

About this Appendix

Communication is an important aspect of health care. Reporting notifiable diseases to the Ministry of Health (MoH) is a requirement of *The Public Health Act, 1994* and The Disease Control Regulations and is necessary to support requirements of the International Health Regulations (2005) (IHR) to support communicable disease control and surveillance. Communication is critical to ensuring continuity of care when individuals are transferred to another area or jurisdiction for follow-up.

Public Health Purpose for Interjurisdictional Communication

- To coordinate management of cases, contacts, outbreaks and animal exposures;
- To ensure awareness of communicable disease exposures or outbreaks;
- To ensure data integrity for surveillance, reporting and case counting; and
- To contribute to global health security through detection, assessment, reporting and responding to public health events in accordance with the IHR.

Within this document, the term 'jurisdiction' applies to:

- Healthcare organizations within Saskatchewan:
 - Saskatchewan Health Authority (SHA)
 - Indigenous Services Canada (ISC)
 - Northern Inter-Tribal Health Authority (NITHA)
- Provinces and territories
- Other countries
- Non-health sectors

Background

Coordination among jurisdictions is an inherent expectation to support communicable disease surveillance, prevention and control. The Disease Control Regulations and the Communicable Disease Control (CDC) Manual, [Appendix A - Reporting and Follow-up Timelines](#), outline expectations for the notification, investigation and reporting of Category I and II communicable diseases that must be applied to all investigations.

See [Role of Stakeholders](#) in the CDC Manual for additional information on communicable disease prevention and control responsibilities.

Interjurisdictional Communication & Referral Protocols

I. Coordinate the Management of Cases, Contacts, Outbreaks and Animal Exposures

Coordination of case and contact management is essential for communicable disease control. When more than one jurisdiction is involved in case and contact management, communication between the jurisdictions must occur.

Similarly, animal exposures involving the individual, animal, or both, from other jurisdictions (either other Saskatchewan regions or out of province jurisdictions) require assistance or coordination in completing the follow-up.

Referrals must be shared in a timely manner and include relevant information to support prompt case investigation and contact tracing, as required. See CDC Manual [Appendix A—Reporting and Follow-Up Timelines](#).

Interjurisdictional communication processes for management of cases, contacts, outbreaks, and animal exposures are outlined in [Table 1](#), [Table 2](#), and [Table 3](#).

a) Intra-provincial

Referrals and communication between SHA, ISC and NITHA occur directly between these jurisdictions. See [Table 1](#).

Table 1. Intra-provincial Communication Process¹

Communication Pathway	Local public health sends referral directly to local public health ²
Method of contact	Fax notification of transferred/shared investigation in Panorama For urgent referrals, phone notification is also required. Refer to list.
Form	Communicable Disease & STBI Notification Form ³ Notice Of Communicable Disease Case/Contact

b) Interprovincial

The MoH formalizes communication to and from other provinces and territories. See [Table 2](#).

¹ Referrals between Saskatchewan Health Authority (SHA) and First Nations Jurisdictions (ISC and NITHA)

² Communication should occur between the designates responsible for communicable disease coordination.

³ Avoid including personal health information on the form. Additional details can be found within Panorama IOM using the investigation ID number.

Table 2. Interprovincial Communication Process

Communication Pathway	Local public health sends referral to MoH. MoH then sends to PT ⁴ or MoH receives referral from another PT and then faxes to local public health.
Method to contact MoH	Confidential fax (306) 787-9576 or Email (with password protection) cdc@health.gov.sk.ca
Form	Interjurisdictional Referral of a Communicable Disease ➤ Must include lab report when client results available or Interjurisdictional Referral Following an Animal Exposure form ⁵ or Confidential Request for Information on Previously Reported Case form ⁶

c) International

For out-of-country referrals, the MoH is the point of contact for local public health to send and receive the referral. For international communication, the PHAC is the PT's point of contact. See **Table 3**.

Table 3. International Process

	SK to PHAC Process
Communication Pathway	Local public health sends referral/notice to MoH. Then MoH sends to PHAC. or MoH receives referral from PHAC then faxes to local public health
Method to contact MoH	Confidential fax (306) 787-9576 or Email (with password protection) to cdc@health.gov.sk.ca
Form	Interjurisdictional Referral of a Communicable Disease form ➤ Must include lab report when client results available or Interjurisdictional Referral Following an Animal Exposure form ⁵

⁴ Once the formal referral process has been completed, direct communication between the local public health officials (Saskatchewan and the other province or territory) is encouraged as needed to support timely information sharing

⁵ For potential or actual rabies exposures.

