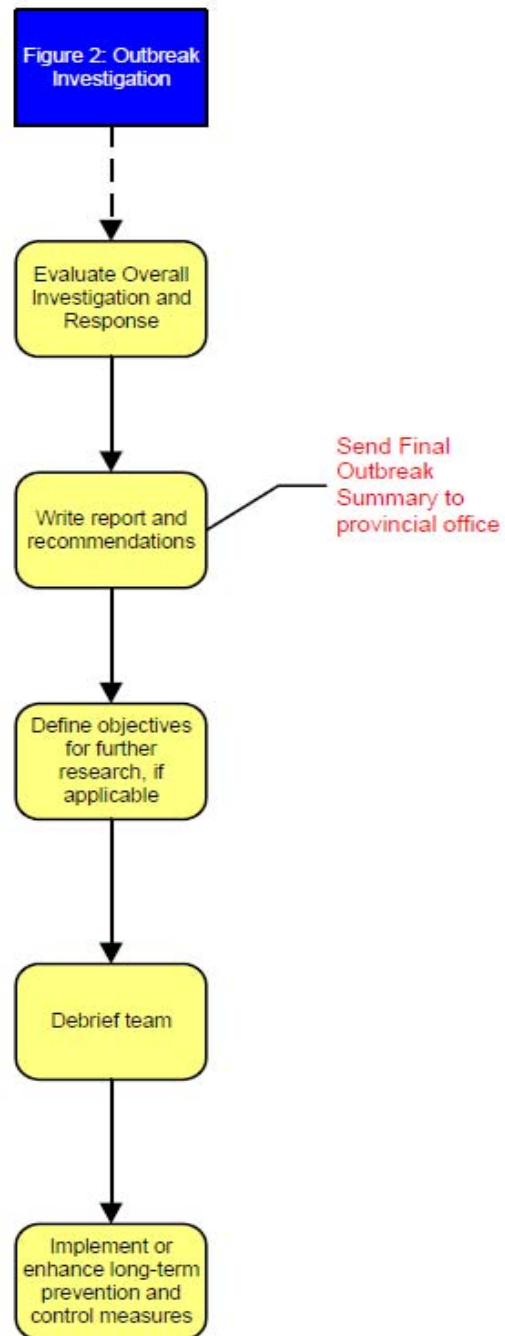


Figure 3: Concluding Actions

Appendix C NL Notifiable Disease Report

PART 1: CONTACT INFORMATION					<input type="checkbox"/> Unable to Contact	<input type="checkbox"/> Lost to follow up	
Patient Name <i>Last First Middle</i>			Alias		Maiden Name		
MCP#		Sex <input type="checkbox"/> Male <input type="checkbox"/> Unk <input type="checkbox"/> Female <input type="checkbox"/> Other		Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> Inuit <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Black <input type="checkbox"/> Oriental <input type="checkbox"/> Other Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify			
Birth Date YYYY / MM / DD	Age Mnths / Yrs						
Home Address (street or legal description)			City/town	Prov.	Country	Postal Code	
Mailing Address (If different from above)			City/town	Prov.	Country	Postal Code	
Disease Name		ICD Code		Confirmation Type (as per case definition) <input type="checkbox"/> Lab-confirmed <input type="checkbox"/> Clinical <input type="checkbox"/> Suspect			
Onset Date YYYY / MM / DD	Clinical Diagnosis Date YYYY / MM / DD	Specimen Collection Date YYYY / MM / DD	Lab Test Result Date YYYY / MM / DD		Date Reported YYYY / MM / DD		
PART 2: TRANSMISSION DETAILS							
Transmission Setting							
<input type="checkbox"/> Animal Facility <input type="checkbox"/> Farm <input type="checkbox"/> Intensive Livestock Operation <input type="checkbox"/> Petting Zoo		<input type="checkbox"/> Correctional Facility <input type="checkbox"/> Hospital Setting <input type="checkbox"/> Household <input type="checkbox"/> Permitted Food Establishment <input type="checkbox"/> Personal Care Home <input type="checkbox"/> Private Dwelling <input type="checkbox"/> Public Transport		<input type="checkbox"/> Restricted Function <input type="checkbox"/> Social Setting <input type="checkbox"/> Sporting Event <input type="checkbox"/> Workplace <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify			
Source of Infection							
<input type="checkbox"/> Animal or Animal Manure Contact <input type="checkbox"/> Domestic Pet; specify <input type="checkbox"/> Livestock; specify <input type="checkbox"/> Other; specify		<input type="checkbox"/> Drinking Water <input type="checkbox"/> Fecal <input type="checkbox"/> Food <input type="checkbox"/> Injection / Intravenous Drug Use <input type="checkbox"/> Needle stick <input type="checkbox"/> Other Water (e.g. Beach, Pool, River, etc.) <input type="checkbox"/> Person-to-Person		<input type="checkbox"/> Respiratory / airborne <input type="checkbox"/> Sexual Contact <input type="checkbox"/> Snorting <input type="checkbox"/> Vertical <input type="checkbox"/> Unknown <input type="checkbox"/> Other; specify			
<input type="checkbox"/> Blood / Blood Product							
<input type="checkbox"/> Breast Milk							
<input type="checkbox"/> Casual							
PART 3: Laboratory Test Details							
Organism Name			Serotype/Serogroup		Test ID:	Laboratory Name:	
						Type of Test	
Specimen Type							
<input type="checkbox"/> Aspirate Bubo		<input type="checkbox"/> Lesion		<input type="checkbox"/> Suspect Food(s)			
<input type="checkbox"/> Biopsy		<input type="checkbox"/> Nasopharyngeal Secretion					
<input type="checkbox"/> Blood		<input type="checkbox"/> Scraping		<input type="checkbox"/> Swab			
<input type="checkbox"/> Brain Tissue		<input type="checkbox"/> Secretion		<input type="checkbox"/> Urine			
