Reportable Infectious Diseases and Events

Ottawa | Public Health
Santé publique

Timely reporting of diseases of public health significance is essential for their control. If you suspect or have confirmation of the following specified diseases and events (as per Ontario Regulation 135/18 and amendments under the Health Protection and Promotion Act) please report them to the local Medical Officer of Health:

- Diseases marked in bold/with an asterisk are reportable immediately by telephone. All other diseases are reportable by the next business day.
- Monday to Friday from 8:30 a.m. to 4:30 p.m., call 613-580-2424, ext. 24224 Fax: 613-580-9640
- After hours, on weekends or holidays, call 3-1-1
- Sexually transmitted infections (STIs), call 613-580-2424, ext. 12580 Fax: 613-580-2831

*** Acute Flaccid Paralysis**
*** Adverse event following immunization (AEFI)**
AIDS (Acquired Immunodeficiency Syndrome)
Amebiasis (Entamoeba histolytica)
Anaplasmosis
*** Anthrax**
Babesiosis
*** Bites or exposures to potentially rabid animals**
Blastomycosis
*** Botulism**
*** Brucellosis**
Campylobacter enteritis
Candida auris
Carbapenemase-producing *Enterobacteriaceae* (CPE) infection or colonization
Chancroid
Chickenpox (Varicella)
Chlamydia trachomatis infections
*** Cholera**
Clostridium difficile infection (CDI) outbreaks in public hospitals
Creutzfeldt-Jakob Disease, all types
Cryptosporidiosis
Cyclosporiasis
*** Diphtheria**
*** Diseases caused by a novel coronavirus, including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS)**
Echinococcus multilocularis infection
Encephalitis (primary viral, post-infectious, vaccine-related, subacute sclerosing panencephalitis, unspecified)
*** Food poisoning**
Gastroenteritis, outbreaks in institutions and public hospitals
Giardiasis, except asymptomatic cases
Gonorrhoea
*** Group A Streptococcal disease, invasive**
Group B Streptococcal disease, neonatal
*** Haemophilus influenzae disease, all types, invasive**
*** Hantavirus pulmonary syndrome**
*** Hemorrhagic fevers, including: (Ebola virus disease, Marburg virus disease, Lassa fever and other viral causes)**
*** Hepatitis A, viral**
Hepatitis B, viral
Hepatitis C, viral
HIV infection
Influenza
Legionellosis
Leprosy
Listeriosis
Lyme Disease
*** Measles**
*** Meningitis, acute, including: bacterial, viral and other**
*** Meningococcal disease, invasive**
*** Mumps**
Ophthalmia neonatorum
*** Paralytic Shellfish Poisoning**
*** Paratyphoid Fever**
*** Pertussis (Whooping Cough)**
*** Plague**
Pneumococcal disease, invasive
*** Poliomyelitis, acute**
Powassan Virus
Psittacosis/Ornithosis
*** Q Fever**
*** Rabies**
*** Respiratory infection outbreaks in institutions and public hospitals**
*** Rubella**
Rubella, congenital syndrome
Salmonellosis
*** Shigellosis**
*** Smallpox and other Orthopoxviruses including Monkeypox**
Syphillis
*** Tetanus**
Trichinosis
Tuberculosis
*** Tularemia**
*** Typhoid Fever**
*** Verotoxin-producing E. coli infections including Hemolytic Uremic Syndrome (HUS)**
West Nile Virus illness
Yersiniosis

January 2025

Reporting Form

Ottawa | Public Health / Santé publique

Please complete all applicable areas and return this form to the Medical Officer of Health for Ottawa Public Health.

Infectious Disease Program	**Sexual Health Centre (for Sexually Transmitted Infections)**
100 Constellation Drive, 8 East, Ottawa ON K2G 6J8 Telephone: 613-580-2424, ext. 24224 Fax: 613-580-9640	179 Clarence Street, Ottawa ON K1N 5P7 Telephone: 613-580-2424, ext. 12580 Fax: 613-580-2831

Name of reporting agency: **Telephone #**:

Name of person reporting (please print):

Patient Information

Ontario health card #: _____

Last name: _____ First name: _____

Date of birth: _____ Age: _____ Gender: _____

Address: _____

City: _____ Postal code: _____

Home telephone #: _____ Alternative telephone #: _____

Occupation: _____

Name of school/child care centre: _____

Disease Information

Disease: _____ Specimen type: _____

Onset date: _____ Specimen collection date: _____

STI lab specimen #: _____

Treatment History

Treatment: _____ Treatment date: _____

☐ No STI treatment information available at reporting time

Hospitalized?: ☐ Yes ☐ No Name of hospital: _____

Admission date: _____ Discharge date: _____

Physician Information

Name: _____ Specialty: _____

Address: _____

City: _____ Postal code: _____

Telephone #: _____

Date of notification:	**Signature of person reporting:**

Personal information on this form is collected under the authority of the *Health Protection and Promotion Act, Sections 22 and 24*, and will be used for public health follow-up. Any questions should be directed to the Infectious Disease Program at 613-580-2424, ext. 24224.