

Kitchener Downtown Community Health Centre

Type of Policy:

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|---|--|
| <input type="checkbox"/> Administration (A) | <input type="checkbox"/> Client Services General (CG) |
| <input type="checkbox"/> Board of Directors (B) | <input type="checkbox"/> Client Services Programs (CP) |
| <input type="checkbox"/> Financial (F) | <input checked="" type="checkbox"/> Primary Care (PC) |
| <input type="checkbox"/> Human Resources (H) | <input type="checkbox"/> Acquired Brain Injury Program (ABI) |
| <input type="checkbox"/> KDCHC Governing Principles (K) | <input type="checkbox"/> Diabetes Education Program (DEP) |
| <input type="checkbox"/> Occupational Health & Safety (S) | |
| <input type="checkbox"/> Volunteers (V) | |

Policy No.: PC0904 (previously CM0904)

Title: Communicable Disease and Other Reporting

Policy

Part of the ethical provision of health care is to “do no harm”. In compliance with the *Health Protection and Promotion Act (HPPA)*, providers will report to local public health authorities when they have formed a clinical judgment that an individual:

1. has or may have a reportable disease and is not a patient or out-patient of a hospital;
2. is or may be infected with an agent of a communicable disease;
3. is under the care and treatment of the provider for a communicable disease, but refuses treatment, or neglects to continue treatment in a manner and to a degree that is satisfactory to the provider.

Providers will also report other events required by the *HPPA*:

4. deaths involving a person with a reportable disease,
5. animal contact that may result in rabies, and
6. serious adverse reactions to specified immunizations.

The procedures distinguish between different reporting requirements for the different reportable events, including the obligations of physicians and those of other health care providers.

Procedures

1. Reports will be made as soon as possible to the Medical Officer of Health of the health unit in which the health care services were provided.

2. Reports will be made by Physicians, Nurse Practitioners and other practitioners about the reportable diseases referenced in *HPPA*, Section 25, and listed in Ontario Regulations 559/91 (see below). Other practitioners include chiropractors, dentists, nurses, pharmacists, optometrists and drugless practitioners. Annually, the centre should confirm the most current list of reportable diseases and reporting requirements including time frame with the local public health unit.

Physicians and Nurse Practitioners only are required to report persons who may be or are infected with an agent of a communicable disease (*HPPA*, Section 26). Communicable diseases are listed in *HPPA*, Ontario Regulations 558/91 (see below). Note that all communicable diseases are also listed as reportable (i.e., in O. Reg. 559/91); however not all reportable diseases are on the communicable disease list.

3. The client should be notified that reporting of the communicable disease to the Medical Officer of Health is mandatory and that contact tracing will be done by the local Public Health Staff.
4. Reports made in relation to reportable or communicable diseases include information about the individual involved as required by the local public health authority, generally:
 - name and address in full;
 - date of birth in full;
 - sex; and
 - date of onset of symptoms.
 - Contacts with others, other people who are ill

Note that Ontario law provides for anonymous HIV testing (see Guidelines).

GUIDELINES:

There are circumstances in which providers will be required to include additional information in their report to the Medical Officer of Health depending on the disease being reported.

Providers may be required to provide additional information upon request of the Medical Officer of Health. For instance, a Medical Officer of Health may request that reports include a Health Card Number.

Reports made regarding refusal of treatment for a communicable disease, or the neglect to continue with treatment for a communicable disease to the satisfaction of the provider must contain the name and address of the individual (*HPPA*, Section 34: Communicable Diseases list in O. Reg. 558/91).

Reports made by KDCHC practitioners regarding HIV infection must contain the same information as reports regarding other reportable or communicable diseases. Alternatively clients may go to one of the Anonymous HIV Testing Sites in Ontario.

Duty to Report Death Due to Reportable Disease

Any provider who signs a death certificate indicating that the cause of death of an individual was a reportable disease, or that a reportable disease was a contributing cause of death, must report this to the Medical Officer of Health for the health unit in which the death occurred. (*HPPA*, Section 30)

Rabies

Providers must notify the Medical Officer of Health of a situation as soon as possible and provide the Medical Officer of Health with the required information if they have information about an animal bite or animal contact that may result in humans contracting rabies (**Section 2** of the General Regulations on Communicable Diseases, O. Reg. 557).

Adverse Reactions to Immunizations

The *HPPA* (Section 38) states that providers are to inform a person who has given consent for an immunization about the importance of reporting adverse reactions to a physician. Providers must make a report when they become aware of a serious adverse reaction (a “reportable event”) that may have resulted from immunization against diphtheria, tetanus, poliomyelitis, pertussis, measles, rubella, hepatitis B, rabies, Haemophilus influenzae b infections, influenza or a prescribed disease.