⁶ Used for HIV, Hepatitis C, Hepatitis B, and syphilis cases to request historical information for case management.

d) Outbreaks

A coordinated response is required to effectively manage outbreaks involving more than one jurisdiction. Depending on the extent and nature of the outbreak, case and contact management may be modified and therefore interjurisdictional communication and referral requirements may change. Outbreak communication pathways are outlined in the [Saskatchewan Foodborne Illness Outbreak Investigation Protocol \(SK-FIOIP\)](#) that can be generalized to all communicable disease outbreaks.

e) Non-Health Sector Communication

Non-health sector communication between jurisdictions may be required for foodborne or zoonotic illnesses to address exposure mitigation and management. Guidelines for communication during foodborne outbreaks is outlined in the SK-FIOIP.

Communication and referrals for human exposures to animal disease events is provided by non-health sectors⁷ to the Environmental Health Unit (Ministry of Health). Environmental Health Unit forwards the information for public health follow-up to the local Medical Health Officer. **See Table 4.**

The Disease Control Regulations (section 25) outline reporting requirements for potential or actual rabies exposures. See notification timelines outlined in the CDC Manual [Rabies](#) chapter.

Table 4. Human Exposure to Animal Disease Events

	MoH to Public Health	Public Health to MoH
Communication Pathway	MoH receives zoonotic disease notification from non-health sector ⁷ . MoH then sends to SHA, ISC, or NITHA.	Public health investigation outcomes and response to animal disease events including outbreak notification forms (if required), are forwarded to MoH.
Method to contact MoH	Non-health sector sends zoonotic disease notifications to MoH via cdc@health.gov.sk.ca	Email ⁸ to cdc@health.gov.sk.ca or Fax 306-787-9576

⁷ Includes various sources: Ministry of Agriculture, Ministry of Environment, Canadian Wildlife Health Cooperative, etc.

⁸ Emails that include personal health information must be password protected.

Form	N/A	Outbreak Notification and Reporting Summary form (if required); see disease-specific requirements in the CDC Manual Chapter).
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II. Ensure Awareness of Communicable Disease Exposures or Outbreaks

See [Attachment—SK-led Case Investigations: Interjurisdictional exposure identification and follow-up](#).

Wide communication may be needed when exposures to an infectious disease occur in a public setting and individual contacts cannot be identified, or when transmission to individuals from other jurisdictions is expected including:

- a) **Event or workplace exposures** include gatherings with known exposure to an infectious case in which a list of attendees is available and provides a practical method to directly contact them. Examples: conference, sports camp
 - Contact notification occurs in collaborate with event organizer to distribute information directly to attendees (i.e., letter; private social media page) to notify attendees. This is a preferred approach compared to notification via public media.
- b) **Public exposures** include a location with known exposure to an infectious case but there is no practical way to identify all individuals or to contact them directly. Examples: shopping centre, emergency room, mass religious gathering
 - Contact notification may occur via Public Advisory media release depending on the disease and situation, in collaboration with MoH and health system partner communication units.
- c) **Travel exposures** include domestic and international transportation by plane, train or other public conveyance. International flights transporting cases internationally including the United States, are relayed to PHAC as per IHR requirements.
 - Contact notification may occur via Public Advisory media release and/or, when required and feasible, direct passenger notification.
- d) **Notification to PTs and PHAC** can occur through a Canadian Network of Public Health Intelligence (CNPHI) Alert. Provincial public health authorities and the MoH have designated CNPHI users who are able to develop, approve, and post alerts. Likewise, other PTs and PHAC have designated individuals that receive the alerts and use the information to prepare and inform outbreak management in their jurisdiction. See **Table 5**.

Table 5. Multijurisdictional Notification Process

	Multijurisdictional Notification Process	
	Direct PT & PHAC notification	CNPHI notification
Communication Pathway	I. Local PH to MoH II. MoH forwards on to other PT(s) and/or PHAC (as applicable)	I. Most responsible agency (local PH or MoH) drafts CNPHI alert II. MoH approves
Method to Contact MoH	See Table 2 and Table 3 .	Information entered directly into CNPHI system
Required Information from local PH to MoH	Provide exposure details as outlined on the Interjurisdictional Referral of a Communicable Disease form. Important details for international notification: ➤ date and location of positive test; ➤ date, location and results of previous tests if known or applicable; ➤ travel dates (date left Canada; date returned to Canada) ➤ accommodations, events attended excursions, tour company, etc. ➤ Close contact(s) information: <ul style="list-style-type: none"> • name • date of birth; • address • e-mail • details to assist with contact investigation (i.e., whether they are symptomatic, have been tested, are vaccinated) 	Provide high level summary of the event, implications, and requested actions of the audience. Include outbreak number when applicable so multijurisdictional cases can be linked.

III. Ensuring Data Integrity for Surveillance, Reporting and Case Counting

For cases diagnosed or temporarily living in a jurisdiction outside of their permanent residence, it is important to follow standardized reporting policies so the case is counted within the appropriate jurisdiction and to avoid duplicate or missed case counts. See Panorama IOM resource, *Interprovincial and Provincial Geographical Considerations For Responsibility of Reporting*⁹.

