

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

Public Health Region 5  
 Public Health Services  
 6 Arran Street, 1st floor  
 Campbellton, NB E3N 1K4  
 Fax: 506-789-2349  
 During business hours: 506-789-2266  
 After business hours: 506-789-2428

**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)