

Communicable Disease Surveillance Unit
 277 Victoria Street, 10th Floor
 Toronto, Ontario M5B 1W2

Phone: 416 392 7411
 Fax: 416 392 0047
 After hours : 3 1 1 or 416 392 CITY(2489) for
 callers from outside of Toronto

Patient Information	Last Name First Name Second Name			Report Date (YYYY/MM/DD)		Report Time (24 Hrs)	
	Apt. No. Street Address			/ /		: M	
	City			Postal Code		: F	
	Date of Birth (YYYY/MM/DD) / /			Health Card Number (Optional)		Telephone: Home: ()	
Diagnostic Information	Disease being reported (see TPH Reportable Disease List):			Hospitalized? Y N Unknown		ER Visit Only? Y N Unknown	
	Laboratory Lab Name: _____			Name of Hospital: (if applicable)			
	Specimen Type: _____			Clinical Signs and Symptoms:			
	Test Type: _____			Date of onset: (YYYY/MM/DD)			
Report Source	Specimen Number: _____			Date collected: _____			
	Result(s): _____			Name of Person Making the Report (use next box if physician)		Attending Physician (Full Name and Initials)	
	Date collected: _____			Title: Agency:		Dr. _____	
	Report taken by (TPH staff name):			Phone Number(s):		Facility Name: Address: Phone Number(s):	
Comments	Additional Comments:						

Personal health information collected on this form is collected under the authority of the Health Protection Promotion Act, R.S.O. 1990 c. H. 7. The information is used to investigate communicable disease events and to control and prevent the spread of communicable/infectious diseases. Questions about this collection can be directed to the CDSU Manager (cdsu@toronto.ca, 277 Victoria Street, Toronto, Ontario, M5B 1W2) or by phone at 416-392-7411. This facsimile transmission is intended for the addressee indicated above. It may contain information that is privileged, confidential, or otherwise protected from disclosure. Any review, dissemination or use of this information or contents by persons other than the addressee is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone (collect if necessary) so that we may arrange for its return at our expense. Thank you for your cooperation.

Receipt Info	<u>For CDSU INTERNAL USE ONLY</u>						
	Date received:			Received by (TPH staff name):			
Urgent Info	Via (circle one): Phone Fax Mail			Area of the City: N S E W			
	CID/IC: N S E W <u>or</u>			TB: N S E W <u>or</u> CDLU			
	Called and Faxed To:			Report Faxed by:			
iPHIS#:							

COMMUNICABLE DISEASE REPORTING

CONTACT INFORMATION:

Communicable Disease Surveillance Unit

277 Victoria Street, 10th Floor, Toronto, ON M5B 1W2

Phone: 416-392-7411 Fax: 416-392-0047

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Timely reporting of communicable diseases is essential for their control.

If you suspect or have confirmation of the following specified Reportable Communicable Diseases or their etiologic agents, (as per Ontario Regs 559/91 and amendments under the Health Protection and Promotion Act) please report them to the local Medical Officer of Health:

Acquired Immunodeficiency Syndrome (AIDS)	*Haemophilus influenzae b disease, invasive	Pneumococcal disease, invasive
Acute Flaccid Paralysis, <15 years old	*Hantavirus Pulmonary Syndrome	*Poliomyelitis, acute
Amebiasis	*Hemorrhagic fevers, including:	Psittacosis/Ornithosis
*Anthrax	1. *Ebola virus disease	*Q Fever
*Botulism	2. *Marburg virus disease	*Rabies
*Brucellosis	3. *Other viral causes	*Respiratory infection outbreaks in institutions
<i>Campylobacter</i> enteritis	*Hepatitis, viral	*Rubella
Chancroid	1. *Hepatitis A	Rubella, congenital syndrome
Chickenpox (Varicella)	2. Hepatitis B	Salmonellosis
<i>Chlamydia trachomatis</i> infections	3. Hepatitis C	*Severe Acute Respiratory Syndrome (SARS)
*Cholera	Influenza	*Shigellosis
*Clostridium difficile associated disease (CDAD) outbreaks in public hospitals	*Lassa Fever	*Smallpox
Creutzfeldt-Jakob Disease, all types	*Legionellosis	Syphilis
*Cryptosporidiosis	Leprosy	Tetanus
*Cyclosporiasis	*Listeriosis	Trichinosis
*Diphtheria	Lyme Disease	Tuberculosis
*Encephalitis, including:	Malaria	*Tularemia
1. *Primary, viral	*Measles	*Typhoid Fever
2. Post-infectious	*Meningitis, acute	*Verotoxin-producing <i>E. coli</i> infection, including Haemolytic Uraemic Syndrome (HUS)
3. Vaccine-related	1. *Bacterial	*West Nile Virus illness, including:
4. Subacute sclerosing panencephalitis	2. Viral	i. *West Nile fever
5. Unspecified	3. Other	ii. *West Nile neurological manifestations
*Food poisoning, all causes	*Meningococcal disease, invasive	*Yellow Fever
*Gastroenteritis, institutional outbreaks	Mumps	Yersiniosis
*Giardiasis, except asymptomatic cases	Ophthalmia neonatorum	
Gonorrhoea	Paralytic Shellfish Poisoning	
*Group A Streptococcal disease, invasive	*Paratyphoid Fever	
Group B Streptococcal disease, neonatal	Pertussis (Whooping Cough)	
	*Plague	

Note: Diseases marked * (and Influenza in institutions) should be reported immediately to the Medical Officer of Health by telephone. Other diseases can be reported by the next working day by fax, phone or mail.