For cases that reside out of province, complete a referral for follow-up and reporting (see **Table 2**). Once MoH completes the referral, follow-up communication and coordination should occur directly between the interjurisdictional local public health units. Consider some provinces and territories (such as Quebec) require client consent prior to disclosing health information.

For select diseases (i.e., HIV, Hepatitis C, Hepatitis B, and syphilis), Public Health needs to ensure cases are counted but not duplicated by submitting the [Confidential Request for Information on Previously Reported Case Form](#) to MoH. MoH will forward the request to the indicated jurisdiction for completion.

IV. Contribute to Global Health Security as per *International Health Regulation* Requirements

IHR requires Member States (e.g., Canada) to notify the World Health Organization (WHO) of all events that may constitute a public health emergency of international concern (PHEIC) and to respond to requests for verification of information regarding such events. This enables the WHO to ensure appropriate technical collaboration for effective prevention of such emergencies or containment of outbreaks and, under certain defined circumstances, inform other Member States of the public health risks where action is necessary on their part.

PHAC, in its role as the national IHR Focal Point for Canada, is responsible for notifying the WHO of events that may constitute a PHEIC. Likewise, the MoH has an assigned designate to receive and information from WHO through PHAC.

When an IHR reportable disease is identified in SK, local public health authorities notify MoH who in turn notifies PHAC (see [Table 3](#)). In addition, technical experts from relevant federal and provincial/territorial governments collaborate on the IHR report to WHO.

⁹ Found on the Panorama Community User SharePoint site:
<https://collaboration.web.ehealthsask.ca/sites/panorama/community/SitePages/Home.aspx>

Additional information on IHR, including reportable diseases and notification timelines, can be found in the following resources:

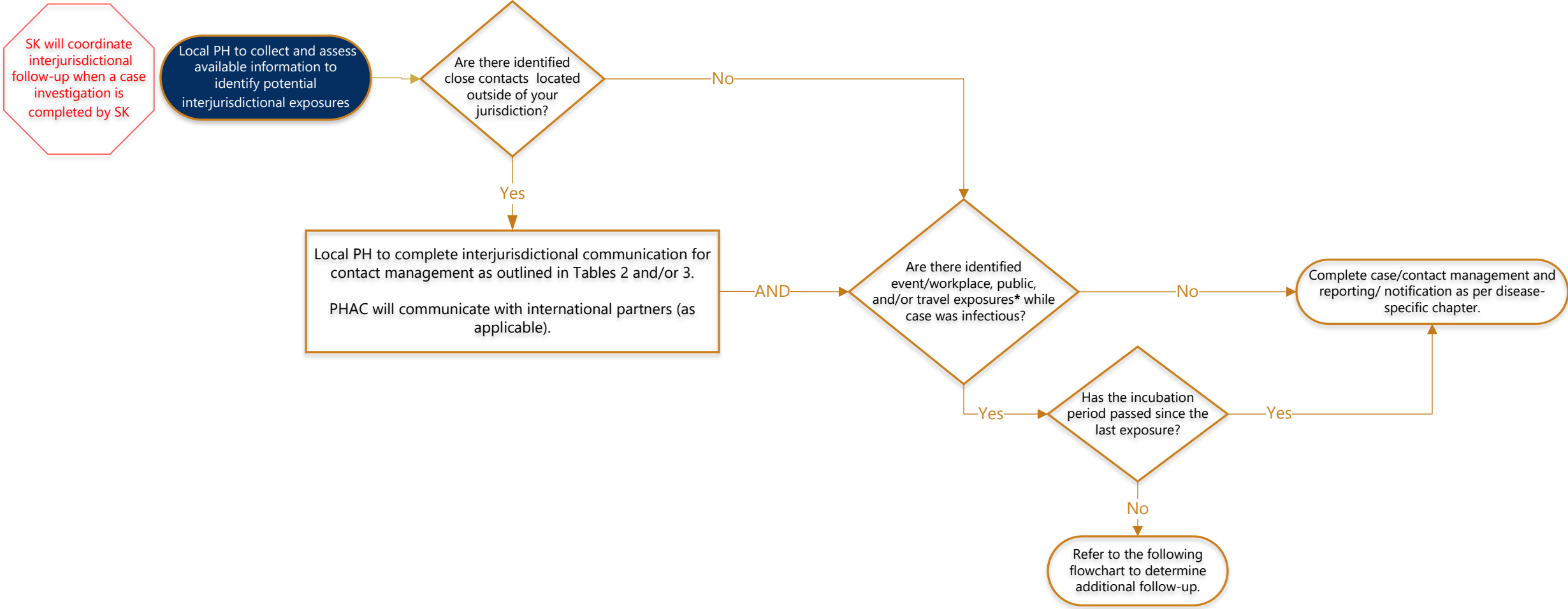
- CDC Manual [Appendix A - Reporting and Follow-up Timelines.](#)
- Government of Canada <https://www.canada.ca/en/public-health/services/emergency-preparedness-response/international-health-regulations.html>

Revisions

Date	Change
May 2025	<ul style="list-style-type: none">• New section• Appendix N Interjurisdictional Referral of a Communicable Disease form and Section 2 Travel Protocol incorporated into Appendix B and removed as separate chapters in CDC Manual.

