

Communicable Disease Surveillance Unit

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				Telephone:			
	City				Postal Code		Home: ()			
							Cell: ()			
Diagnostic Information	Date of Birth (YYYY/MM/DD)		Health Card Number (Optional)		Gender		Pregnant			
	/ /				M F Other		Y N N/A			
Report Source	Disease being reported (see TPH Reportable Disease List):					Hospitalized? Y N Unknown				
						ER Visit Only? Y N Unknown				
	Name of Hospital: (if applicable)									
	Laboratory Lab Name: _____					Clinical Signs and Symptoms:				
Comments	Specimen Type: _____									
	Test Type: _____									
	Specimen Number: _____									
	Result(s): _____									
Report Source	Date collected: _____					Date of onset: (YYYY/MM/DD)				
	Name of Person Making the Report (use next box if physician)					Attending Physician (Full Name and Initials)				
					Dr.				
	Title: _____ Agency: _____					Facility Name: _____				
Comments	Phone Number(s): _____					Address: _____				
	Report taken by (TPH staff name):					Phone Number(s): _____				
	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	For CDNU INTERNAL USE ONLY	
	Place CDNU Date Received Stamp:	

REPORTABLE DISEASES OF PUBLIC HEALTH SIGNIFICANCE

CONTACT INFORMATION:

Toronto Public Health - Communicable Disease Notification Unit

Phone: 416-392-7411 OR Fax: 416-392-0047 Monday to Friday 8:30am – 4:30pm

Timely reporting of communicable diseases is essential for their control.

If you suspect or have laboratory confirmation of any of the following specified diseases of public health significance or their etiologic agents (as per Ontario Reg. 135/18 and amendments under the Health Protection and Promotion Act), please report them to the local Medical Officer of Health.

Diseases marked * should be reported immediately to the Medical Officer of Health as follows:

Monday to Friday 8:30am – 4:30pm by fax or telephone (as above) OR

After hours, including weekends and holidays by calling 3-1-1 or 416-392-CITY.

Other diseases can be reported the next business day by fax or telephone.

Acquired Immunodeficiency Syndrome (AIDS)	Food poisoning, all causes	Ophthalmia neonatorum
Acute Flaccid Paralysis	* Gastroenteritis, Outbreaks in institutions and public hospitals	Paralytic Shellfish Poisoning
Amebiasis	Giardiasis	Paratyphoid Fever
Anaplasmosis	Gonorrhea	Pertussis (Whooping Cough)
* Anthrax	* Group A Streptococcal disease, invasive (iGAS)	* Plague
Babesiosis	Group B Streptococcal disease, neonatal	Pneumococcal disease, invasive
Blastomycosis	* <i>Haemophilus influenzae</i> disease, all types, invasive	* Poliomyelitis, acute
* Botulism	* Hantavirus pulmonary syndrome	Powassan Virus
* Brucellosis	* Hemorrhagic fevers, including:	Psittacosis/Ornithosis
<i>Campylobacter</i> enteritis	1. *Ebola virus disease	* Q Fever
* Candida auris infection	2. *Marburg virus disease	* Rabies
Carbapenemase-producing Enterobacteriaceae (CPE) infection or colonization	3. *Lassa Fever	* Respiratory infection outbreaks in institutions and public hospitals
Chancroid	4. *Other viral causes	Rubella
Chickenpox (Varicella)	* Hepatitis, viral	Rubella, congenital syndrome
<i>Chlamydia trachomatis</i> infections	1. *Hepatitis A	Salmonellosis
* Cholera	2. Hepatitis B	* Shigellosis
* <i>Clostridium difficile</i> Infection (CDI) outbreaks in public hospitals	3. Hepatitis C	* Smallpox and other Orthopoxviruses including mpox
Coronavirus disease 2019 (COVID-19)	Influenza, including *Novel strains	Syphilis
* Coronavirus, novel including	Legionellosis	Tetanus
1. *SARS	Leprosy	Trichinosis
2. *MERS	Listeriosis	Tuberculosis
* Creutzfeldt-Jakob Disease, all types	Lyme disease	Tularemia
Cryptosporidiosis	* Measles	Typhoid Fever
Cyclosporiasis	* Meningitis, acute	* Verotoxin-producing <i>E. coli</i> infection indicator conditions, including Hemolytic Uremic Syndrome (HUS)
* Diphtheria	1. *Bacterial	West Nile Virus illness
Echinococcus multilocularis infection	2. Viral	Yersiniosis
Encephalitis, including:	3. Other	
1. Primary, viral	* Meningococcal disease, invasive	
2. Post-infectious	Mumps	
3. Vaccine-related		
4. Subacute sclerosing panencephalitis		
5. Unspecified		