Please notify to th	e Regional Medical Office elephone, fax or post.	er of Health	5. Reportable diseases and events Phone within one hour of identification and
Public Health Region 5 Public Health Services			write/fax by the end of the next working day
19 Aberdeen Street, Suite 2 Campbellton, NB E3N 2J6	200		□- Anthrax □- Botulism
Fax: 506-789-2349	c 700 00cc		- Cholera - Clusters of illness, food, water-borne or enteric
During business hours: 50 After business hours: 506-			Clusters of severe or atypical illness, respiratory borne
. PATIENT INFORMATIO	DN		- Diphtheria - Hemorrhagic fever (viral)
Family name:			□- Influenza caused by a new subtype □- Measles
Given name:			- Meningococcal infection (invasive) - Multisystem inflammatory syndrome in children (MIS-C)
treet address:			□- Plague
own, village:			□- Poliomyelitis due to wild type poliovirus □- Severe acute respiratory syndrome
elephone (home):	 ()		□- Smallpox □- Unusual clusters of suspect notifiable disease cases or cluster of unknown ae
,	(//		□- Yellow fever
elephone (office/cell):			
Sex:	□-Male □-Female		Phone within 24 hours of identification and
Date of birth:	YYYY / MM / DD		write/fax within seven days
ledicare number:			□- Brucellosis
occupation and workplace	or name of school/daycare at	tended:	- Campylobacteriosis - COVID-19
			□- Cryptosporidiosis
ecent travel overseas:	□-No □-Yes		- Cyclosporias - Escherichia coli (verotoxigenic)
yes, specify country:			- Exposure to suspected rabid animal Giardiasis
Country of birth:			□- Guillain-Barré syndrome
Ethnicity:	· · · · · ·	I-Caucasian	 Hantavirus pulmonary syndrome Haemophilus influenza infection- all serotypes (invasive)
	□-Black □ □-Other	I-Asian	□- Hepatitis A □- Hepatitis B
	_ 0000		- Hepatitis E - Legionellosis
			□- Listeriosis (invasive)
DETAILS OF CONDITI	ON		- Mpox - Mumps
How was infection identified			- Paralytic shellfish poisoning - Pertussis
□-Clinical presentat □-Contact tracing	tion, specify onset date: YYY	Y / MM / DD	□-Q fever
			- Rabies - Rubella (including congenital)
Was the patient hospitalize	d? □-No □-Yes		□- Salmonellosis
Laboratory confirmation of diagnosis			- Shigellosis - Staphylococcus aureus foodborne intoxications
□-Laboratory confirmed			- Streptococcus group A infection (invasive) - Tularemia
□-Linked to laborat □-Laboratory confin	ory-confirmed case		□- Tuberculosis (active)
□-Laboratory comin			□- 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

Adverse reaction to a vaccine or other immunizing agent
 Chlamydial infection (gential)
 Clostridium difficile associated diarrhea

□ - Creutzfeld-Jacob disease-Classic and New Variant □ - Cytomegalovirus (congenital and neonatal) □ - Gonococcal infection

□- Malaria □- Methicillin resistant Staphylococcus aureus (MRSA) □- Pneumococcal infection (invasive) □- Psittaccosis

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)

Write within seven days of identification

□- Yersinosis

□- Hepatitis C and G □-Hepatitis (other viral) □- Herpes (congenital/ neonatal) □- HIV/AIDS - Influenza (Laboratory confirmed)

□- Leprosy □- Leptospirosis □- Lyme borreliosis

□-Rickettsial infection

3. REPORTING PROFESSIONAL DETAILS

YYYY / MM / DD	
	YYYY / MM / DD

4. CLINICAL COMMENTS