<input type="checkbox"/> Bronchial Washings		<input type="checkbox"/> Smear		<input type="checkbox"/> Vomitus			
<input type="checkbox"/> CSF		<input type="checkbox"/> Sputum		<input type="checkbox"/> Unknown			
<input type="checkbox"/> Cutaneous Vesicular Fluid		<input type="checkbox"/> Stool		<input type="checkbox"/> Other			
<input type="checkbox"/> Gastric Washings							
Serology Group			Titre Value(s) Acute		Phage Type		
Serology Type			Titre Value(s) Conv				
Syphilis			Staging			Blood Screen Dilutions	
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Early Latent <input type="checkbox"/> Congenital <input type="checkbox"/> Unspecified <input type="checkbox"/> Other, specify			Date of Blood Report YYYY / MM / DD	

PART 4: RELATED DIAGNOSES & RISK FACTORS			
Disease Name		Onset Date YYYY / MM / DD	
Comments			
Disease Name		Onset Date YYYY / MM / DD	
Comments			
Disease Name		Onset Date YYYY / MM / DD	
Comments			
Risk Factors			
<input type="checkbox"/> None Identified	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Surgical Wound	
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Blood or BP Factors	<input type="checkbox"/> Illicit Drug Use	<input type="checkbox"/> Other	
<input type="checkbox"/> Chronic Disease	<input type="checkbox"/> immunocompromised		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Postpartum		
PART 5: HOSPITALIZATION			Hospitalized <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Hospital Name	Date Admitted YYYY / MM / DD	Date Released YYYY / MM / DD	<input type="checkbox"/> Died from disease causes Date of Death YYYY / MM / DD
<input type="checkbox"/> Died from other causes			
Manifestation			
<input type="checkbox"/> Cellulitis	<input type="checkbox"/> Osteomyelitis	<input type="checkbox"/> Soft Tissue Infection	
<input type="checkbox"/> Epiglottitis	<input type="checkbox"/> Pericarditis	<input type="checkbox"/> Toxic Shock Syndrome	
<input type="checkbox"/> Joint	<input type="checkbox"/> Peritonitis	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Meningitis	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Other	
<input type="checkbox"/> Necrotizing Fasciitis	<input type="checkbox"/> Septicemia / Bacteremia		
PART 6: IMMIGRATION AND TRAVEL DETAILS			
Likely acquired during TRAVEL outside of Newfoundland and Labrador			<input type="checkbox"/> Domestic <input type="checkbox"/> Foreign
Location	Departure Date YYYY / MM / DD	Return Date YYYY / MM / DD	Risk Level <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Likely acquired during RESIDENCE outside of Canada			
Location	Date of Arrival in Canada YYYY / MM / DD	Mode of Travel <input type="checkbox"/> Plane <input type="checkbox"/> Boat <input type="checkbox"/> Car <input type="checkbox"/> Other	
PART 7: IMMUNIZATION DETAILS			
Relevant Immunization Status	Immunization Date	Vaccine Lot #	Antigen Count
<input type="checkbox"/> Complete	YYYY / MM / DD		
<input type="checkbox"/> Incomplete	YYYY / MM / DD		
<input type="checkbox"/> None (and eligible)	YYYY / MM / DD		
<input type="checkbox"/> No Documentation (and eligible)	YYYY / MM / DD		
<input type="checkbox"/> Not Eligible	YYYY / MM / DD		
<input type="checkbox"/> Unknown	YYYY / MM / DD		
Comments			
PART 8: REPORTING			
Comments			
RHA Public Health Staff	Telephone #	RHA Reporting	Date Reported YYYY / MM / DD

