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Legislative and Regulatory Framework for Reportable Infectious Diseases in Canada

– Overview of Compendium –

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Overview of Compendium

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Introduction

Infectious diseases are part and parcel of everyday life and are always in the news. Today, diseases that had supposedly been eradicated are threatening to break out again, and new diseases are appearing[2]. Factors contributing to the spread of some of these diseases are population movements, international transportation, resistance to antibiotics, and food. In the current political climate, the threat of bioterrorism is a major concern. Smallpox vaccinations are once again being considered as a preventive measure in the event of bioterrorism attacks. Hence efforts to control infectious diseases must be made on an international scale, and it is important to ascertain whether legislation regarding the management of contagious diseases is being applied effectively.

The purpose of this document is to determine the legislative framework governing infectious diseases in Canada. The federal and all provincial governments have laws and regulations providing for the reporting and management of infectious diseases. The relevant legal provisions have been listed in tables (see methodology). Note that the work done to this point essentially involves taking inventory of the laws and regulations concerned. This may be followed at a later stage by an analysis covering case law, general legal principles and the international legislative and regulatory situation. This report does not cover internal policies or the practices of infectious disease management agencies.

Methodology

The aim of the project is to determine the legislative framework within which certain infectious diseases must be reported in Canada. The first stage focuses on identifying and

[1] The authors are research associates at the Université de Montréal's Centre de recherche en droit public. This report should be read in conjunction with the document entitled A *Compendium of the Canadian Legislative Framework for the Declaration and Management of Infectious Diseases (2003)*. Nathalie Girard, also a research associate at the Centre, was an active participant in the preparation of the *Compendium*. The authors also wish to thank Thérèse Leroux, Béatrice Godard and Alana Greenberg for their contributions to the project, which was conducted under the direction of Denise Avard and Bartha Maria Knoppers.

[2] Léo AGRET, "Les maladies, un défi pour le XXIe siècle," *Science & Vie*, July 2002, 104-117.

listing laws and regulations pertaining to infectious diseases. It is an ambitious project, given the large number of provisions governing this subject. Research results are presented in the form of comparative tables on key themes.

The main finding aids were law search engines available in each province on the Internet, in particular through the LEXUM portal. Note that this tool has limitations in that the information accessed is not necessarily up to date. However, it would have proved impossible to conduct research on such a scale and stay on schedule by examining the official gazettes of each province. The bibliography gives the dates when legislation was revised. We will validate the data on legislation and our own theoretical understanding of the situation with the main players in the public health field for each province. At the same time, we will find out from them whether any pieces of legislation have been amended recently or whether any amendments are likely to be introduced in the near future.

The legislative framework is presented in the form of a legislative table and a number of thematic tables.

The purpose of the **legislative table** is to provide an inventory of pieces of legislation relating to the management of infectious diseases. In this context, two major areas must be examined: (1) public health, including laws and regulations on the management of potential sources of contamination; and (2) laws and regulations on confidentiality and privacy and, more broadly, on human rights with respect to disclosure of personal information and violation of personal integrity.

The first section of the table gives public health laws and regulations and specific pieces of legislation designating reportable diseases in Canadian provinces. The second section of the table gives the laws on confidentiality and statistical information. The third section is more specific, listing pieces of legislation that provide for control of specific environments and sources of infection.

The **thematic table** gives specific citations from laws and regulations listed in the legislative table. They are identified by keyword specific to the research subject: infectious diseases, reportable diseases, communicable diseases, epidemic and vaccine. The table is divided into four sections. To be selected, citations must make deliberate or very explicit reference to a keyword. The first section gives the legislative framework governing the mechanism for reporting infectious diseases. The second concerns the transfer of personal information and reportable disease registries. The third section covers the management of infectious diseases (diagnosis, treatment, immunization and penalties), and the fourth presents the specific powers of the federal, provincial and territorial governments for investigating infectious diseases (public health investigation) and special powers for managing crises (epidemics).

Note that lists of reportable and mandatory treatment diseases are provided for in a number of pieces of legislation. Since we wanted to ensure that the tables were easy to consult, we present these lists in Appendix 3. There is also a list of reportable diseases in

Appendix 1. Appendix 2 contains the definitions established in the jurisdictions under consideration.

The subject is a very broad one, and it had to be broken down into units that are more manageable. First of all, even though we do refer to animal sources of contamination in the legislative table, we do not cover it in the thematic tables. In addition, there are a number of federal acts relating to the transportation of hazardous substances and materials, including potential sources of contamination, but we have not covered this subject. In keeping with the terms of the contract, the question of infectious diseases in penitentiaries has not been covered either. Finally, the thematic tables contain no references to pieces of legislation confirming regulatory authority, even in respect of infectious diseases. Instead, we have made reference to the actual regulations passed under such authority.

Invasive meningococcal infection: scientific and social aspects

To make the project more concrete, we decided to pay particular attention to one specific reportable infectious disease. Health Canada selected invasive meningococcal infection. We can use this disease as an example in order to highlight the various approaches the provinces take toward reporting mechanisms and aspects of disease management. First, however, we should give some basic scientific information on this particular disease.

Invasive meningococcal infection was described for the first time in 1805, following an epidemic in Geneva, Switzerland. However, the etiologic agent, meningococcus, was not identified until 1887. Since 1909, major outbreaks of invasive meningococcal infection have been reported regularly in Africa, specifically in a region stretching from Ethiopia to Senegal. Some 300 million people live in this area, known as the "meningitis belt". The largest epidemics are seasonal: they occur during the dry season. That being said, the disease is a worldwide problem with a potential for striking every country in any climatic zone.[3]

Meningococci are diplococcus bacteria of the Neisseria type and do not exist outside the human body. A number of strains, or serogroups, have been identified: A, B, C, D, X, Y, Z, 29E and W135. They do not all cause epidemics. In Canada, most cases of invasive meningococcal infection (contamination of human organism by bacteria) are attributed to serogroups B and C.

In most instances of contamination, only the nasal pharynx (the upper part of the pharynx above the palate) is affected. The contaminated person is an "asymptomatic carrier" and may remain in this state for a few days to a few months with no adverse effects on his or her health. It is not a particularly contagious disease. Contamination results from direct contact between two persons, and the bacteria are communicated by means of respiratory

[3] Jean-Yves NAU, "Un nouveau méningocoque menace l'Afrique : l'épidémie inquiète l'Institut Pasteur, qui appelle l'OMS à réagir très vite," *Le Monde,* September 20, 2002.

droplets from the infected party (more often a healthy carrier than a sick person). The risk of infection is greater among the sick person's immediate family and social contacts. Some population groups run a greater risk of contracting the disease, including young people living in closed environments (e.g. schoolchildren).

Meningococcal vaccines have been developed only for serogroups A, C, Y, and W135. The vaccine for serogroup B has not been shown to be effective.

According to the Population and Public Health Branch of Health Canada, invasive meningococcal infection is an endemic disease in Canada.[4] It exists in a more or less permanent state, with periods of increased bacterial activity every 10-15 years. The last great epidemic occurred between 1940 and 1943. Outbreaks have been sporadic and localized since then. Overall, incidence of the disease has remained stable and is currently 2 cases per 100 000 inhabitants or lower. Incidence last spiked in 2001.

The World Health Organization recommends that authorities establish and maintain a reporting system to monitor the disease and facilitate detection of epidemics.[5] The number of cases must be communicated on a daily or weekly basis to a regional centre, which in its turn forwards the information to a central registry.

Canadian legislative framework

(LEGISLATIVE TABLE)

Legislative authority over health in Canada is shared on the basis of the areas of jurisdiction established in sections 91 and 92 of the Constitution.[6] Health is not mentioned as such in either list of exclusive jurisdictions. Accordingly, health is generally considered a hybrid that is shared by jurisdictions on a piecemeal basis. Thus the federal government can invoke its exclusive authority over "Quarantine and the establishment and Maintenance of Marine Hospitals" (s. 91 (11)) to regulate all aspects of infectious diseases. It can also invoke its exclusive authority over criminal matters (s. 91 (27)), the census and statistics (s. 91 (6)), Indians and lands reserved for the Indians (s. 91 (24)), and naturalization and aliens (s. 91 (25)). In a context where bioterrorism is a concern for lawmakers, the federal government's authority in matters of national defence (s. 91 (7)) is worthy of note too. The provinces and territories can invoke their authority to legislate in matters pertaining to the establishment, maintenance and management of hospitals, asylums, charities and eleemosynary institutions in and for the Province (s. 92 (7)) and to "property and civil rights in the Province" (s. 92 (13)). It follows that any survey of the legislative framework governing reporting and management of infectious

[4] Health Canada, Population and Public Health Branch, Division of Immunization and Respiratory Diseases, *Vaccine Preventable Diseases: Meningococcal*.
http://www.hc-sc.gc.ca/pphb-dgspsp/dird-dimr/vpd-mev/meningococcal_e.html

[5] World Health Organization. Communicable Disease Surveillance and Response, *Control of Epidemic Meningococcal Disease. WHO Practical Guidelines. 2nd Edition*, 1998
http://www.who.int/csr/resources/publications/meningitis/whoemBCac983e.pdf

[6] *Constitution Act of 1867*, 30 & 31 Vict., U.K., c. 3

diseases requires examination of a broad range of laws. The reporting and management of infectious diseases are regulated by a number of legal sectors.

