

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

Public Health Region 2
 Public Health Services
 P.O. Box 93, Saint John, NB E2L 3X1
 Fax: 506-643-7894
 During business hours: 506-658-5188
 After business hours: 506-658-2764

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
 Medicare number: _____
 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
- 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 or cluster of unknown aetiology
- Yellow fever

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

- Brucellosis
- Campylobacteriosis
- COVID-19
- 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)
- Mpox
- 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)
- Suspect case of an existing or new variant of human or animal prion disease
- Syphilis (including congenital)
- Tetanus
- Toxoplasmosis
- Vancomycin-resistant Enterococci (VRE)