Appendix D NL Outbreak Reports

INITIAL OUTBREAK REPORT

Fax to: (709) 729-4647



OUTBREAK IDENTIFICATION

Outbreak ID # _____
(R-YYYY-###; i.e. C-2009-001)
 Date Outbreak Recognized _____ RHA Contact _____
(YYYY-MM-DD)

SYMPTOMS *(Check all that apply)*

- | | | |
|-----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Cough | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Headache | <input type="checkbox"/> STI-related |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fever | <input type="checkbox"/> Other _____ |

WORKING CASE DEFINITION *(Include: Person, place, time)*

Clinical Clinical and Lab-Confirmed Lab-Confirmed
 Infectious Agent _____ Confirmed Suspected Unknown

CASE DETAILS

Onset of 1st symptoms of 1st case _____ Total # of cases _____
(YYYY-MM-DD)

SITE/LOCATION *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Food Establishment _____ | <input type="checkbox"/> Hospital _____ |
| <input type="checkbox"/> LTC Facility _____ | <input type="checkbox"/> Other extended care facility _____ |
| <input type="checkbox"/> Other Facility _____ | <input type="checkbox"/> Workplace _____ |
| <input type="checkbox"/> School _____ | <input type="checkbox"/> Daycare _____ |
| <input type="checkbox"/> Correctional Facility _____ | <input type="checkbox"/> Animal Facility _____ |
| <input type="checkbox"/> Travel Related _____ | <input type="checkbox"/> Common Event _____ |
| <input type="checkbox"/> General Community _____ | <input type="checkbox"/> Other _____ |

CURRENT/PROPOSED INTERVENTIONS *(Check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Hand washing/Hygiene enhancement | <input type="checkbox"/> Active Case Finding | <input type="checkbox"/> Exclusion |
| <input type="checkbox"/> Personal Protective Equipment | <input type="checkbox"/> Immunization | <input type="checkbox"/> Prophylaxis |
| <input type="checkbox"/> Isolation/Restriction of movement | <input type="checkbox"/> Boil Water Advisory | <input type="checkbox"/> Product Recall |
| <input type="checkbox"/> Closure (Institution, ward, restaurant) | <input type="checkbox"/> Environmental Disinfection | <input type="checkbox"/> Education |
| <input type="checkbox"/> Other _____ | | |

PEOPLE NOTIFIED *(Check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Facility infection control practitioner | <input type="checkbox"/> Regional MOH |
| <input type="checkbox"/> Environmental health (PHI/EHO) | <input type="checkbox"/> Office of the Chief MOH |
| <input type="checkbox"/> Local Health Professionals | <input type="checkbox"/> Media |
| <input type="checkbox"/> CDCN | <input type="checkbox"/> PHL/Hospital Lab |

OTHER COMMENTS

Completed By _____ Date Form Completed _____
(YYYY-MM-DD)