All provinces and territories have passed legislation to regulate public health in general. Some even have regulations covering infectious diseases alone. They provide for a specific regime for reporting and managing infectious diseases in Canada. We also surveyed regulations dealing specifically with three diseases or types of disease: venereal disease, tuberculosis and rabies. The key federal acts governing public health are the *Department of Health Act* and the *Quarantine Act.* The former gives the Department of Health powers relating to disease surveillance and the "protection of the people of Canada against risks to health and the spreading of diseases".[7] In fact, the Act refers not only to powers but also to "duties." All jurisdictions have passed legislation governing emergencies. These generally cover infectious disease epidemics and other situations presenting a serious threat to public health. All provinces and territories have regulations establishing a list of reportable diseases requiring special attention and measures. These are key lists because they form the basis for implementation of the reporting systems.

Reporting an infectious disease to an authority for surveillance or management purposes necessarily involves communicating personal health information. In fact, there are three distinct stages in the reporting of infectious diseases: (1) reporting; (2) conservation and sharing of reported information by public authorities; and (3) use of the information for infectious disease surveillance and management purposes. In addition, the "use" stage must be split into two activities: (1) research and statistics and (2) medical management of sick persons. While information must be kept confidential throughout the process, each stage requires discrete analysis.

As a general rule, personal information may be communicated only with the consent of the person concerned, by court order, or by invoking a legislative exception. In addition, if a public health officer is holding personal information, he or she is required by law to keep it confidential. It is therefore necessary to examine the rules governing privacy, or the protection of personal information, so we have also surveyed Canadian privacy legislation. The right to privacy, including the right to control circulation of personal information, is protected under the *Canadian Charter of Rights and Freedoms.*[8] Note that the protection of privacy is based on a mosaic of laws that is in the throes of change. The introduction of federal privacy legislation in 2000 prompted people to reflect on existing legislation in every region of the country.[9] All provinces have passed legislation on the protection of personal information held by the public sector. Some provinces have regulations bearing specifically on the handling of health information. Note that Ontario and Saskatchewan are planning amendments to their legislation.[10]

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[7] FED, *Department of Health Act*, s. 4.
[8] *Constitution Act*, 1982, Part I [Schedule B, *Canada Act, 1982* (1982, U.K., c.11)
[9] For example, the *Freedom of Information Act*, RSNL 1990 F-25) was recently repealed and replaced.
[10] ON, *Draft Privacy and Personal Information Act*; SK, *The Health Information Protection Act*, S.S. 1999, c. H-0021 [not yet in force].

In addition to general rules on handling personal information, consideration must be given to the obligations of medical practitioners and other professionals with respect to the confidential nature of information given to them for the purpose of treating patients. With regard to infectious diseases, however, information may pass through a number of other people—a teacher, embalmer, relative, friend, etc. Unlike a healthcare professional, for example, these people are not constrained by confidentiality rules governing the information brought to their attention. Nonetheless, the individual's right to privacy and protection of his or her reputation may militate against the communication of personal information to a third party.

The federal and all provincial governments have legislation framing the collection of population data for statistical purposes, including some general provisions applicable to infectious diseases. Thus infectious diseases may be examined from a purely statistical perspective under current legislation.

Management of infectious diseases also raises issues of personal autonomy and the right to personal integrity. Public health authorities have the power to impose potentially invasive measures on individuals. We therefore conducted a survey of general laws regarding consent to care, since they provide the underpinnings for the requirement to respect a person's wishes in health matters.

Individuals from all kinds of circles are regulated by provincial legislation with a view to preventing and controlling the spread of infectious diseases. For example, regulations governing hospitals, schools, daycare facilities, camps and workplaces contain one or more provisions on infectious diseases.

We also developed an inventory of regulations designed to control three main types of sources of infectious disease—animals, dead bodies, and other pathogenic sources—along with food and waste. However, the management of potential sources of infectious is beyond of the scope of our terms of reference, so we have not given specific citations on this subject in the thematic tables.

Our profile of the legislative and regulatory framework would not be complete if we did not include case law, particularly from the common law provinces, because it contains important general principles in areas such as privacy and trustee obligations. For this phase of our research, we did, however, limit ourselves to a survey of legislation. Note also that in Quebec, not only case law but also the *Civil Code* and the *Charter of Human Rights and Freedoms* form the basis for law making under the civil law regime. We have therefore drawn up an inventory of the relevant articles in the *Civil Code*, but have not covered case law.

Reporting infectious diseases

(TABLE 1)

In endeavouring to circumscribe the obligation to report infectious disease, the researcher must first determine which diseases have to be reported. They can be found in regulations (see Appendix 1). The researcher must then answer five key questions: who is responsible for the declaration, which diseases must be declared, how and when the report must be made, who is the recipient of the report, and what are the penalties, if any, for failure to report. All the legislative provisions with regards to these questions may be found in the first table.

The list of reportable diseases is given in the regulations of each province. Items in the lists vary from one jurisdiction to another.[11] In some cases, lists are subdivided into categories by seriousness, contagiousness or persons required to report.[12] In addition, a different reporting or management process may be triggered, depending on which category the disease falls under or whether it is specifically mentioned in a piece of legislation. In most cases, the mere suspicion of an occurrence of the disease will trigger the full reporting process, potentially leading to treatment. The lawmakers have erred on the side of caution, instead of waiting for all the evidence required to prove that the disease has appeared.

Invasive meningococcal infection is a reportable disease in all provinces, even though the terms used to describe it vary. In some provinces, only the more serious cases are reportable.[13]

The first point of interest regarding the persons required to report is that the obligation does not fall to healthcare professionals alone. A large number of individuals from different circles, who are in a position to detect symptoms of a given disease, are required to report too. Indeed, in some circumstances, even members of the public and infected persons themselves are required to report. For example, in certain provinces, any person who believes that another person is suffering or has died from a communicable disease, must notify the relevant authorities (AB, BC, NWT&N, PEI, YK)[14]. The principles underlying the confidentiality of personal information varies, depending on whether the

[11] The New Brunswick Department of Health and Wellness sent us a list of infectious diseases that was very different from the one in the regulations. We therefore decided to include both lists in Appendix 1.
[12] For example, see British Columbia, Appendix 1.
[13] See Appendix 3. AB (Meningoccocal infections); BC (Meningoccocal Disease-All invasive, Including Primary Meningococcal Pneumonia and Primary Meningococcal Conjunctivitis); MB (Meningococcal Invasive Disease and Meningitis (other bacterial)); NB (Meningococcies infections and Meningitis Viral or Aseptic); NF&L (Meningococcal Invasive Disease and Meningitis (viral or bacterial-specified and unspecified); NWT&N (Meningitis and Encephalitis as well as Invasive Neisseria Meningitides Infections); NS (Meningitis Bacterial, Meningococcal Disease (invasive)); ON, Meningococcal Disease Invasive; PEI (Meningitis/Encephalitis (bacterial or viral)); QC (Meningococcal Infections and Meningitis); SK (meningitis of bacterial or viral origin); YK (Meningococcal infection, Meningitis/Encephalitis: A.1 (Bacterial: Pneumococcal), Meningitis/Encephalitis: A.2 Other (Bacterial, excluding Haemophilus, Meningococcal, and Tuberculosis).
[14] AB, art. 3 (1) Bodies of Deceased Persons Regulation; BC, art. 2 (1) Health Act Communicable Disease Regulation; TNO&N, art. 2, 3 Communicable Diseases Regulations; IPE, art. 7 Notifiable and Communicable Diseases Regulations; YK, art. 3, 4 Regulations for the Control of Communicable Diseases in the Yukon.

information comes from a healthcare professional who becomes aware of the disease in the course of providing a patient with care or from an ordinary citizen.

From a legal standpoint, the infectious disease reporting system is one in which the lawmaker tries to balance the individual's right to privacy with the need to ensure public welfare and maintain public health.

A major factor in reporting is the authorization required to disclose the information concerned. The right to privacy may entitle any person to refuse to allow information on him or her to be disclosed to others without his or her consent.[15] The entitlement may be even stronger where the healthcare professional has a specific obligation to respect the confidential nature of information on patients.[16] We found no evidence of a requirement to obtain an individual's consent in order to protect public health. This is understandable from a public health perspective: consent-based authorization does not serve to meet the urgent needs that arise from an occurrence of infectious disease. The alternative is for the law to set clear reporting parameters so that information can be communicated legally.

In their public health legislation, all provinces have established systems for reporting infectious diseases to public health authorities. Regarding the reporting parameters, we found a great deal of information on reporting time limits, but regulations do not always indicate how reporting is to be done. In the absence of any indications, reporting forms have to be completed in accordance with internal directives. This situation is partly attributable to the fact that it is easier to amend directives than legislation and regulations. At the same time, some provinces specify in their actual regulations what kind of information must be provided (name, age, etc.).[17] This is not a minor consideration. In a context where the right to privacy is the general rule, it is useful to have legislation providing for an exception to that general rule and for the communication of personal information and specifying the types of information concerned. Note also that in some cases the obligation to report may fall not only to the sick person but also to his or her family, friends and contacts.

The path that reported information follows from the source to the public health authorities varies with the organizational structure of public health in each province. In most cases, the information is received by the medical health officer (MHO) of the locality concerned, who then forwards it to the minister or ministry/department of public health. In some cases, the information may pass through a number of links in the reporting chain before it reaches the highest authorities in the public health structure. The confidentiality requirement should apply to every link in the chain.