References

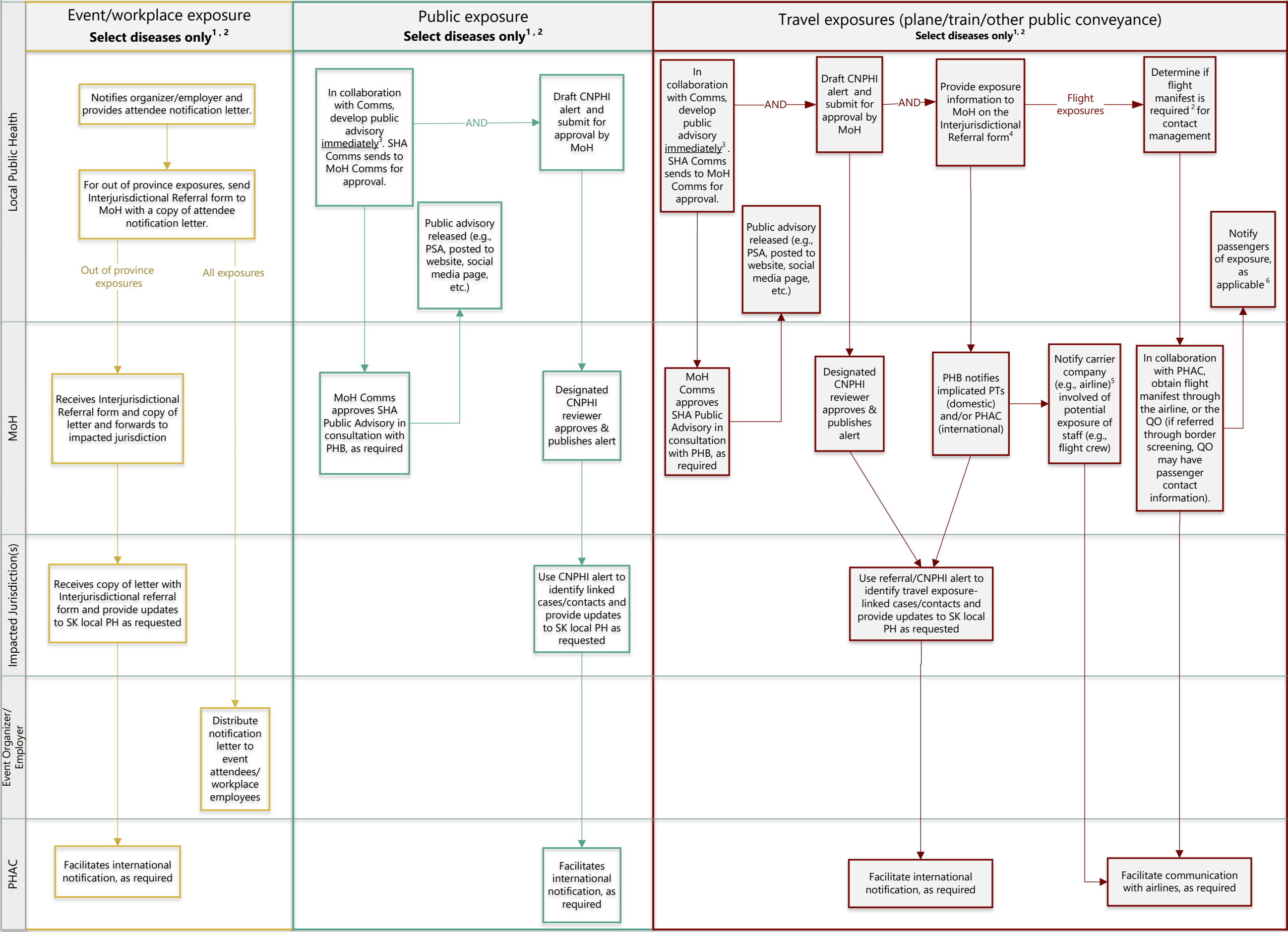
- Government of Canada (2016). *Canada and the International Health Regulations (IHR): Overview*. Retrieved Nov 2022 from <https://www.canada.ca/en/public-health/services/emergency-preparedness-response/international-health-regulations-2005.html>
- Pan-Canadian Public Health Network (2018). *Federal/Provincial/Territorial Public Health Response Plan for Biological Events*. Public Health Agency of Canada. <https://www.canada.ca/en/public-health/services/emergency-preparedness/public-health-response-plan-biological-events.html#s3-1>
- World Health Organization (2005). *International Health Regulations*, 3rd ed. <https://www.who.int/publications/i/item/9789241580496>