FINAL OUTBREAK SUMMARY

Fax to: (709) 729-4647



OUTBREAK IDENTIFICATION

Outbreak ID # _____
(R-YYYY-###; i.e. C-2009-001)

Date of Final Report _____
(YYYY-MM-DD)

FINAL CASE DEFINITION (Include: Person, place, time)

Clinical Clinical and Lab-Confirmed Lab-Confirmed

Infectious Agent _____ Confirmed Suspected Unknown

CASE DETAILS

Onset of 1st symptoms of 1st case _____
(YYYY-MM-DD)

Onset of 1st symptoms of last case _____
(YYYY-MM-DD)

Date outbreak considered over _____
(YYYY-MM-DD)

	# Cases	Lab Confirmed	Deaths	Pop'n at Risk	Age Range _____ to _____
Clients					Median Age _____
Staff					% Female _____
Total					% Male _____

TRANSMISSION (Check one)

Confirmed Suspected Unknown

- Contact (Direct / Indirect)
• Gastroenteritis (fecal-oral)
 • Hep B/Hep C/HIV (blood)
- Droplet
• Influenza
 • Meningococcal Infections
- Airborne
• Tuberculosis
 • Varicella

SOURCE (Check one)

Confirmed Suspected Unknown

- Water Food / Food Handler Animal
- Environment (e.g. soil, air conditioner) Biologic (e.g. blood, HGH, vaccine) Vaccine failure
- Unvaccinated population Other break in control of endemic illness Product Recall
- Other _____

MAJOR INTERVENTIONS (Check all that apply)

- Hand washing/Hygiene enhancement Active Case Finding Exclusion
- Personal Protective Equipment Immunization Prophylaxis
- Isolation/Restriction of movement Boil Water Advisory Product Recall
- Closure (Institution, ward, restaurant) Environmental Disinfection Education
- Other _____

RECOMMENDATIONS FOR POLICY/PRACTICE CHANGE(S)



Notifiable Disease List
Report to your Regional Medical Officer of Health

Revised 8-Apr-10

<p>List A Immediate, detailed reporting of suspect and confirmed cases (same day)</p>	<p>List B Routine, detailed reporting (weekly); Immediate reporting if outbreak is suspected or confirmed (same day)</p>	<p>List C Routine, aggregate reporting (weekly)</p>
<ul style="list-style-type: none"> • Acute Flaccid Paralysis (AFP) • Anthrax • Botulism • Cholera • Creutzfeldt-Jakob Disease (CJD) • Diphtheria • Hepatitis A • Influenza Virus of a Novel Strain • Invasive Group A Streptococcal Disease • Invasive <i>Haemophilus influenzae</i> type B (Hib) • Invasive Meningococcal Disease (IMD) • Legionellosis • Listeriosis • Measles • Meningitis, Bacterial (other than Hib, IMD or IPD) • Mumps • Paralytic Shellfish Poisoning • Plague • Poliomyelitis • Rabies • Rubella • Severe Respiratory Illness, unknown origin • Smallpox • Tuberculosis • Typhoid/Paratyphoid Fever • Verotoxigenic <i>Escherichia coli</i> • Viral Haemorrhagic Fevers (Crimean Congo, Dengue, Ebola, Lassa, Marburg, Rift Valley) • West Nile Virus Infection 	<ul style="list-style-type: none"> • Amoebiasis • Brucellosis • Campylobacteriosis • Chancroid • Chikungunya • Chlamydia • Congenital Rubella Syndrome • Cryptosporidiosis • Cyclosporiasis • Cytomegalovirus Infection • Dengue Virus Infection • Epidemic Encephalitis • Food-borne Epidemic/Outbreak • Giardiasis • Gonorrhoea • Group B Streptococcal Disease of Newborn • Hantavirus Pulmonary Syndrome • Hepatitis B • Hepatitis C • HIV Infection • Influenza, Laboratory Confirmed • Invasive Pneumococcal Disease (IPD) • Leprosy • Lyme Disease • Lymphogranuloma venereum • Malaria • Meningitis, Viral • Nontuberculosis Mycobacterial Disease • Norovirus Infection • Ornithosis/Pittacosis • Pertussis • Q Fever • Salmonellosis • Shigellosis • Syphilis, All Categories • Tetanus • Toxoplasmosis • Trichinellosis • Tularemia • Typhus • Water-borne Epidemic/Outbreak • Yellow Fever • Yersiniosis 	<ul style="list-style-type: none"> • <i>Clostridium difficile</i>-associated diarrhea • Coxsackievirus Infection (Hand, Foot & Mouth Disease) • Erythema Infectiosum (Fifth Disease) • Influenza-Like Illness (ILI) • Methicillin Resistant <i>Staphylococcus aureus</i> (MRSA) • <i>Mycoplasma pneumoniae</i> Infection • Respiratory Syncytial Virus (RSV) • Rotavirus Infection • Vancomycin Resistant Enterococcus (VRE)