Another point of note is that failure to report triggers penalties that can be very severe. Our data indicates that penalties are not imposed very often. There are few provisions stipulating specific penalties for failure to report. Nonetheless, offences may result in the

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[15] J.DOWNIE, T. CAULFIELD, C. FLOOD, *Canadian Health Law and Policy* (2002), 2nd ed., Butterworths, p. 158.

[16] For example, see Quebec: Code de déontologie des médecins, R.R.Q., c. M-9, r. 4.1, s. 20.

[17] For example, see Nova Scotia and British Columbia.

imposition of the general penalties applicable in cases of infraction of any provision of public health legislation. These penalties range from just a fine to imprisonment.[18]

Here is an overview of the reporting process.

a) Reporting in healthcare sector

Healthcare professionals are required to report the infectious diseases listed in legislation[19] (AB, BC, MB, NB, NS, NF&L, NWT&N, ON, PEI, QC, SK, YK). They must do so when "they know or have reason to believe" that someone has an infectious disease (AB, BC, NB, NS, NF&L, NWT&N, ON, SK, YK).[20] We found other criteria, including "becoming aware that the person is suffering" (MB).[21] In some cases, the report must be based on an actual diagnosis, not on suspicion alone (PEI, QC).[22]

Physicians are always required to report an infectious disease, but other healthcare professionals may have to as well. In some instances, specific groups are mentioned in legislation, such as nurses (AB, NB, NWT&N, SK),[23] midwives (AB, ON),[24] ambulance personnel (AB),[25] dentists (ON, NWT&N),[26] and osteopaths and naturopaths (SK).[27]

The requirement may even extend to "any person," including any member of the public (BC, NB, NWT&N, PEI, YK).[28] We were also surprised to learn that infected individuals themselves may be required to report to the public health authorities (NWT&N, YK).[29]

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[18] BC, s. 104 (1), *Health Act*; NF&L, s. 34, *Communicable Diseases Act*; NWT&N, s. 23, *Disease Registries Act*; YK, s. 20, *Public Health and Safety Act*.

[19] AB, s. 22(1) (2) *Public Health Act*; BC, s. 2(2) *Health Act Communicable Disease Regulation*, 83(1) *Health Act*; MB, s. 3(1) *Diseases and Dead Bodies Regulation*; NB, s. 27 *Public Health Act*; NS, s. 64(1) *Health Act*; NF&L, s. 4(1) *Communicable Diseases Act* (mention of physician only); NWT&N, ss. 3, 4(1) *Disease Registries Act*; ON, s. 25(1) *Health Protection and Promotion Act* (apples only in non-hospital context); PEI, s. 6 *Notifiable and Communicable Diseases Regulation*; QC, s. 82 *Public Health Act*, s. 30 *Regulation Respecting the Application of the Public Health Protection Act*; SK, s. 32(1) *Public Health Act*; YK, s. 5 *Regulations for the Control of Communicable Diseases in the Yukon Territory*.

[20] AB, s. 22(1) *Public Health Act*; BC, s. 2(2) *Health Communicable Disease*; NB, s. *Public Health Act*; NS, s. 64(1) *Health Act*; NF, s. 4(1) *Communicable Diseases Act*; NWT&N, s. 4(1) *Communicable Diseases Regulations*, s. 3 *Disease Registries Act*; ON, s. 25(1) *Health Protection and Promotion Act*; SK, s. 32(1) *Public Health Act*; YK s. 5 *Regulations for the Control of Communicable Diseases in the Yukon Territory*.

[21] MB, s. 3(1) *Diseases and Dead Bodies Regulation*.

[22] PEI, s. 6 *Notifiable and Communicable Diseases Regulation*; QC, s. 82 *Public Health Act.*

[23] AB, s. 22(2) *Public Health Act*; NB, s. 27 *Public Health Act*; NWT&N s. 4(1) *Communicable Disease Regulation*; SK, s. 32(1) *Public Health Act*.

[24] ON, s. 14(2) *Hospital Management*; AB, s. 22(2) (3) *Public Health Act.*

[25] AB, s. 18, *Staff, Vehicle and Equipment Regulation.*

[26] ON, s. 14(2) *Hospital Management Regulation*; NWT&N, s. 4(1) *Communicable Disease Regulation*.

[27] SK, s. 19 *Osteopathic Practice Act*; s. 18 *Naturopathy Act.*

[28] BC, s. 2(1) *Health Act Communicable Disease Regulation*; NB, s. 31(4) *Public Health Act*; NWT&N, s. 3 Communicable Diseases Regulations; PEI, s. 7 Notifiable and Communicable Diseases Regulations; YK, s. 4, *Regulations for the Control of Communicable Diseases in the Yukon*.

[29] NWT&N, s. 2 *Communicable Diseases Regulations*; YK, s. 3, *Regulations for the Control of Communicable Diseases in the Yukon*.

See Appendix 1 of the *Compendium* for lists of reportable diseases. Invasive meningococcal infection is a reportable disease in all provinces and territories. On the other hand, some diseases are reportable only in specific circumstances—for example, if there are a high proportion of cases in the community (e.g. MB),[30] if symptoms are abnormal or dangerous (e.g. MB),[31] or if there is a danger to public health (YK).[32]

Diseases must be reported with due diligence. Most provinces (AB, BC, NB, NS, MB, NF&L, NWT&N, ON, QC, SK, YK) have set time limits for reporting. Prince Edward Island, however, leaves the reporting details in the hands of the chief medical officer of health (PEI).[33]

Time limits vary from one province to the next. They are boldfaced in Table 1, Column 2, and range from "immediately" to 12, 24 and 48 hours, 4 days, and even 7 days. The Table shows that time limits can vary within a single province. A number of factors are at play here. For example, the time limit may be contingent on the type of disease (AB, BC, MB, NWT&N, SK).[34] It may be shortened if it occurs in a specific environment: in an Alberta hospital, for example, there is a requirement to show even greater diligence in informing the head of the hospital, who in turn will advise the public health officer.[35] It may also be shortened if specific persons have information (as in British Columbia, where physicians must report within a shorter timeframe than laboratories[36]) or if the disease has reached epidemic proportions (e.g. AB, MB).[37]

The person to whom the report must be delivered varies with the position that the person with the information holds in the organizational structure of the public health system. For example, a nurse in a hospital may be required to report information to the head of the hospital, who is in turn required to report it to the MHO. Thus the information moves along the chain of individuals involved in managing the system. It may also move quickly up the chain of command to the very top, as in the case of epidemics and the grave dangers they pose. This is also the case in the provinces and territories with smaller populations.[38]

In general, physicians must report to the local medical authorities (AB, Medical Officer of Health of the local board of health; BC, Medical Health Officer; MB, Medical Officer of Health for the health region in which the person resides; NB, Medical Officer of Health; NS, Medical Health Officer of the district where the person lives; NF&L, Deputy Minister or Health Officer in whose jurisdiction the person lives; NWT&N, Chief

[30] MB, s. 4 (1) *Diseases and Dead Bodies Regulation.*
[31] MB, s. 5 *Diseases and Dead Bodies Regulation*.
[32] YK, s. 16.1 *Public Health and Safety Act*.
[33]PEI, s. 6 *Notifiable and Communicable Diseases Regulation*.
[34] AB, s. 22(1) *Public Health Act*; BC, 83(1) *Health Act*; MB, s. 3 *Diseases and Dead Bodies Regulation*; NWT&N, s. 4(1) *Communicable Disease Regulation*; SK, s. 34 *Public Health Ac*t.
[35] AB, s. 22(2) *Public Health Act*.
[36] BC, s. 2 *Health Communicable Disease*.
[37] AB, ss. 26-27 *Public Health Act*; MB, s. 4(1) *Diseases and Dead Bodies Regulation*. In Alberta, reports must be delivered immediately to the highest authorities in the public health system.
[38]In the Northwest Territories, for example, reports must be sent immediately to the chief MHO.

Medical Health Officer; ON, Medical Officer of Health of the health unit in which the professional services are provided; QC, Public Health Director in his or her territory or jurisdiction; SK, Public Health Officer; YK, Medical Health Officer).[39]

In some cases, physicians must also inform other persons, such as the person in whose house or rooms the sick person lives (NF&L)[40] or the registrar of disease registries (NWT&N).[41]

In general, reports must be made directly to the highest public health authorities (MHO or minister) when patients are seriously ill or the situation is critical (e.g. AB, to chief MHO, venereal disease; NS, to minister of health; and QC, simultaneously to the Minister and to the public health director of the territory).[42]

Whatever the requirement, the information is eventually centralized in the offices of a senior public health official in the province (AB, Chief Medical Officer; BC, Provincial Health Officer; MB, Director of Communicable Disease Control; NB, Director of Communicable Disease Control; NS, Department of Health; ON, Public Health Branch of the Ministry; QC, the Ministry; SK, Coordinator of Communicable Disease Control; YK, Chief Medical Health Officer).[43]

The issue will be covered in more detail with respect to Table 3, but it is worth noting that only the Northwest Territories and Nunavut refer explicitly to an infectious disease registry.[44]

In a hospital, it is usually the chief administrator who receives the first reports (e.g. AB)[45] and forwards them to the appropriate authorities. In some cases, the person in charge of the hospital must report to the public health authorities (NF&L, ON, SK).[46] In Quebec, the chief administrator must report to the public health director if there is an immediate

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[39] AB, s. 22(2) *Public Health Act*; BC, s. 2(2) *Health Act Communicable Disease*; MB, s. 7 *Disease and Dead Body Regulation*; NB, s. 27 *Public Health Act*; NS, s. 64(1) *Health Act*; NF&L, s. 4(1) *Communicable Diseases Act*; NWT&N, s. 4(1) *Communicable Disease Regulation*; ON, s. 25(1) *Health Protection and Promotion Act*; QC, s. 30 *Regulation Respecting the Application of the Public Health Protection Act*; SK, ss. 32 and 34 *Public Health Act*; YK, s. 5 *Regulations for the Control of Communicable Diseases in the Yukon Territory*.