***Additional public health follow-up may be required for exposures to select diseases¹.** Refer to the following flowchart to determine additional steps for:

- 1. Event/workplace exposures-** includes gatherings/locations with known exposure to an infectious case in which a list of attendees is available and provides a practical method to directly contact them. Examples: conference, sports camp
- 2. Public exposures-** includes a location with known exposure to an infectious case but there is no practical way to identify all individuals or to contact them directly. Examples: shopping centre, emergency room, mass religious gathering
- 3. Travel conveyance exposures-** includes domestic or international public transportation. Examples: commercial airplane, train, bus/coach

IMPORTANT: This flowchart provides general guidance. All actions should be considered based on the disease and situation but judgement is required to determine if action should be implemented. Additional communication may be required based on the situational context, including disease-specific surveillance reporting or outbreak coordination.



PHB= Population Health Branch; Comms= Communications; PSA= Public Service Announcement; QO=Quarantine Officer; MoH = Ministry of Health; PT = province or territory; PHAC = Public Health Agency of Canada

¹**Select diseases may include those that are highly transmissible, with potential for severe outcomes, and/or present a significant risk to the public.** Examples include ~~but are not limited to~~ measles, polio, avian influenza, novel influenza, meningococcal, hepatitis A with further consideration for the factors outlined below.

- ² Factors to consider:
- A. Factors that affect the **probability of disease transmission** during event/workplace/public/travel exposures, including:
- infectivity of index case (period of communicability, mode of transmission, etc.)
 - susceptibility of potential contacts, considering level of natural immunity and vaccination status
 - effectiveness of exposure, depending on proximity to index case, duration of exposure, and quality of vehicle/building air ventilation system.
- B. Factors that affect the **impact on human health** (i.e. severity of disease), including:
- pathogen specific attributes for disease manifestation such as virulence, resistance pattern and case fatality
 - underlying condition associated with severity, considering compromised immune system, comorbidity or pregnancy
 - means for detection and possibilities for diagnosis, taking into account the availability and reliability of diagnostic tests
 - effectiveness of intervention, e.g., availability of prophylaxis and/or treatment
- C. Factors that influence the **decision on contact tracing**, including:
- susceptibility of potential contacts for the disease considering natural immunity, vaccine coverage in exposed population;
 - the maximum time period during which it is possible to intervene with public health measures
 - ethical aspects (e.g., whether treatment is available or whether containment and/or mitigation measures are acceptable for the contacts)
 - means for response (i.e., the options that can be offered to infected individuals identified by contact tracing)
 - alternative actions instead of contact tracing, such as risk communication for potential contacts passengers of flight and information on airports
 - media coverage and public attention
 - political sensitivities, if applicable
 - available resources

Source: "European Risk Assessment Guidance for Infectious Diseases transmitted on Aircraft—the RAGIDA project". Technical Report https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/0906_TER_Risk_Assessment_Guidelines_for_Infectious_Diseases_Transmitted_on_Aircraft.pdf

³For measles, the PHAC recommends issuing a public advisory in all instances where case was infectious during air travel (<https://www.canada.ca/en/public-health/services/diseases/measles/health-professionals-measles/contact-management-measles-cases-communicable-during-air-travel.html>)

⁴ For urgent situations afterhours, notify through SHA Health Emergency Management to MoH Health Emergency Management Unit (HEMU) who will contact Health Portfolio Operations Center (HPOC)

⁵ If contact information for the airline (domestic or international) is required, contact the PHAC Central Notification System (cns-snc@phac-aspc.gc.ca). If outside business hours, request through SHA Health Emergency Management to MoH HEMU who will contact HPOC.

⁶ Notification may be provided via letter or email. Include details of exposure (departure/arrival, date, flight number), symptoms, and what to do if symptoms develop. Email template for measles exposure during air travel is available from the Public Health Agency of Canada: <https://www.canada.ca/en/public-health/services/diseases/measles/health-professionals-measles/contact-management-measles-cases-communicable-during-air-travel.html#a6>

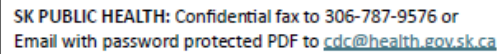
DATA DICTIONARY AND GUIDELINES IN COMPLETING INTERJURISDICTIONAL REFERRAL OF A COMMUNICABLE DISEASE FORM