The *HPPA* states that a reportable event in relation to an immunizing agent means:

- a. persistent crying or screaming, anaphylaxis or anaphylactic shock occurring within forty-eight hours of being immunized,
- b. shock-like collapse, high fever or convulsions occurring within three days of being immunized,
- c. arthritis occurring within forty-two days of being immunized,
- d. generalized urticaria, residual seizure disorder, encephalopathy, encephalitis or any other significant occurrence occurring within fifteen days of being immunized, or
- e. death occurring at any time and following upon a symptom as described above.

Reports must be made to the Medical Officer of Health of the health unit where the professional services were provided, within seven days of the provider having recognized the reportable event.

The *Reports* Regulations specify the information that must be contained in reports made regarding reportable events. Providers are advised to consult these regulations for further details.

Providers are to fill out the “Report of Adverse Events Follow up Immunization (AEFI) form and sent to the local Public Health Unit.

Health Protection and Promotion Act
ONTARIO REGULATION 559/91
Amended to O. Reg. 49/07
SPECIFICATION OF REPORTABLE DISEASES

- 1.** The following diseases are specified as reportable diseases for the purposes of the Act:

Acquired Immunodeficiency Syndrome (AIDS)
Amebiasis
Anthrax
Botulism
Brucellosis
Campylobacter enteritis
Chancroid
Chickenpox (Varicella)
Chlamydia trachomatis infections
Cholera
Cryptosporidiosis
Cyclosporiasis
Cytomegalovirus infection, congenital
Diphtheria
Encephalitis, including,
 i. Primary, viral
 ii. Post-infectious
 iii. Vaccine-related
 iv. Subacute sclerosing panencephalitis
 v. Unspecified
Food poisoning, all causes
Gastroenteritis, institutional outbreaks
Giardiasis, except asymptomatic cases
Gonorrhoea
Group A Streptococcal disease, invasive
Group B Streptococcal disease, neonatal
Haemophilus influenzae b disease, invasive
Hantavirus pulmonary syndrome
Hemorrhagic fevers, including,
 i. Ebola virus disease
 ii. Marburg virus disease
 iii. Other viral causes
Hepatitis, viral,
 i. Hepatitis A
 ii. Hepatitis B
 iii. Hepatitis C
 iv. Hepatitis D (Delta hepatitis)
Herpes, neonatal
Influenza

Lassa Fever
Legionellosis
Leprosy
Listeriosis
Lyme Disease
Malaria
Measles
Meningitis, acute,
 i. bacterial
 ii. viral
 iii. other
Meningococcal disease, invasive
Mumps
Ophthalmia neonatorum
Paratyphoid Fever
Pertussis (Whooping Cough)
Plague
Pneumococcal disease, invasive
Poliomyelitis, acute
Psittacosis/Ornithosis
Q Fever
Rabies
Respiratory infection outbreaks in institutions
Rubella
Rubella, congenital syndrome
Salmonellosis
Severe Acute Respiratory Syndrome (SARS)
Shigellosis
Smallpox
Syphilis
Tetanus
Transmissible Spongiform Encephalopathy, including,
 i. Creutzfeldt-Jakob Disease, all types
 ii. Gerstmann-Sträussler-Scheinker Syndrome
 iii. Fatal Familial Insomnia
 iv. Kuru
Trichinosis
Tuberculosis
Tularemia
Typhoid Fever
Verotoxin-producing E. coli infection indicator conditions, including
 Haemolytic Uraemic Syndrome (HUS)
West Nile Virus Illness
Yellow Fever
Yersiniosis

References:

College of Providers and Surgeons of Ontario (2006). Mandatory Reporting, Policy # 3-05. Retrieved October 29, 2006 from <http://www.cpsso.on.ca/Policies/mandatory.htm>

Health Protection and Promotion Act, 1990. Retrieved March 8, 2007 from http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90h07_e.htm#BK34

Health Protection and Promotion Act, Ontario Regulation 559/91. Retrieved March 8, 2007 from http://www.e-laws.gov.on.ca/DBLaws/Regs/English/910559_e.htm

Health Protection and Promotion Act, Ontario Regulation 558/91. Retrieved April 6, 2007 from http://www.e-laws.gov.on.ca/DBLaws/Regs/English/910558_e.htm

Information regarding mandatory reporting of HIV positive status. Retrieved April 2, 2007 from: <http://www.health.gov.on.ca/english/public/pub/aids/pdf/prenatalhiv.pdf>

Personal Health Information Protection Act (PHIPA), 2004 Retrieved October 24, 2006 from http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/04p03_e.htm Note that the PHIPA allows disclosures to medical officers of health for the purposes of HPPA [PHIPA, Section 39(2)].

Approved by: Eric Goldberg, Executive Director

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