[40] NF&L, s. 4(1) *Communicable Diseases Act*.

[41] NWT&N, s. 3 *Disease Registries Act*.

[42] AB, s. 22 (3) *Public Health Act*; NS, 92 (1) *Health Act*; QC, s. 30 *Regulation Respecting the Application of the Public Health Protection Act.*

[43] AB, s. 28, *Chief medical officer*; BC, s. 2(4) *Health Act Communicable Disease Regulation*; MB, s. 7, 19(2) *Diseases and Dead Bodies Regulation*; NB, s. 95 *General Regulation - Health Act*; NS, s. 10 *Communicable Disease Regulation*; ON, s. 31(1) *Health Protection and Promotion Act*, s. 6 *Report Regulation*; QC, s. 33.1 *Regulation. Respecting the Application of the Public Health Protection Act*; SK s. 37 *Public Health Act*; YK, s. 10 *Regulations for the Control of Communicable Diseases in the Yukon Territory*.

[44] NWT&N, s. 22 *Disease Registries Act*.

[45] AB, s. 22(2) *Public Health Act*.

[46] NF&L, s. 5(1) *Communicable Diseases Act*; ON, s. 27(1) *Health Protection and Promotion Act*, s. 14 *Hospital Management Regulation* 965; SK, s. 63 *Hospital Standards Regulation*.

danger to public health.[47] In New Brunswick, if an infectious disease is recorded in a hospital file, the regional health board reports it to the MHO.[48]

In the case of some diseases, including meningococcal meningitis, the physician must report the infected person's contacts to a board of health (NB).[49]

b) Reporting by laboratories

Persons in charge of laboratories are generally required to report diseases listed in the legislation (AB, BC, MB, ON, QC, SK).[50] Due diligence is required, and most provinces have set a time limit for reporting (AB, 48 hours; BC, 7 days; ON, as soon as possible; QC as soon as possible; SK, 48 hours).[51] Surprisingly, British Columbia gives people seven days to report an infectious disease.[52] Manitoba has not set a time limit.[53]

The report must be made to the regional MHO (AB, ON, QC)[54] or the chief MHO of the province or directly to the minister (AB, in the case of serious disease and emergencies, SK).[55]

Under federal legislation, persons who collect and handle sperm are required to notify the appropriate persons if they know or suspect that sperm contains an infectious agent (FED).[56] The information is then forwarded to the minister.

c) Reporting on deceased persons

Embalmers, funeral directors and others working in this field are required to report the fact that a deceased person was infected with a reportable disease at time of death (AB, BC, YK).[57] In some provinces, however, the list of applicable diseases is short (BC, NWT&N)[58].

Time limits are relatively short (particularly when a person is still alive). This is probably to allow tests to be run prior to disposal of the body (AB, "immediately"; BC; MB,

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[47] QC, s. 375 *Act Respecting Health Services and Social Services*, s. 93 (2) *Public Health Act*.
[48] NB, s. 30 *Public Health Act*.
[49] NB, s. 31 *Public Health Act*.
[50] AB, s. 23, *Public Health Act*; BC, s. 2(3) *Health Act Communicable Disease Regulation*; MB, s. 3(1), 10 *Diseases and Dead Bodies Regulation*; ON, s. 29 *Health Protection and Promotion Act*; QC, s. 82 *Public Health Act*, s. 31 *Regulation Respecting the Application of the Public Health Protection Act*; SK, s. 37 *Public Health Act*.
[51] AB, s. 23 *Public Health Act*; BC, s. 2(3) *Health Act Communicable Disease Regulation*; ON, s. 29 *Health Protection and Promotion Act*; QC, s. 31 *Regulation Respecting the Application of the Public Health Protection Act*; SK, s. 32(1) *Public Health Act.*
[52] BC, s. 2(3) *Health Act Communicable Disease Regulation.*
[53] MB, s.10 *Diseases and Dead Bodies Regulation*.
[54] AB, s. 22(2) *Public Health Act*; ON, s. 29 *Health Protection and Promotion Act*; QC, s. 31 *Regulation Respecting the Application of the Public Health Protection Act*.
[55] AB, s. 22 (3) *Public Health Act*; SK, s. 32(4) *Public Health Act*.
[56] FED, ss. 14-15 *Processing and Distribution of Semen Regulation*.
[57] AB, s. 3 (1) *Bodies of Deceased Persons Regulations*; BC, s. 14(1) *Health Act Communicable Disease Regulation*; YK, s. 11 (1) *Public Health Regulations Respecting Embalmers and Embalming of Corpses*.
[58] BC, s. 2(3) *Health Act Communicable Disease Regulation*; NWT&N, s. 3 *Communicable Disease Regulation*.

"forthwith"; NWT&N, "quickest means available"; ON "as soon as possible"; YK, 12 hours).[59]

The report is made to the local authorities of the community where the person has died (AB, BC, ON)[60] or directly to the highest public health authorities in the territory (NWT&N, YK)[61].

Funeral home staff do not have to establish a cause-and-effect link between a disease and a death before they are required to report. However, where a practitioner and/or the head of the hospital determine that a death is due to an infectious disease, they must immediately make a report to the local authorities and the highest public health official (MB, ON)[62]. In Quebec, a special provision on deceased persons contains a reference to the general rule, thus making it a requirement for physicians to report.[63]

d) Reporting with respect to schools, children's camps and childcare facilities

Diseases can spread easily in facilities for children, so it comes as no surprise that special attention is devoted to them. Teachers and in some instances school principals are required to report cases of infectious disease in schools (AB, BC, NS, NF&L, ON, PEI, SK, YK).[64] In New Brunswick and Prince Edward Island, the list of reportable diseases is shorter than the general list.[65] In the Yukon, only epidemics—not isolated occurrences of a disease—need to be reported.[66] In Quebec, a report may be made if there is a threat to health (no reference to infectious diseases as such).[67] We were surprised to find that, in Nova Scotia and Prince Edward Island, the teacher is also required to report diseases occurring in the student's household (NS, PEI).[68]

The requirement is established in public health legislation (AB, NS, NB, NF&L, ON, PEI, SK)[69] or in legislation respecting educational institutions (BC, ON, PEI, YK).[70]

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[59] AB, s. 3(1) *Bodies of Deceased Persons Regulations*, BC, s. 2(3) *Health Communicable Disease*; MB, s. 9(1) *Diseases and Dead Bodies Regulation*; NWT&N, s. 3 *Communicable Disease Regulation*; ON, s. 30 *Health Protection and Promotion Act*; YK, *Public Health Regulations Respecting Embalmers and Embalming of Corpses*.

[60] AB, s. 3(1) *Bodies of Deceased Persons Regulations*; BC, s. 2(3) *Health Act Communicable Disease Regulation*; ON, s. 30 *Health Protection and Promotion Act.*

[61] NWT&N, s. 4(1) *Communicable Disease Regulation*; YK, *Public Health Regulations Respecting Embalmers and Embalming of Corpses*.

[62] MB, s. 9(1) *Diseases and Dead Bodies Regulation*; ON, s. 30 *Health Protection and Promotion Act*.

[63] QC, s. 33 *Regulation Respecting the Application of the Public Health Protection Act.*

[64] AB, s. 22 (1) *Public Health Act*; BC, 91(5) *School Act*, NS, 70(2) *Health Act*; NF&L, s. 5(1) *Communicable Diseases Act*; ON, s. 28 *Health Protection and Promotion Act*; PEI, s. 12(2) *Public Health Act* (includes school principal); SK, s. 32(1) *Public Health Act* (includes school principal); YK, s. 168 (i), 169 (n) *Education Act* (for school principal).

[65] NB, s. 29 *Public Health Act*; PEI, s. 12(1) and (2) *Public Health Act.*

[66] YK, s. 168 (i) *Education Act*.

[67] QC, s. 94 *Public Health Act*.

[68] NS, 70(2) *Health Act*; PEI s. 12(2) *Public Health Act.*

[69] AB, s. 22(1), 26 *Public Health Act*; NS, s. 70(2) *Health Act*; NB, s. 29 *Public Health Act*; NF&L, s. 4(1) *Communicable Diseases Act*; ON s. 25(1) *Health Protection and Promotion Act*; PEI s. 12(2) *Public Health Act*; SK, s. 32(1) *Public Health Act.*

The information must be reported to the MHO (NS, NB, NF&L, ON, PEI, SK, YK)[71] or the school health authorities (BC, ON, YK).[72] In the Yukon, the head of a school program must also notify parents if a disease is detected.[73]

In some provinces, persons in charge of a care facility for minors are required to report (BC, PEI, SK).[74]

e) Reporting with respect to care facilities and institutions for adults

The person in charge of the care centre must report the occurrence of infectious diseases in his or her institution (BC, NF&L, ON, PEI, SK)[75] by notifying the MHO (BC, NF&L, ON)[76] or informing the minister of health directly (SK).[77] This person must also notify the person in charge of the funding program and the contact person (BC).[78]

In Quebec, the requirement is expressed in broader terms. The director of an institution or care facility must report the disease (no specific reference to infectious diseases) if there is a health risk (QC).[79]

In some cases, the occupant or owner of a home must notify the MHO that an infectious disease has appeared in the household (BC, NS, NF&L).[80] In Newfoundland and Labrador, however, the requirement applies only in the case of diseases posing a danger to public health.

f) Reporting in the workplace

In this context, persons working in the food sector are the focus of special attention. Requirements vary so much that we have not drawn up an exhaustive list. Here are some examples.