DATE OF REFERRAL	
Date	Enter the date when the interjurisdictional referral form was filled out.
ACTION REQUIRED	
Non-SK Resident for your investigation and reporting	Select this option if the client is not from Saskatchewan (SK) but was diagnosed with a communicable disease while in SK. The other province/territory (PT) may be responsible for investigation and reporting, depending on the extent of the investigation already completed by SK.
Exposure event in your jurisdiction	Select this option if the SK resident attended an event in another PT while infectious with a communicable disease.
SK Resident is part of an outbreak in your jurisdiction	Select this option if the SK resident is identified as part of an outbreak that occurred in another PT.
Assistance with follow-up of SK Resident	Select this option if SK public health is requesting help to follow-up with a SK resident who is currently in another PT (e.g., requesting for testing or treatment).
Returning this client to your jurisdiction	Select this option if SK public health determines the client is not a SK resident or cannot be found in the SK database(s). The other PT should complete the investigation.
SK Resident is linked to travel exposure information	Select this option if the SK resident was infectious with a communicable disease while travelling.
FYI - SK Resident is in your jurisdiction; client is being followed by SK public health	Select this option if the SK resident is currently in another PT but is being followed by SK public health (e.g., the SK resident is temporarily working in another PT).
FROM AND TO	
From	Enter the SK health jurisdiction. <ul style="list-style-type: none"> Saskatchewan Health Authority (SHA) <ul style="list-style-type: none"> Specify the former RHA's, SHA health networks, or SHA areas Indigenous Services of Canada (ISC) or First Nations and Inuit Health Branch (FNIHB) Northern Inter-Tribal Health Authority (NITHA)
To	Enter the Out-of-Province health jurisdiction. <ul style="list-style-type: none"> Province or Territory Out-of-Country via Public Health Agency of Canada (PHAC)
DEMOGRAPHIC DETAILS OF THE CASE OR CONTACT	
Select if case or contact	Select the appropriate option to indicate whether the client is a case or a contact.
Name	Enter the client's full name. If the client uses an alias, please include it as well.
Date of Birth	Enter the client's date of birth.
Address	Enter the client's full address.
Health Services Number	If available, enter the client's health services number.
Phone Number	If available, enter the client's phone number.

E-mail	If available, enter the client's e-mail address.
DISEASE, EXPOSURE DATES, ASSESSMENT, AND LAB DETAILS	
Disease	Enter the name of the reportable communicable disease.
Date of first exposure	Enter the date when the client was first exposed to the causative agent.
Date of last exposure	Enter the most recent date of exposure to the causative agent.
Date of symptom onset	Enter the date when the client first developed symptoms.
Assessment exposure	Select the client's assessment exposure: high-risk exposure/close contact or low-risk exposure/non-close contact.
Lab testing status	Select the lab testing status: lab tested, not tested, awaiting for lab result, or assessment has not been completed.
Lab result attached	Select the lab result status: attached, not attached, or not available. <ul style="list-style-type: none"> • Case: A positive lab report must be included with this form when referring a client who is a confirmed case and lives outside SK. • Contact: A lab report is not required for a client considered a contact who resides outside SK.
ADDITIONAL DETAILS OF INVESTIGATION THAT MAY ASSIST THE INVESTIGATOR	
Additional details	Use this space to provide any additional information related to the interjurisdictional referral. If additional space is required to provide more information, please attach a separate page or continuation sheet as necessary. This section is for SK public health to add relevant context or clarifications as needed.
SK PUBLIC HEALTH CONTACT DETAILS	
Name and Title	Enter the full name and professional title of the individual in SK public health who completed this form.
Phone number	Enter the phone number of the individual in SK public health who completed this form.
Fax number	Enter the fax number of the individual in SK public health who completed this form.
EVENT/WORKPLACE EXPOSURE	
Complete the following section if the exposure occurred at an event/workplace. If not applicable, this section may be excluded.	
Name of organizer/employer	Enter the name of the organizer/employer associated with the client/exposure.
Phone number	Enter the phone number of the organizer/employer.
Address	Enter the address of the organizer/employer.
Relationship to the exposed person/workplace/event	Select the option that indicates the relationship of the person to the event, workplace, or other involved parties.
Status of investigation	Select the status of investigation: started, not started, or other information pertaining to the investigation.
Type of exposure	Enter the type of exposure (e.g., direct contact, shared environment, airborne, etc.).
Name of event/workplace	Enter the name of the event/workplace where the exposure occurred.
Additional details	Use this space to provide any additional information related to the event or workplace exposure. If additional space is required to provide more information, please attach a separate page or continuation sheet as necessary. This section may be used by SK public health to add relevant context or clarification.