AFTER HOURS AND WEEKENDS: 1-866-270-7437

Eastern Health (Urban)
P. O. Box 13122, Stn A
20 Cordage Place
St. John's, NL A1B 4A4
(709) 752-4882
(709) 752-4873
Eastern Health (Rural)
34 Salmonier Line, Hawco Bldg.
P. O. Box 70
Holyrood, NL A0A 2F0
(709) 229-1574
(709) 229-1599

Central Health
Level 3 - Health Protection
125 Trans Canada Hwy
Gander, NL A1V 1P7
(709) 651-8238
(709) 651-3488

Western Health
1 Brookfield Road
P. O. Box 2005
Corner Brook, NL A2H 6J7
(709) 637-5417
(709) 637-5180

Labrador-Griffell Health (So. unit)
179-200 West Street
St. Anthony, NL A0K 4S0
(709) 454-0367
(709) 454-4978
Labrador Health Centre (North)
P. O. Box 7000, Postal Stn C
Goose Bay, NL A0P 1C0
(709) 897-2137
(709) 896-4393

References

Websites

FluWatch

<http://www.phac-aspc.gc.ca/fluwatch/>

“FluWatch, Canada's national influenza surveillance system, is coordinated through the Centre for Infectious Disease Prevention and Control at the Public Health Agency of Canada... Influenza surveillance is a collaborative effort between provincial and territorial ministries of health, participating laboratories, The College of Family Physicians of Canada-National Research System (NaReS), sentinel practitioners, tertiary care paediatric hospitals through the IMPACT program, the National Microbiology Laboratory and the Centre for Immunization and Respiratory Infectious Diseases (CIRID) at the Public Health Agency of Canada... FluWatch disseminates information through weekly reports during the active influenza season and biweekly reports during the low season (mid-May to September). Reports are published on Fridays and are available to health professionals and the public through a variety of media, including fax, e-mail and this Web site.”

Infectious Diseases: PHAC

<http://www.phac-aspc.gc.ca/id-mi/index-eng.php>

Representing over ten years of evidence collection and collated specialists' advice, and summarizing the latest scientific evidence, the Public Health Agency of Canada publishes a series of Infection Control Guidelines as a supplement to the Canada Communicable Disease Report. These guidelines have proven to be an invaluable resource.

Surveillance: PHAC

<http://www.phac-aspc.gc.ca/surveillance-eng.php>

BCCDC

<http://www.bccdc.ca/>

BC Centre for Disease Control (BCCDC) is an agency of the Provincial Health Services Authority that focuses on preventing and controlling communicable disease and promoting environmental health for the province. The day to day public health work of the BCCDC is done in support of regional health authorities, the Ministry of Health and the Provincial Health Officer. Scientific and technical support is provided by a number of specialized, yet integrated, operating divisions.

Books

Red Book: 2009 Report of the Committee on Infectious Diseases

28th Edition

Published by the American Academy of Pediatrics

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Control of Communicable Diseases Manual - 19th Ed.

19th Edition

Published by the American Public Health Association

Copyright © 2008

Procedures to Investigate Foodborne Illness

5th edition

Published by the International Association for Food Protection

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www.foodprotection.org

Procedures to Investigate Waterborne Illness

2nd edition

Published by the International Association for Food Protection

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