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[70] BC, s. 91(5) *School Act*; ON, s. 265 *Education Act*; PEI, s. 99, 115 (2) *School Act*; YK, s. 168 (i) *Education Act*.

[71] NS, 70(2) *Health Act*; NB, s. 29 *Public Health Act*; NF&L, s. 5(1) *Communicable Diseases Act*; ON s. 28 *Health Protection and Promotion Act*; PEI, s. 12(2) *Public Health Act*; SK s. 32(1) *Public Health Act*; YK s. 169 (n) *Education Act.*

[72]BC, 91(5) *School Act*; ON s. 265 *Education Act*; YK s. 169 (n) *Education Act*.

[73] YK, s. 14(1) (h) *School Age Program Regulation*, s. 14 1 (h) *Child Care Center Program Regulation*, s. 12(1) (h) *Family Day Home Program Regulation*.

[74] BC, s. 19(2) *Child Care Licensing Regulations*; PEI, s. 7 *Notifiable and Communicable Diseases Regulation*; SK, ss. 25, 45(4), 64(6) *Child Care Regulation*.

[75] BC, s. 10.6 (2) *Adult Care Regulation*; NF&L, s. 5(1) *Communicable Diseases Act*; ON, s. 25.1 *General Regulation* 637, s. 96 *General Regulation* 832, s. 31.1(1) *General Regulation* 69 (only in case of epidemic); PEI, s. 7 *Notifiable and Communicable Diseases Regulation*; SK, s. 25 *Private-Service Homes Regulation.*

[76] BC, s. 10.6 (2) *Adult Care Regulation*; NF&L, s. 5(1) *Communicable Diseases Act*; ON, s. 25.1 *General Regulation* 637, s. 96 *General Regulation* 832, s. 31.1(1) *General Regulation* 69.

[77] SK, s. 25 *Private-Service Homes Regulation*.

[78] BC, s. 10.6 (2) *Adult Care Regulation*.

[79] QC s. 94 *Public Health Act*.

[80] BC, s. 80(1) *Health Act*; NS, s. 64(1) *Health Act*; NF&L, s. 3(1) *Communicable Diseases Act* (refers specifically to hotel owners).

Employees in restaurant and food services must report the occurrence of diseases in their home or among their friends and other contacts (NWT&N, PEI).[81] The same applies to those working on food preparation in general (SK, YK).[82]

In some provinces, persons who sell or make dairy products must report the occurrence of infectious diseases among their contacts (NF&L, SK).[83]

Persons in charge of work camps must notify the MHO of any disease occurring in the camp (NS, NWT&N, ON, YK).[84] The owner of a laundry operation must report the occurrence of infectious diseases on the premises (NF&L).[85]

g) Reporting with respect to public transportation

Interprovincial transportation is a federal responsibility. The *Quarantine Act* contains a few provisions under which the federal government is to be informed of disease situations or of sick persons arriving in Canada and may assume responsibility for such cases. The Act covers arrivals by boat, airplane and other means of transport.[86] The information is given to the officer in charge of quarantine. However, the laws and regulations do not specify whether and how it is forwarded to provincial authorities. The legislation of the Maritime Provinces contains provisions concerning the arrival and departure of the means of transport carrying infected persons, but there is no reporting mechanism provided for in the legislation.

h) Reporting diseases covered by specific regimes

We found three types of legislation providing a framework for specific diseases. Note that, in all cases, reporting is an automatic requirement under general public health provisions (included in list of reportable diseases). However, there is a specific regime providing for disease-reporting measures and disease management.

<u>i) Venereal diseases</u>

Healthcare professionals are required to report the occurrence of venereal disease (BC, NS, MB, NB, NF&L, QC, YK).[87] The requirement may be established under an act or

[81] NWT&N, s. 28 *Eating or Drinking places Regulation*; PEI, s. 27 *Eating Establishments and Licensed Premises Regulation*.

[82] SK, s. 32 *Public Health Act*; YK, s. 30 *Regulation Governing the Sanitation of Eating or Drinking Places in the Yukon Territory Cleansing and Storage of Containers and Utensils.*

[83] NF&L, s. 9 *Communicable Diseases Act*; SK s. 13 *Dairy Producer Regulation* (minister must be notified directly).

[84] NS, 7 *Communicable Disease Regulation*; NWT&N, s. 18 *Camp Sanitation Regulation*; ON, s. 4 *Camp in Unorganized Territory Regulation* 554 (report required only if there is an epidemic); YK s. 21 *Regulations for the Sanitary Control of Lumbering, Mining, Construction and other Camps*.

[85] NF&L, s. 9 *Communicable Diseases Act*.

[86] FED, *Quarantine Regulations*.

[87] BC, s. 2 *Venereal Disease Act*; NS, 92(1) *Health Act*; MB, s.43 *Disease and Dead Bodies Regulation*; NB, s. 7(1) *Venereal Disease Act*; NF&L, 4(1) *Venereal Disease Prevention Act*; QC, s. 32 *Regulation Respecting the Application of the Public Health Protection Act*; YK, s. 6 *Regulations Respecting Venereal Disease*.

regulation bearing specifically on venereal diseases (NB, BC, NF&L, YK)[88] or under general provisions (AB, MB, QC).[89]

Note that, in Quebec, laboratories must send a monthly report of all cases of venereal disease to the local public health director (QC).[90] Laboratories are required to report any diagnosed disease in Nova Scotia and Newfoundland and Labrador.[91]

In some provinces, the requirement applies to a list of persons that is much longer than for infectious diseases in general (e.g. NS, YK).[92] In Newfoundland and Labrador, on the other hand, the list of persons to whom the requirement applies is shorter.[93]

Reporting time limits are relatively short (from 24 hours in NF&L to 48 hours in QC and NS) but there is no time limit in some provinces (BC).

The required information and the reporting procedures are very detailed in certain acts pertaining specifically to this issue. Since being diagnosed with venereal disease could affect a person's reputation, reporting is clearly a sensitive matter. Thus in Saskatchewan, physicians who are reluctant to enter such a diagnosis in the file can simply indicate that it is an infectious disease. They still have to make a report to the public health authorities.[94]

ii) Tuberculosis

Physicians are specifically required to report all cases of tuberculosis to the MHO (NS, ON).[95] In Ontario, this applies to employers too.[96]

iii) Rabies

In Ontario, the physician, veterinarian and police officer concerned and the owner of the infected animal must report animal bites that may cause rabies.[97] In Saskatchewan, the physician and/or the nurse involved must notify medical authorities, a veterinarian or a police officer, who must make a report to the public health officer.[98]

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[88] NB, *Venereal Disease Act*; BC, *Venereal Disease Act*; NF&L, *Venereal Disease Prevention Act*; YK, *Regulations Respecting Venereal Disease*.
[89] AB, *Communicable Disease Regulation*, Sch. 2; MB, s. 43 *Disease and Dead Bodies Regulation*; QC, s. 32 *Regulation Respecting the Application of the Public Health Protection Act*.
[90] QC s. 32 *Regulation Respecting the Application of the Public Health Protection Act*.
[91] NS, s. 92(1) *Health Act*; NF&L, s. 4 *Venereal Disease Prevention Act*.
[92] NS, 92(1) *Health Act*; YK, s. 6 *Regulations Respecting Venereal Disease*.
[93] NF&L, s. 4(1) *Communicable Diseases Act*.
[94] SK, s. 63(2) *Hospital Standards Regulation*.
[95] NS, s. 75 *Health Act* (includes radiologists), s. 3 *Communicable Disease Regulation*, and s. 3 *Tuberculosis Control Regulation*; ON, s. 23 *General Regulation* 744.
[96] ON, ss. 17-18 *General Regulation* 744.
[97] ON, s. 2 *Communicable Disease General Regulation* 557.
[98] SK, s. 15 *Communicable Disease Control Regulation*.

i) Reporting a meningococcal infection

In all provinces, cases of meningococcal infection must be reported to the public health authorities. We can assume that medical practitioners make the reports, but there are marked differences in the actual reporting processes of the individual provinces.

