



## Notifiable Disease List

The **PUBLIC HEALTH PROTECTION AND PROMOTION ACT** requires the following communicable diseases to be reported, as directed below, to the Regional Medical Officer of Health (MOH) or regional Communicable Disease Control Nurse.

Timely reporting is essential to control the spread of communicable disease.

### Report by telephone as soon as an occurrence is SUSPECTED

MOH on Call: 1-866-270-7437

All disease outbreaks, unusual disease clusters and unusual disease occurrences or features should be reported immediately

- |   |  |
|---|--|
| <input type="checkbox"/> Anthrax  | <input type="checkbox"/> Rabies (includes animal bites from species known to carry Rabies, e.g. bats, cats, dogs, farm and wild animals)                   |
| <input type="checkbox"/> Botulism   | <input type="checkbox"/> Severe Acute Respiratory Illness (SARI)   |
| <input type="checkbox"/> Creutzfeldt-Jakob Disease (CJD)                      | <input type="checkbox"/> Smallpox  |
| <input type="checkbox"/> Diphtheria   | <input type="checkbox"/> Tetanus   |
| <input type="checkbox"/> Group A Streptococcal Disease, Invasive (IGAS)       | <input type="checkbox"/> Tularemia   |
| <input type="checkbox"/> Haemophilus Influenza type B Disease, Invasive (HIB) | <input type="checkbox"/> Viral Hemorrhagic Fevers (e.g. Ebola, Lassa, Marburg, Yellow Fever)   |
| <input type="checkbox"/> Measles  | <input type="checkbox"/> <b>All disease outbreaks, unusual disease clusters and unusual disease occurrences or features should be reported immediately</b> |
| <input type="checkbox"/> Meningococcal Disease, Invasive                      |  |
| <input type="checkbox"/> Plague   |  |

Where a report is made by telephone, a written report is required within 24 hours of that initial report

### Report in writing within 24 hours of laboratory or clinical diagnosis

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Acute Flaccid Paralysis   | <input type="checkbox"/> Group B Streptococcal Disease of the Newborn                  | <input type="checkbox"/> Malaria   |
| <input type="checkbox"/> Antimicrobial Resistant Organisms   | <input type="checkbox"/> Haemophilus Influenza Non-B Disease, Invasive                 | <input type="checkbox"/> Multisystem Inflammatory Syndrome in Children (MIS-C) |
| <input type="checkbox"/> Arbovirus (e.g. La Crosse, West Nile, Zika virus)   | <input type="checkbox"/> Hantavirus Pulmonary Syndrome                                 | <input type="checkbox"/> Mumps   |
| <input type="checkbox"/> Brucellosis   | <input type="checkbox"/> Hepatitis A, B, C, and Unspecified Hepatitis                  | <input type="checkbox"/> Pertussis   |
| <input type="checkbox"/> Clostridium Difficile   | <input type="checkbox"/> Human Immunodeficiency Virus (HIV)                            | <input type="checkbox"/> Poliomyelitis   |
| <input type="checkbox"/> COVID-19  | <input type="checkbox"/> Influenza (laboratory-confirmed only)                         | <input type="checkbox"/> Q fever   |
| <input type="checkbox"/> Chlamydia   | <input type="checkbox"/> Legionellosis   | <input type="checkbox"/> Rubella (including Congenital Rubella Syndrome)       |
| <input type="checkbox"/> Food and Waterborne Illness (e.g. Amoebiasis, <i>Campylobacter</i> , <i>Cryptosporidium</i> , <i>E. coli</i> , <i>Giardia</i> , <i>Listeria</i> , <i>Salmonella</i> ) | <input type="checkbox"/> Leprosy   | <input type="checkbox"/> Syphilis (including Congenital Syphilis)              |
| <input type="checkbox"/> Gonorrhoea  | <input type="checkbox"/> Louse or Tickborne Diseases (e.g. Babesiosis, Lyme, Powassan) | <input type="checkbox"/> Tuberculosis  |

### Report in writing within 7 days of laboratory or clinical diagnosis

- |                                    |   |                                    |
|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Chancroid | <input type="checkbox"/> Pneumococcal Disease, Invasive | <input type="checkbox"/> Varicella |
|------------------------------------|---|------------------------------------|

### Regional Contact Information

**Eastern Health**  
Community Services  
Mount Pearl Square  
760 Topsail Road  
Mount Pearl, NL A1N 3J5

(709) 752-4358  
 (709) 752-4873

**Western Health**  
1 Brookfield Road  
P.O. Box 2005  
Corner Brook, NL A2H 6J7

(709) 637-5417  
 (709) 637-5160

**Central Health**  
Health Protection Division  
125 TransCanada Hwy  
Gander, NL A1V 1P7

(709) 651-6238  
 (709) 651-6483

**Labrador-Grenfell Health (North)**  
P.O. Box 7000, Station C  
Happy Valley Goose Bay, NL A0P 1C0

(709) 897-3110  
 (709) 896-4393

**Labrador-Grenfell Health (South)**  
Mission Store  
178-200 West Street  
St. Anthony, NL A0K 4S0

(709) 454-0375  
 (709) 454-4978

**AFTER HOURS AND WEEKENDS MOH on Call: 1-866-270-7437**