TRAVEL EXPOSURE INFORMATION (PLANE, TRAIN, OR OTHER PUBLIC CONVEYANCE)	
Complete the following section if the client travelled while infectious. If not applicable, this section may be excluded.	
Type of conveyance	Select the type of conveyance. If other, please specify in the space provided.
Enter all travel information for the 1st conveyance/flight	
Date	Enter the date of the client's travel.
Departing from	Indicate the country or PT the client is departing from.
Arriving to	Indicate the country or PT the client is arriving to.
Carrier/Company	Enter the name of the transportation carrier/company.
Conveyance/Flight number	Enter the conveyance/flight number.
Seat row and number	If available, enter the client's seat row and number.
Enter all travel information for the 2nd conveyance/flight	
Date	Enter the date of the client's travel.
Departing from	Indicate the country or PT the client is departing from.
Arriving to	Indicate the country or PT the client is arriving to.
Carrier/Company	Enter the name of the transportation carrier/company.
Conveyance/Flight number	Enter the conveyance/flight number.
Seat row and number	If available, enter the client's seat row and number.
Additional details	<p>Use this space to provide any additional information related to travel exposure information. If additional space is required to provide more information, please attach a separate page or continuation sheet as necessary. This section may be used by SK public health to add relevant context or clarification.</p> <p>If there are more than two conveyances, provide the travel details in this space provided or include additional pages as needed.</p>

Please see the following pages for the Interjurisdictional Referral of a Communicable Disease Form.



Action Required:

- ☐ Non-SK Resident for your investigation and reporting
 - ☐ Exposure Event in your Jurisdiction
 - ☐ SK Resident is part of an Outbreak in your Jurisdiction
 - ☐ Assistance with follow-up of SK Resident
 - ☐ Returning this client to your Jurisdiction
 - ☐ SK Resident is linked to Travel Exposure
 - ☐ FYI - SK Resident is in your Jurisdiction; client is being followed by SK Public Health

DATE OF REFERRAL:

FROM (SK Health Jurisdiction):

TO (Out-of-Province Health Jurisdiction):

Select if Case or Contact: ☐ CASE ☐ CONTACT

Name:

Date of Birth (YYYY-MM-DD):

Address:

Health Services Number:

Phone Number:

E-mail:

Disease:	Date of First Exposure:	Date of Last Exposure:	Date of Symptom Onset:
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Assessment of Exposure: ☐ High Risk Exposure/Close Contact ☐ Low Risk Exposure/Non-close Contact

Lab Testing Status:

☐ Tested ☐ Not Tested ☐ Awaiting Testing Result – Date Expected: _____☐ Assessment Not Completed – Assess for possible Exposure and Testing, if indicated

Lab Result Attached:

☐ Yes☐ No ☐ Not Available[illegible]

Name and Title:	Phone Number:	Fax Number:
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Optional: Complete and include this page only if event/workplace exposure or travel information is applicable.

Event/Workplace Exposure

Name of Organizer/Employer:	
Phone Number(s):	Address:
Relationship to the exposed Person/Workplace/Event: <input type="checkbox"/> Employee <input type="checkbox"/> Workplace <input type="checkbox"/> Recreational Event <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____	Status of Investigation: <input type="checkbox"/> Started – please continue <input type="checkbox"/> Not Started – please investigate <input type="checkbox"/> Other: _____
Type of Exposure:	Name of Event/Workplace:
Additional Details: (E.g., Outbreak number, dates worked)	

Travel Exposure Information (Plane, Train, or other Public Conveyance)

Type of Conveyance: <input type="checkbox"/> Airplane <input type="checkbox"/> Train <input type="checkbox"/> Other: _____	
1 st Conveyance/Flight	2 nd Conveyance/Flight
Date:	Date:
Departing from:	Departing from:
Arriving to:	Arriving to:
Carrier/Company:	Carrier/Company:
Flight Number:	Flight Number:
Seat Row and Number: (if available)	Seat Row and Number: (if available)
Additional Details: (E.g., Another conveyance/flight, hotels, resorts information)	

Completing the Interjurisdictional Referral Following an Animal Exposure form

This referral form shall be used when out of province follow-up is necessary to:

- Clearly identify the actions required for jurisdictional assistance in order to complete an investigation;
- Ensure that privacy and confidentiality standards are maintained. (i.e. information sharing should be limited to the information required to carry out the requested action);
- Clearly identify who the results of the investigation are to be provided to; and
- Streamline information flow from the local public health office to the receiving jurisdiction.

Instructions for Completion of the Form

1. Include the date the referral is being made in the "DATE OF REFERRAL" box.
2. The **REFERRING** jurisdiction must clearly outline the reason for the referral to the **RECEIVING** jurisdiction by checking the appropriate box at the top of the referral form.
3. For "out of province referrals", the **REFERRING** jurisdiction must identify the jurisdiction the referral is being made to (e.g. Alberta, Manitoba, etc.).
4. The **REFERRING** jurisdiction must complete Section II, especially the assessment of the exposure (High versus Low Risk) and the RPEP recommendations.
5. The **REFERRING** jurisdiction maintains confidentiality of personal health information by completing only the sections of the referral form that are required for the **RECEIVING** jurisdiction to carry out the requested action. Sections are outlined in parenthesis behind the specific action required.

NOTE - IF follow-up of the victim and animal is required in the same jurisdiction, a copy of the animal bite investigation form can be attached to the completed referral.