In **Alberta**, cases must be reported on the prescribed form within 48 hours and the fastest means possible must be used. The physician must notify the " Medical Officer of Health of the Regional Authority",[99] who in turn submits the information to the "Chief Medical Officer"[100] in a monthly report. In **British Columbia**, information must be sent in writing within 24 hours to the "Medical Health Officer of the municipality or health district in which the person is (or directly to the local board)".[101] Surprisingly, the regulation provides instead for the report to be made as soon as possible. The written report must give the name, age, sex and address of the infected person.[102] The MHO must send the information to the "Provincial Health Officer" within seven days.[103] In **Manitoba**, cases must be reported within four days, by telephone or any other means of communication, to the MHO (or the director of infectious diseases in the absence of an MHO).[104] Whatever the situation, the information must be reported to the director of infectious diseases within 24 hours.[105] The **New Brunswick** legislation gives no time limit for reporting infectious diseases. The information must be sent to the MHO or any other person designated by the minister.[106] The legislation states that reporting procedures are established by regulation, but there seems to be no applicable regulation and therefore no set time limit or procedure. One provision does, however, state specifically that a physician treating a patient with meningococcal infection must report the names of the patient's contacts to the MHO.[107] This was the only specific procedure that we found in the legislation. In **Newfoundland and Labrador**, the disease must be reported within 24 hours, and the information must be forwarded to the "Deputy Minister or to the Health Officer in whose jurisdiction the person is". The information must include the name, age and sex of the infected person and the name of the physician concerned, who must also notify the person responsible for the place where that person resides.[108] However, it is difficult to determine under what authority the information is communicated to the minister. In the **Northwest Territories** and **Nunavut**, the report must be made immediately to the MHO by telephone and in writing within 24 hours.[109] These two territories (and to some degree Quebec) are the only jurisdictions with specific provisions on the establishment of a registry of infectious diseases and rules on how it is to work. Professionals who become aware of an infectious disease must send the information to

[99] AB, s. 22(1) *Public Health Act*.
[100] AB, s. 28 *Public Health Act*.
[101] BC, s. 83(1) *Health Act*.
[102] BC, s. 2 *Health Act Communicable Disease Regulation*.
[103] BC, s. 2(4) *Health Act Communicable Disease Regulation*.
[104] MB, s. 3(1) *Diseases and Dead Bodies Regulation*.
[105] MB, s. 19(2) *Diseases and Dead Bodies Regulation*.
[106] NB, s. 27 *Public Health Act*.
[107] NB, s. 31 *Public Health Act*.
[108] NF&L, s. 4(2) *Communicable Disease Act*.
[109] NWT&N, s. 4(1) *Communicable Diseases Regulations*.

the provincial registrar.[110] In **Nova Scotia**, reports should be made by telephone within 24 hours. A written report must then be sent to the "Medical Health Officer of the district where the person lives".[111] The regulation also states that the "Local Board of Health of the city in which the person lives" must be notified. The report must be made by telephone and must be followed up with a written report giving the name, age and address of the patient.[112] These items of personal information must be forwarded to the Department of Health on departmental forms.[113] In **Ontario**, the report must be made as soon as possible and include the name, address and date of birth of the infected person and the date of onset of symptoms, along with any other details requested by the MHO. The report is made to the "Medical Officer of Health of the Health Unit in which the professional services are provided".[114] The information must then be sent to the "Public Health Branch of the Ministry".[115] On **Prince Edward Island**, the physician must report the information by following the procedure requested by the "Chief Health Officer". However, no specific procedural requirements (time limit or information items) are stated, apart from the fact that the report must be submitted to the MHO.[116] The information must then be forwarded to the "Chief Health Officer and to the appropriate agencies of the Government of Canada for purposes of national disease surveillance".[117] This is the only reference to the fact that personal information may be sent to the Government of Canada. In **Quebec**, the report must include the name, address and any other item of information required by regulation.[118] Meningococcal infection cases must be reported within 48 hours to the public health director, following the procedure in Schedule 11.[119] The report must give the person's name, address, date of birth, telephone number and occupation. The public health director must send the Department of Health a monthly report on meningococcal infection cases brought to his or her attention[120] In **Saskatchewan**, cases must be reported as soon as possible and no later than 48 hours after detection. The report, including the person's name, age, address and telephone number, must be made to the "Public Health Officer",[121] who must report every two weeks to the "Coordinator of communicable disease control".[122] In the **Yukon**, any person (no legislation limits the reporting requirement to physicians) must report the disease to the MHO as soon as possible, by the fastest means possible. The legislation does not state which items of information are to be communicated.[123] The MHO must make a weekly report to the "Chief Health Officer".[124]

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[110] NWT&N, s. 3 *Disease Registries Act*.
[111] NS, s. 64(1) *Health Act*.
[112] NS, s. 2 *Communicable Diseases Regulations*.
[113] NS, s. 10 *Communicable Diseases Regulations*.
[114] ON, s. 25(1) *Health Protection and Promotion Act*.
[115] ON, *Reports, RRO* 1990, Reg. 569.
[116] PEI, s. 6 *Notifiable and Communicable Diseases Regulation*.
[117] PEI, s. 9 *Notifiable and Communicable Diseases Regulation*.
[118] QC, s. 81 *Public Health Act*.
[119] QC, s. 30 *Regulation Respecting the Application of the Public Health Protection Act*.
[120] QC, s. 33(1) *Regulation Respecting the Application of the Public Health Protection Act*.
[121] SK, s. 32 *The Public Health Act*.
[122] SK, s. 37(1) *Communicable Disease Control Regulation*, s. 14 *Communicable Disease Control Regulation*.
[123] YK, s. 3 *Regulations for the Control of Communicable Diseases in the Yukon Territory*.
[124] YK, s. 10 *Regulations for the Control of Communicable Diseases in the Yukon Territory*.

This overview shows that legislation does not always make it clear what information is to be conveyed or through whom it passes on its way to the highest public health authorities or to the Canadian government for surveillance purposes. Reporting procedures and lists of reportable diseases vary. Reporting not only personal information on persons infected, or suspected of bring infected, but also the names of their contacts raises the following question. What are the limits of the reporting requirement? While a restrictive list could probably be drawn up in the case of venereal disease, the same is not true of other infectious diseases. Furthermore, the fact that regulations do not provide for the establishment of a registry of infectious diseases (except in the Northwest Territories, Nunavut and Quebec—and in the case of this province, the relevant provisions are not yet fully in force) is no doubt the most surprising finding in our study. We will discuss it in greater detail in the next section.

Communication of personal information and infectious disease registries

(TABLE 2)

Reporting cases of infectious disease to the health authorities involves communicating personal and medical information about individuals.

Health information is made up of very sensitive personal data. As a general rule, the individual's consent, a court order or a legislative exception is required before personal information can be communicated. We found no specific mention of the fact that a person's consent was required before an infectious disease could be reported, or indeed any notice of such a requirement, except for Quebec (though there is no reference to an infectious disease registry as such).[125] Authority for the requirement must therefore be sought in the legislation.

The public health authorities are invested with considerable powers for the purpose gathering the information required for effective management of public health. In Table 1, we have listed the requirements imposed on various persons to report to public health authorities. As we showed in the preceding section, some provinces require the MHO to keep a list of cases of infectious disease (BC, MB, NB, NS, YK)[126] and to report the information to the director of infectious disease control (MB, NB, NS)[127]. The authorities may also request information. For example, the MHO may issue an order for the submission of all information deemed necessary where there is a significant threat to

[125] For vaccination registries and any other health registry for public health protection and preventive clinical care, ss. 49, 62 ff. *Public Health Act*.
[126] BC, s. 6, *Sanitary Regulation*; MB, s. 19(1) *Diseases and Dead Bodies Regulation*; NB, s. 95 *General Regulation–Health Act*; NS, s. 9 *Communicable Diseases Regulations*, s. 4 *Tuberculosis Control Regulations*; YK, s. 10 *Regulations for the Control of Communicable Diseases in the Yukon Territory*.
[127] MB, s. 19(2) *Diseases and Dead Bodies Regulation*; NB, s. 95 *General Regulation–Health Act*; NS, s. 10 *Communicable Diseases Regulations*.

public health (MB)[128]. The registrar may also require all information deemed necessary for the management of information on infectious diseases (NWT&N)[129]. The minister and public health directors may require that information necessary for a surveillance plan be submitted in a form that prevents identification of individuals (QC) [130]. As part of an epidemiological investigation, a public health director may request access to any information or document, whether or not they contain personal information.[131] With a view to improving knowledge of infectious diseases, the MHO may ask for medical information on a patient (AB)[132]. In short, the authorities have powers akin to genuine powers of investigation in certain cases.

