

# Notifiable Disease Notification Form

**Report by telephone**  
**as soon as an occurrence is SUSPECTED**  
**Report in writing within 24 hours of the initial communication**  
**MOH on Call: 1-866-270-7437**

- Anthrax
- Botulism
- Creutzfeldt-Jakob Disease (CJD)
- Diphtheria
- Group A Streptococcal Disease, Invasive (IGAS)
- Haemophilus Influenza type B Disease, Invasive (HIB)
- Measles
- Meningococcal Disease, Invasive
- Plague
- Rabies (includes animal bites from species known to carry Rabies e.g. bats, cats, dogs, farm and wild animals)
- Severe Acute Respiratory Illness (SARI)
- Smallpox
- Tetanus
- Tularemia
- Viral Hemorrhagic Fevers (e.g. Ebola, Lassa, Marburg, Yellow Fever)
- All disease outbreaks, unusual disease clusters and unusual disease occurrences or features**

**Report in writing within 24 hours of diagnosis**

- Acute Flaccid Paralysis
- Antimicrobial Resistant Organisms
- Arbovirus (e.g. La Crosse, West Nile, Zika virus)
- Brucellosis
- Clostridium Difficile
- Chlamydia
- Food and Waterborne Illness (e.g. Amoebiasis, *Campylobacter*, *Cryptosporidium*, *E. coli*, *Giardia*, *Listeria*, *Salmonella*)
- Gonorrhoea
- Group B Streptococcal Disease of the Newborn
- Haemophilus Influenza Non-B Disease, Invasive
- Hantavirus Pulmonary Syndrome
- Hepatitis A, B, C, and Unspecified Hepatitis
- Human Immunodeficiency Virus (HIV)
- Influenza (laboratory-confirmed only)
- Legionellosis
- Leprosy
- Louse or Tickborne Diseases (e.g. Babesiosis, Lyme, Powassan)
- Malaria
- Mumps
- Pertussis
- Poliomyelitis
- Q fever
- Rubella (including Congenital Rubella Syndrome)
- Syphilis (including Congenital Syphilis)
- Tuberculosis

**Report in writing within 7 days of diagnosis**

- Chancroid
- Pneumococcal Disease, Invasive
- Varicella

**Client Information**

Name	
Address	
MCP/HCN	
Phone Number	Phone (Home): Phone (Cell):
DOB (dd/mm/yyyy)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse <input type="checkbox"/> Unknown
Pregnancy Status	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

**Disease Details**

How was the disease identified?	<input type="checkbox"/> Clinical presentation <input type="checkbox"/> Contact Tracing Follow-up <input type="checkbox"/> Screening
Is the client hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, specify hospital and unit	

**Reporting Health Care Provider Details**

Name	
Clinic Name	
Phone Number	
Date (dd/mm/yyyy)	

**Additional Comments**

**Regional Contacts**

Notifiable diseases are to be reported to the Regional Medical Officer of Health (MOH) or regional Communicable Disease Control Nurse or in acute and long-term care situations, Infection Control Practitioner.

<p><b>Eastern Health</b>          Mount Pearl Square          760 Topsail Road          Mount Pearl, NL, A1N 3J5          (P) 709-752-3918          (F) 709-752-4873</p>	<p><b>Central Health</b>          Health Protection Division          125 TransCanada Hwy          Gander, NL A1V 1P7          (P) 709-651-6238          (F) 709-651-6483</p>	<p><b>Western Health</b>          1 Brookfield Road          P.O. Box 2005          Corner Brook, NL, A2H 6J7          (P) 709-784-5417          (F) 709-637-5160</p>
<p><b>Labrador-Grenfell Health (North)</b>          P.O. Box 7000, Station A          Happy Valley Goose Bay, NL          AOP 1C0          (P) 709-897-3110          (F) 709-896-4393</p>	<p><b>Labrador-Grenfell Health (South)</b>          Mission Store          178-200 West Street          St. Anthony, NL, A0K 4S0          (P) 709-454-0375          (F) 709-454-4978</p>	

**MOH on Call: 1-866-270-7437**