

The clinician must report all diseases to the local Medical Health Officer (MHO) within 48 hours. Do not wait for lab confirmation prior to initiating follow-up.

CATEGORY I COMMUNICABLE DISEASES	PUBLIC HEALTH TO START INVESTIGATION ⁵		PUBLIC HEALTH REPORTING TO POPULATION HEALTH BRANCH (PHB) ⁵		
	Within 24-48 hrs	Within 72 hrs	Upon notification by lab or physician ^{6,8}	Within 3 days ^{7,8}	Within 2 weeks ⁸
Acute flaccid paralysis	●		●		
Amoebiasis		●			●
Anthrax	● ¹		● ²		
Botulism	● ¹		●		
Brucellosis	●				●
Campylobacteriosis	●				●
Chickenpox		● ³			●
Cholera	●		●		
<i>Clostridium difficile</i> infection		●			●
Congenital rubella syndrome		●		●	
Coronavirus infections associated with severe acute respiratory syndrome	●			●	
Creutzfeldt-Jakob disease, all forms and other transmissible spongiform encephalitis (TSE)	●		● ^{2, 4}		
Cryptosporidiosis	●				●
<i>Cyclosporiasis</i>	●				●
Diphtheria	●		●		
Encephalitis – vector-borne	●			●	
Food poisoning of animal, bacterial, viral or chemical origin, not including diseases otherwise listed	●			●	
Giardiasis		●			●
<i>Haemophilus influenzae</i> invasive disease – all typeable and non-typeable strains	●			●	
Haemorrhagic fevers – viral including suspect cases	● ¹		● ²		
Hantavirus infections	●			●	
Hepatitis A	●				●
Human parvovirus		● ³			●
Infections associated with antimicrobial resistant organisms		●			●
Influenza – lab-confirmed		●			●
Legionellosis	●			●	
Leprosy		●			● ²
Leptospirosis		●			●
Listeriosis		●			●
Lyme disease		●			● ²

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	Within 24-48 hrs	Within 72 hrs	Upon notification by lab or physician ^{6,8}	Within 3 days ^{7,8}	Within 2 weeks ⁸
Malaria		●			●
Measles	●			●	
Meningococcal invasive disease	●			● ²	
Mumps		●			●
Paratyphoid fever	●			●	
Pertussis	●				●
Plague	● ¹		●		
Pneumococcal invasive disease		●			●
Poliomyelitis	●		●		
Psittacosis		●			●
Rabies (human)	●		●		
Rickettsial diseases		●			●
Rubella	●			●	
Salmonellosis, excluding typhoid and paratyphoid fevers	●				●
Severe Acute Respiratory Illness	●		● ²		
Shigellosis	●			●	
Smallpox	● ¹		● ²		
Streptococcal A – invasive disease	●				●
Streptococcal B – neonatal disease		●			●
Tetanus		●			●
Toxoplasmosis		●			●
Trichinosis		●			●
Tularaemia		● ¹			●
Typhoid fever	●			●	
Verotoxigenic <i>E. coli</i> infections	●			●	
West Nile Virus infections		●		●	
Yellow fever	●		●		
Yersiniosis		●			●

CATEGORY II COMMUNICABLE DISEASES	PUBLIC HEALTH TO START INVESTIGATION		PUBLIC HEALTH REPORTING TO POPULATION HEALTH BRANCH (PHB)		
	Within 24-48 hrs	Within 72 hrs	Upon notification by lab or physician ^{6,8}	Within 3 days ^{7,8}	Within 2 weeks ⁸
acquired immune deficiency syndrome		●			●
Chancroid		●			●
<i>Chlamydia trachomatis</i> infections excluding lymphogranuloma venereum		●			●
Gonococcal infections		●			●
Granuloma inguinale		●			●
Hepatitis B	●				●
Hepatitis C		●			●
Hepatitis D		●			●
Hepatitis – other viral		●			●
Human immunodeficiency virus (HIV) infection		●			●
Human T lymphotropic virus, Types I and II		●			●
Lymphogranuloma venereum		●			●
Neonatal/congenital herpes		●			●
Syphilis	●				●
Tuberculosis	●				●

¹ If bioterrorism is suspected, PHB should be notified immediately and investigation should occur immediately.

² Probable cases must also be reported.

³ Prenatals and neonates may require follow-up in less than 48 hours.

⁴ Possible cases of vCJD must also be reported.

⁵ Investigation and reporting of all suspected outbreaks should be immediate.

⁶ Alert by phone call to Deputy Chief Medical Health Officer and a follow up e-mail with details of case & disease name included in the e-mail subject line to cdc@health.gov.sk.ca.

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⁸ Details of case entered into iPHIS.

Long Term Care Facilities – Notify MHO of any outbreak immediately.

Travel – Notify MHO of ANY rashes, diarrhea or fever that appears imported from travel.

The following highlights some of the reasons that certain diseases must be reported immediately to the Ministry of Health:

- Diseases reportable under the International Health Regulations must be reported within 24 hours of determination of disease.
- Require release of emergency medications (SAP)/antitoxin.
- Media interested in high profile diseases (meningitis, etc.).
- Occurrences of diseases of significance to the public's health (hemorrhagic fever, etc.) high case fatality rate, potential for outbreak, etc. requiring immediate public health intervention.
- Public perception of risk.
- The likelihood to impact other sectors such as agriculture/animal husbandry.
- Cross region/jurisdictional implications that will require communication to other jurisdictions and/or coordination of follow-up.
- An indication of a suspected or potential outbreak.

Revisions

Date	Change
April 2017	Updated to align with the list of Category I and II communicable diseases as outlined in the <i>Disease Control Regulations</i> and applied the new manual format.