Setting up a "personal information bank" involves making rules for the conservation and use of the information concerned. Of course, the general rule is that all data indicating that a person has, or had, an infectious disease must be handled confidentially (AB, BC, NB, NF&L, NS, ON, QC, SK, YK).[133] Under the legislation, disclosure is permissible in specific cases.[134] In British Columbia, where a person who voluntarily takes an infectious disease test and the result must be reported, the information may not be communicated without written consent to a person other than the MHO.[135] Here too, a more rigorous system for protecting personal information has been established for venereal diseases. Thus the confidentiality of all information on a person with a venereal disease must be protected in all circumstances, and a court order is required for its release.[136]

While Table 1 shows that reports are made to the highest public health authorities, there is no provision for the establishment of provincial or territorial infectious disease registries in any statutes except those of the Northwest Territories, Nunavut[137] and, to some degree, Quebec.[138] In the Northwest Territories and Nunavut, the registrar has access to the data of the chief medical officer of health and may add them to the registry.[139] He or she also receives reports directly from healthcare professionals. The registrar may disclose information in it to a healthcare professional, if required for the treatment of the individual concerned.[140] In Quebec, the minister may establish by

[128] MB, s. 22.2 (3) *Public Health Act*.
[129] NWT&N, s. 7 *Diseases Registries Act.*
[130] QC, s. 38 *Public Health Act*.
[131] QC, s. 100 *Public Health Act.*
[132] AB, s. 53(2) *Public Health Act*.
[133] AB, s. 53(1)(3) *Public Health Act*; BC, s. 12(6) *Health Act Communicable Disease Regulation*; NB, s. 22 *Venereal Disease Act* (for venereal diseases only), s. 66 *Public Health Act*; NF&L, s. 15 *Venereal Disease Act*; NS, s. 96 *Health Act*; ON, s. 39(1) *Health Protection and Promotion Act*; QC, s. 131, 132 *Public Health Act*; SK, s. 65(1) *The Public Health Act* 1994; YK, s. 15 *Regulations Respecting Venereal Disease*, s. 20(1) *Regulations for the Control of Communicable Diseases in the Yukon Territory*.
[134] For example, AB, s. 53 (4) *Public Health Act*; ON, s. 39(2) *Health Protection and Promotion Act*; QC, s. 132, 133 *Public Health Act*; SK, s. 65(2) *The Public Health Act 1994*.
[135] BC, s. 6.1 *Health Act Communicable Disease Regulation*.
[136] BC, s. 13(2) *Venereal Disease Act*.
[137] NWT& N, s. 9 *Disease Registries Act*.
[138] In Quebec, public health registries must be established by regulation. This is a new rule that does not apply to existing registries. QC, ss. 168-169 *Public Health Act*.
[139] NWT&N, s. 11 *Disease Registries Act*.
[140] NWT&N, s. 15 *Disease Registries Act*.

regulation a registry for the purpose surveillance or prevention[141] (not yet in force). Regulations providing for the establishment of registries must be submitted to the Commission d'accès à l'information [Access to Information Commission] for an opinion.[142]

In all the other provinces, information from mandatory reports on infectious diseases is centralized (see Table 1), but their laws and regulations contain no reference to a registry or its rules of operation. The British Columbia legislation does refer to the creation of a health status registry at the ministry, but the only information in that registry concerns "congenital anomalies, genetic conditions or chronic handicapping conditions of individuals."[143] In short, the establishment of a registry for monitoring infectious diseases does not seem to have been a concern of public health law makers. Yet such registries definitely exist. In Newfoundland and Labrador, for example, we know of seven infectious disease registries, including one for invasive meningococcal infection,[144] but there are no references to them in the regulations. The rules of operation for these registries are probably determined by internal directive. In this context, we need to refer to the general rules on confidentiality of personal information and to internal policies on registry operations to learn about the rules for setting them up.

The communication of non-personal information (data that does not serve to identify an individual) does not come under a legislative framework to the same extent as personal information does. In general, legislation protects information making it possible to identify the person concerned. So what kind of information must be communicated? In some cases, the legislation describing the mandatory reporting system specifies the information items to be included in the report. As we saw in the preceding section, many reports clearly contain personal information and are therefore governed by all the rules pertaining to personal information. However, the legislation of other provinces contains no reference to a report form and provides for no reporting procedures (PEI, MB, NB, YK). Thus we cannot determine by reading just the legislation whether we are dealing with personal information or not.

Information is centralized for the purpose of disease surveillance and management, where required. Yet we did not find many references to the fact that collected data will not only be conserved by provincial public health authorities but also be shared with other provinces or the federal government. Only three provinces have provisions stating specifically that information pertaining to infectious disease reports may, at the request of the "Chief Health Officer," be sent to or shared with the Government of Canada for national surveillance purposes.[145] We can therefore assume that the use of the data for statistical and research purposes will be governed by general rules.

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[141] QC, ss. 47, 49 *Public Health Act*.
[142] QC, s. 50 *Public Health Act*.
[143] BC, s. 10(2) *Health Act*.
[144] Government of Newfoundland and Labrador, Health and Community Services, Disease Control and Epidemiology, www.gov.nf.ca/health/divisions/medical/diseasecontrol.htm
[145] PEI, s. 9 *Notifiable and Communicable Diseases Regulations*; MB, s. 12.2 *Public Health Act*; QC, s. 123(3) *Public Health Act.*

In our view, the most surprising research findings concern the collection, management and use of data on diseases. Our initial working hypothesis was that infectious disease registries were managed in accordance with specific procedures provided for in the legislation. We found, however, that this is not at all the case in the vast majority of jurisdictions and that general rules form the only legal basis for the registries. One would also have thought that information might be depersonalized before being forwarded to the public health authorities or being used for other purposes. In fact, we found that personal information is indeed reported to the public health authorities. Action may be taken to ensure that information sent out of province is anonymous, but we found no rule requiring such action.

A number of questions still have to be answered. The legislation may state that the information held by public health authorities is "confidential," but what does this really mean? Is the information depersonalized before being shared with other jurisdictions, including the federal government? Are all the links in the reporting chain along which the information passes required to protect its confidentiality? Who monitors use of the data? In general, how do public health agencies conserve personal information? What conditions apply to using it? For instance, can a person who thinks he or she has come into contact with someone with a meningococcal infection get confirmation from the authorities?

The creation of personal information banks is a matter of increasing concern. The World Medical Association has even issued guidelines on health databanks.[146] The key is to ensure that personal information is communicated in full compliance with the law. From a public health perspective, it is reasonable that a person's consent not be required automatically, but do general rules suffice? Public health legislation clearly requires personal information to be communicated to the public health authorities. However, the laws and regulations examined told us little about how the authorities conserve and use personal information and what measures they take to protect confidentiality.

Management of reportable diseases

(TABLE 3)

Any procedure for reporting persons who might spread a contagious disease is predicated on a delicate balance of an individual's right to privacy with the government's public health obligations. The more specific obligation to manage reported diseases involves balancing the right to personal autonomy and integrity with the need to take action to maintain public health.

Generally speaking, an individual has a right to personal integrity—a right that may be compromised with the individual's consent, under a legislative exception, or by court

[146] World Medical Association, Declaration on ethical considerations regarding health databases, (2000) Washington, http://www.wma.net/e/policy/SMACDATABASESOCT2002.htm

order. The exceptions must be very specific, because any infringement of the right to personal integrity must be kept to a minimum and be justified. Under criminal law, any illegitimate infringement of this right may even be considered as assault and result in penal sanctions.[147]

The infectious disease system provides for a set of measures for preventing, identifying and treating infectious diseases. The measures can be particularly invasive: they can include having to take a test, having to undergo treatment (e.g. medication), and even having to be isolated, placed in quarantine or held for treatment. Moreover, the measures may affect not only the individual but also his or her contacts and community. For example, a particular place may be demarcated, access to it may be prohibited, and orders may be issued for property to be disinfected and even destroyed. The sick person may even have to disclose his or her contacts, so that they too are targeted by similar measures. All these types of infringement are justified on public health grounds: diseases have to be contained and prevented from spreading.

Consent is not required for action of this kind. Indeed, it is specifically set aside in some provinces (e.g. AB, BC, ON, QC).[148] Under certain conditions, the group's interest in protecting itself against a disease may take precedence over an individual's desire or refusal to be treated for an infectious disease and his or her right to personal autonomy.

So that action may be taken to manage an infectious disease, public health officers are invested with the power to investigate and issue treatment and isolation orders. However, in the case of an individual's refusal, execution of these orders usually requires a court order. This is particularly true in the case of acts of greatest coercion, such as forcing someone to undergo treatment, be isolated, or remain in detention or isolation for an extended period.

Note that, even though the list of reportable diseases does not change very much, disease management can change with the seriousness of the disease and its epidemic level. Some provinces have even included management procedures for each disease in their regulations.

We examined three areas: examinations and tests, treatment and any other measures deemed necessary (including isolation), and immunization. An overview follows.

a) Healthcare sector

Infectious disease management is governed by a set of detailed rules.

A person who knows or suspects that he or she is infected must consult a physician to confirm their condition (AB, SK).[149] The person must undergo treatment or any other measure prescribed by the physician until the latter is satisfied that the person is no

[147] FED, s. 265 *Criminal Code*, R.S.C. (1985), c. C-46, amended by R.S.C. (1985), c. 2 (1st supp.).
[148] AB, s. 40(1), 45(1) *Public Health Act*; BC, s. 81 *Health Act*; ON, ss. 35(7.1), 22 (5.1) *Health Protection and Promotion Act*; QC, s. 109 *Public Health Act.*
[149] AB, s. 20 (1) *Public Health Act*; SK, s. 33(1) *Public Health Act.*

longer contagious (AB, NWT&N, PEI, SK, YK).[150] The person is then required to take certain measures independently to limit the spread of the disease. For example, the law prohibits that person from frequenting a public place (NF&L, BC).[151] He or she may not enter a swimming pool if the disease is communicable (NF&L, QC)[152] and may not ride on public transportation (NS).[153]

The minister may order any person or group to undergo examinations in order to prevent, mitigate or suppress a disease or reduce people's exposure to it (MB).[154] Sometimes, the MHO asks for samples and test results (X-rays) to be sent off for analysis by the Department of Health (BC).[155]

If the MHO knows or suspects that a person is infected, he or she may order that person to be examined for actual infection (AB, BC, MB, NB, QC, NF&L, NWT&N).[156] In some instances, it is explicitly stated that the MHO may order an examination without the person's consent (e.g. MB).[157]

Public health officers are given considerable powers to deal with cases of infectious disease. The MHO may take all reasonable measures to limit the spread of the disease and suppress it (AB, NB, BC, NWT&N, YK, QC, SK, MB).[158] For example, the MHO may require a person to undergo treatment and prevent other people from being exposed to the disease (BC, MB).[159] Surprisingly, the MHO of one province may require a person to undergo treatment even if there is no laboratory evidence to support the suspicion of disease (BC).[160] The MHO may isolate a person with an infectious disease (NB, BC, SK, MB).[161] The MHO may have the sick person transported to hospital, restrict access to the

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[150] AB, s. 20 (1) *Public Health Act*; NWT&N, s. 2, *Communicable Diseases Regulations*; PEI, s. 4 *Notifiable and Communicable Diseases Regulation* (person must disclose contacts' names); SK, s. 33(1) *Public Health Act*; YK, s. 3 *Regulations for the Control of Communicable Diseases in the Yukon Territory*.

