

➔ Please notify to the Regional Medical Officer of Health by telephone, fax or post. ➔

Public Health Region 3  
Public Health Services  
P.O. Box 5001, 300 St. Mary's St., Suite 1200  
Fredericton, NB E3B 5H1  
Fax: 506-444-4877  
During business hours: 506-444-5905  
After business hours: 506-453-8128

### 1. PATIENT INFORMATION

Family name: \_\_\_\_\_  
Given name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
Town, village: \_\_\_\_\_  
Telephone (home): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone (office/cell): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Sex: -Male -Female  
Date of birth: YYYY / MM / DD  
Occupation and workplace or name of school/daycare attended:  
\_\_\_\_\_  
Recent travel overseas: -No -Yes  
If yes, specify country: \_\_\_\_\_  
Country of birth: \_\_\_\_\_  
Ethnicity: -Aboriginal -Caucasian  
-Black -Asian  
-Other

### 2. DETAILS OF CONDITION

How was infection identified?  
-Clinical presentation, specify onset date: YYYY / MM / DD  
-Contact tracing  
-Screening  
Was the patient hospitalized? -No -Yes  
Laboratory confirmation of diagnosis  
-Laboratory confirmed  
-Linked to laboratory-confirmed case  
-Laboratory confirmation pending  
-No laboratory confirmation

### 3. REPORTING PROFESSIONAL DETAILS

Name: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: YYYY / MM / DD

### 4. CLINICAL COMMENTS

### 5. Reportable diseases and events

Phone within one hour of identification and write/fax by the end of the next working day

- Anthrax
- Botulism
- Cholera
- Clusters of illness, food, water-borne or enteric
- Clusters of severe or atypical illness, respiratory borne
- COVID-19
- Diphtheria
- Hemorrhagic fever (viral)
- Influenza caused by a new subtype
- Measles
- Meningococcal infection (invasive)
- Multisystem inflammatory syndrome in children (MIS-C)
- Plague
- Poliomyelitis due to wild type poliovirus
- Severe acute respiratory syndrome
- Smallpox
- Unusual clusters of suspect notifiable disease cases
- Yellow fever

Phone within 24 hours of identification and write/fax within seven days

- Brucellosis
- Campylobacteriosis
- Cryptosporidiosis
- Cyclosporiasis
- *Escherichia coli* (verotoxigenic)
- Exposure to suspected rabid animal
- Giardiasis
- Guillain-Barré syndrome
- Hantavirus pulmonary syndrome
- Haemophilus influenza infection- all serotypes (invasive)
- Hepatitis A
- Hepatitis B
- Hepatitis E
- Legionellosis
- Listeriosis (invasive)
- Mumps
- Paralytic shellfish poisoning
- Pertussis
- Q fever
- Rabies
- Rubella (including congenital)
- Salmonellosis
- Shigellosis
- *Staphylococcus aureus* foodborne intoxications
- Streptococcus group A infection (invasive)
- Tularemia
- Tuberculosis (active)
- Typhoid
- Unusual illness
  - presence of symptoms that do not fit any recognizable clinical picture
  - known aetiology but not expected to occur in New Brunswick
  - known aetiology that does not behave as expected
  - clusters presenting with unknown aetiology
- Varicella
- Vibrio species pathogenic to humans (other than Cholera)
- West Nile Virus infection
- Yersiniosis

Write within seven days of identification

- Adverse reaction to a vaccine or other immunizing agent
- Chlamydial infection (genital)
- *Clostridium difficile* associated diarrhea
- Creutzfeld-Jacob disease-Classic and New Variant
- Cytomegalovirus (congenital and neonatal)
- Gonococcal infection
- Hepatitis C and G
- Hepatitis (other viral)
- Herpes (congenital/ neonatal)
- HIV/AIDS
- Influenza (Laboratory confirmed)
- Leprosy
- Leptospirosis
- Lyme borreliosis
- Malaria
- Methicillin resistant *Staphylococcus aureus* (MRSA)
- Pneumococcal infection (invasive)
- Psittacosis
- Rickettsial infection
- Streptococcus group B infection (neonatal)
- Syphilis (including congenital)
- Tetanus
- Toxoplasmosis
- Vancomycin- resistant Enterococci (VRE)