



Clinical Notification of Reportable Diseases and Conditions

(The Reporting of Diseases and Conditions Regulation, 37/2009, made under The Public Health Act, C.C.S.M. c.P210)

If you have a suspected clinical case, please use this form to report information and/or call the Public Health Surveillance Unit at 204-788-6736.

I. URGENT – Same Day Reporting

Same-day reporting of the following suspected clinical cases to a <i>live</i> person by telephone is required:		
<i>During Business Hours, Mon.-Fri., 8:30 am to 4:30 pm</i>	204-788-6736	[Surveillance Unit]
<i>After Business Hours</i>	204-788-8666	[Medical Officer of Health]
Please <u>also</u> fax this completed form to Confidential Fax 204-948-3044.		
Botulism	Mumps	Rubella
Cholera	Pertussis	SARI (Severe Acute Respiratory Infection)
Diphtheria	Plague	Smallpox
Measles (Rubeola)	Poliomyelitis	Viral Hemorrhagic Fever
Meningococcal invasive disease	Rabies (human)	

II. Reporting within 5 Business Days

Clinical cases of the following require completion and faxing of this form within 5 business days to Confidential Fax 204-948-3044.	
Acquired immune deficiency syndrome (AIDS)	Tetanus
Congenital Rubella Infection/Syndrome	Tuberculosis
Creutzfeldt-Jakob Disease	Yellow Fever
Leprosy	
*Anaplasmosis, Babesiosis and Lyme infections, report using the Tick-Borne Disease Clinical Case Report form: http://www.gov.mb.ca/health/publichealth/cdc/protocol/tickborneform.pdf	

III. Further Reporting

Any reportable disease suspected under the following circumstances is also reportable by a health professional:

- a) **At death**, if the health professional reasonably believes that the patient may have had the reportable disease at the time of death or the reportable disease contributed to the patient's death.
- b) **At biopsy or autopsy**, if, in performing the biopsy or autopsy, the health professional finds evidence of a reportable disease.
- c) Upon becoming aware that a person has a disease or condition that is not **otherwise reportable**, if the disease or condition is:
 - i. occurring in a **cluster or outbreak**, or
 - ii. has presented itself with **unusual clinical manifestation**.

Check applicable box: Suspected Outbreaks of Illness Unusual occurrences

Patient Name: _____	DOB: _____ (yyyy/mm/dd)	Male	Female
MH #: _____	PHIN: _____		
Address: _____	City: _____	Province: _____	
Postal Code: _____			
Symptom onset: _____ (yyyy/mm/dd)	Diagnosis: _____		
Basis for Clinical Diagnosis (symptoms, signs, epidemiological history / travel / exposure, etc.):			

Death associated with a reportable disease:	Yes	No	Date of Death: _____ (yyyy/mm/dd)
Laboratory sample sent:	Yes	No	Specimen date: _____ (yyyy/mm/dd)
To which lab: _____			Specimen type: _____
Any other relevant information (including suspected source of exposure):			

Reporting Health Professional: _____ Date: _____ (yyyy/mm/dd)			
Contact Information (work / cell / home phone / pager / email): _____			
Signature: _____			

If you have any questions or concerns about the reportable diseases or conditions or you need to speak with a Medical Officer of Health, please call 204-788-8666 anytime (24/7).