6. The **REFERRING** jurisdiction must include as much information about the animal and owner as possible to assist the **RECEIVING** jurisdiction in completing the requested action.
7. The **REFERRING** jurisdiction will identify who the **RECEIVING** jurisdiction is to contact if additional details are required to assist in completing the required action.
8. The **REFERRING** jurisdiction must indicate if results of the requested action of the **RECEIVING** jurisdiction are required. When results are required, the **REFERRING** jurisdiction must include a fax number for the results to be directed to.

Please see the following pages for the Interjurisdictional Referral Following an Animal Exposure Form.



SK PUBLIC HEALTH: Confidential fax to 306-787-9576 or
Email with password protected PDF to cdc@health.gov.sk.ca

Interjurisdictional Referral Following an Animal Exposure

- ☐ For Information Only
- ☐ Action required: ☐ Victim AND Animal Require Follow-Up (Complete All Sections)
☐ Victim Requires Follow-Up (Referring Jurisdiction complete I and II)
☐ Status of Animal Required (Referring Jurisdiction complete II and III)
☐ Assess Other Humans for Exposure (Referring Jurisdiction complete II and III)

DATE OF REFERRAL:		
FROM (SK Health Jurisdiction):		TO (Out-of-Province Health Jurisdiction):
I. Demographic Details of Exposed Person (Complete only if victim requires follow-up)		
Name:	Date of Birth (YYYY-MM-DD):	
Address:	Health Services Number:	
Phone Number:	E-mail:	
II. Exposure and Assessment Details (Complete in all referrals)		
Date of Exposure (YYYY-MM-DD):	Type of Animal:	Body Site/Type of Exposure (eg. head/arm, eg. bite/scratch):
Assessment of Exposure ¹ : <input type="checkbox"/> High Risk Exposure <input type="checkbox"/> Low Risk Exposure		
Has Rabies Post-Exposure Prophylaxis (RPEP) been recommended?		
<input type="checkbox"/> No <input type="checkbox"/> Yes Date Started (YYYY-MM-DD): _____ <input type="checkbox"/> Awaiting Animal Observation/Testing Results – Date Expected (YYYY-MM-DD): _____ <input type="checkbox"/> Assessment Not Completed – Please Assess for Possible Exposure		
III. Contact Information of Owner of Animal (Complete if animal requires follow-up)		
Name of Owner:	Phone Number:	Address:
Relationship of owner to the exposed person:		
<input type="checkbox"/> Same <input type="checkbox"/> Family Member <input type="checkbox"/> Unknown <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____		
Name of Animal:	Type of Animal (e.g. dog/cat/other):	Status of Animal:
		<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown
Additional details related to the animal (e.g. description of animal). Include rabies status if known:		
IV. Public Health Contact Details – Receiving Agency please direct inquiries and response to:		
Name/Title:	Phone Number:	
Results of the completed assessment required?	Fax Attention To:	Fax Number:
<input type="checkbox"/> Yes <input type="checkbox"/> No		

¹ High Risk (unprovoked, stray animals or animals with unusual behaviour, significant exposure); Low Risk (provoked, vaccinated animal or animal known to victim, etc.)

Additional Details of Incident That May Assist the Investigator:

Please see the following page for the Confidential Request for Information on Previously Reported Case Form.



Date:

RE: CONFIDENTIAL Request for Information on Previously Reported Case

REQUEST:

Please determine if the client and disease(s) indicated below have been previously reported in the following province(s) or territories.

Name:	Date of Birth:
SK Health Services Number:	Out-of-Province HSN:

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Saskatchewan | <input type="checkbox"/> Alberta | <input type="checkbox"/> British Columbia | <input type="checkbox"/> Manitoba |
| <input type="checkbox"/> Ontario | <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> Northwest Territories | <input type="checkbox"/> New Brunswick |
| <input type="checkbox"/> Nunavut | <input type="checkbox"/> Quebec | <input type="checkbox"/> Prince Edward Island | <input type="checkbox"/> Yukon |
| <input type="checkbox"/> Newfoundland & Labrador | | | |

RESPONSE:

Has this client been previously reported in your province/territory? ☐ Yes ☐ No

If yes, please complete the following table.

To be completed by SK Jurisdiction		To be completed by Out-of-Province Jurisdiction	
Select	Disease	Where Reported	Date Reported
<input type="checkbox"/>	Hepatitis B		
<input type="checkbox"/>	Hepatitis C		
<input type="checkbox"/>	HIV		
<input type="checkbox"/>	Syphilis Include relevant history such as, lab results, staging, treatment, and exposure details.		
Additional notes:		Additional notes:	

Send response to SK Ministry of Health

Confidential fax to 306-787-9576 or E-mail with password protected PDF to cdc@health.gov.sk.ca

NOTICE OF CONFIDENTIALITY: This information is for the recipient(s) listed and is considered confidential by law. If you are not the intended recipient, any use, disclosure, copying or communication of the contents is strictly prohibited.