[151] NF&L, s. 16 *Communicable Disease Act*; BC, s. 85 *Public Health Act* (for short list of diseases only), s. 88(2) *Health Act*.

[152] NWT&N, s. 39(1) *Public Pool Regulations*; QC, s. 87, *Regulation Respecting Public Wading and Swimming Pools*.

[153] NS, s. 28 *Communicable Disease Regulation*.

[154] MB, s. 13(4) *Diseases and Dead Bodies Regulation*.

[155] BC, s. 11(1) *Communicable Disease Regulation*.

[156] AB, s. 31(1) *Public Health Act*; BC, s. 11(1) *Health Act*; MB, s. 12 (c), *Public Health Act*; NB, s. 33 (4)(b) *Public Health Act*, s. 19(3)(b) *Health Act*; NF&L, s. 15(1) *Communicable Diseases Act*; NWT&N, s. 11(c) *Communicable Disease Regulation*; QC, s. 87 *Public Health Act*.

[157] MB, s. 12(i) (k) *Public Health Act*.

[158] AB, s. 8(2) *Communicable Disease Regulation*; NB, s. 33 *Public Health Act*, s. 89 *General Regulation – Health Act*; BC, s. 84 *Public Health Act*; NWT&N, s. 11(c) iv *Communicable Disease Regulation*; YK, s. 12 c (iv) *Regulations for the Control of Communicable Diseases in the Yukon Territory*; QC, ss. 38 and 64 *Regulation Respecting the Application of the Public Health Act*; SK, s. 38 *The Public Health Act*; MB, s. 22.2 (3) *Public Health Act*.

[159] BC, s. 11(1)(d) *Health Act*; MB, ss. 19(1), 22.7 (1) *Public Health Act*.

[160] BC, s. 12(1)(d) *Health Act Communicable Disease Regulation*.

[161] NB, s. 19(3) *Health Act* (the same applies to any person living in the same environment); BC, s. 11(1) e), 87 *Health Act*, ss. 6, 8 *Health Act Communicable Disease Regulation*; MB, s. 16(1)(2) *Diseases and Dead Bodies Regulation*; SK, s. 38(d) *Public Health Act*.

location concerned and isolate that person (MB, NB, NS, QC, NWT&N, NF&L, YK)[162] and establish a treatment plan (MB, NF&L).[163] In some provinces, however, the management of infectious diseases is governed by detailed, disease-specific regulations (BC, NS, AB).[164] In general, the MHO can require a person to undergo medical treatment or conduct himself or herself in a manner that will not expose another person to infection, isolate that person (ON, SK, MB),[165] or require him or her to desist from any occupation or activity that may spread the disease (SK).[166]

The MHO can also take measures affecting persons who live or have been in contact with the infected person (MB, NWT&N, YK, NS, NB, ON).[167] In Saskatchewan, the person must notify contacts himself or herself with respect to Category II diseases, which do not include invasive meningococcal infection (SK).[168]

In the territories and Prince Edward Island, the "Chief Health Officer" may examine a person suspected of being infected and persons with whom that individual has been in contact (PEI).[169] The Officer must investigate reported diseases (NWT&N, YK).[170] The Officer may require the individual, and any contacts who are suspected carriers of the disease, to undergo treatment or any other measure (PEI).[171]

A physician who determines that a person is sick must take action to ensure that the person receives appropriate care (QC, SK, YK).[172] In most cases, this requirement also applies to contacts of the sick person. The physician may order isolation (BC).[173]

The MHO may exercise powers of investigation to identify sources of disease and take appropriate measures. For example, the MHO may enter a home, school or premises to conduct tests and examinations for the purpose of detecting infectious disease or may

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[162] MB, s. 19(1), 22.7 (1) *Public Health Act*; NB, s. 7 C*ommunicable Disease Regulation*; QC, s. 36 *Regulation Respecting the Application of the Public Health Act*; NWT&N, s. 13 *Communicable Disease Regulation*; NF&L, s. 15 *Communicable Diseases Act*; YK, s. 14 *Regulations for the Control of Communicable Diseases in the Yukon Territory*; NS, s. 66 (1) *Health Act.*

[163] MB, s. 24(1) *Diseases and Dead Bodies Regulation*; NF&L, s. 15 *Communicable Diseases Act*.

[164] BC, s. 13 *Health Act Communicable Disease Regulation*; NS, ss. 13-23 *Communicable Disease Regulations*, AB, see Schedule 3.

[165] ON, s. 22 4 (c) (g) (h) *Health Protection and Promotion Act*; SK, s. 38 (g) (i) *Public Health Act*, MB, ss. 19(1), 22.7 (1) *Public Health Act.*

[166] SK, s. 38(k) *Public Health Act*.

[167] MB, s. 24(1) *Diseases and Dead Bodies Regulation*; NWT&N, s. 13(2) *Communicable Disease Regulation*; YK, s. 14(2) *Regulations for the Control of Communicable Diseases in the Yukon Territory*; NS, s. 66(1) *Health Act*; NB, s. 19(3) *Health Act*; ON, s. 22 5 *Health Protection and Promotion Act.*

[168] SK, s. 35, *Public Health Act*, s. 5-7, *Communicable Disease Control Regulation*.

[169] PEI, s. 2 (g) *Notifiable and Communicable Diseases Regulations*.

[170] NWT&N, s. 10(1), *Communicable Diseases Regulations*; YK, s. 11(1) *Regulations for the Control of Communicable Diseases in the Yukon Territory*.

[171] PEI, s. 2(h) *Notifiable and Communicable Diseases Regulation.*

[172] QC, s. 85 *Public Health Act*; SK, s. 33(2), 33(4), 34 *Public Health Act* (person must give contacts' names); YK, s. 5 *Regulations for the Control of Communicable Diseases in the Yukon Territory* (also applies to contacts and carriers).

[173] BC, ss. 7-8 *Health Act Communicable Disease Regulation.*

bring in a physician for the same purpose (NB, NWT&N, YK).[174] The MHO may board a conveyance to remove the infected person from it (BC).[175] The MHO may inspect the premises where an infectious disease has been reported, and the owner is required to cooperate (NF&L).[176] The "Chief Health Officer" may enter a place to investigate and take any samples required for the investigation (PEI).[177] The MHO may investigate a situation posing a grave danger to health and conduct tests (MB).[178] In the event of dangerous diseases, the MHO may order any other tests and analyses deemed necessary (MB).[179]

Similarly, the quarantine officer may board any vessel to inspect it.[180] A quarantine officer who has reason to believe that a person entering or leaving Canada is sick, has been infected or has been in contact with a sick individual may require that person to undergo testing immediately.[181]

If a disease is detected on board an aircraft, passengers must disembark and be transferred to a location designated by the quarantine officer.[182] The aircraft is then quarantined. An immigration officer may also require a person who wishes to enter Canada and has been in contact with an infectious disease to go to a hospital for treatment, observation or diagnosis, or hold the person in the vehicle concerned.[183]

Where persons refuse to cooperate, officers may ask the courts to force them to undergo tests or measures to suppress the disease. This may require physical coercion or involve significant violation of personal integrity. A court order is needed unless there is a legislative exception.

If treatment is refused, a physician or medical staff must notify the MHO (AB, ON, QC).[184] The MHO must issue an order authorizing an officer of the peace to arrest the individual, examine him/her, and treat him/her to suppress the infection with or without the person's consent, until the situation is under control (AB).[185] With the minister's approval, the MHO can force an infected person to enter hospital and stay there for treatment until he or she is no longer a danger to public health (NF&L).[186] If the instructions of the "Chief Medical Health Officer" are not followed, he or she can have

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[174] NB, s. 19 (1) (2) *Health Act*; NWT&N, s. 11 *Communicable Diseases Regulations*; YK, s. 12 *Regulations for the Control of Communicable Diseases in the Yukon Territory*.
[175] BC, s. 86(1) *Public Health Act*.
[176] NF&L, s. 6 *Communicable Disease Act*.
[177] PEI, s. 2(f) *Notifiable and Communicable Diseases Regulations.*
[178] MB, s. 22.2 (a) *Public Health Act*.
[179] MB, s. 22.1 (1), 27.7(1) *Public Health Act*.
[180] FED, s. 23 *Quarantine Regulations*. The quarantine officer may board any vehicle entering or leaving Canada to inspect it and its contents, s. 5 *Quarantine Act*.
[181] FED, s. 8(1) *Quarantine Act*, s. 7, 13 (b), 23 *Quarantine Regulations*.
[182] FED, s. 20(1) *Quarantine Regulations*.
[183] FED, s. 91(1) *Immigration Act*.
[184] AB, ss. 39-43 *Public Health Act*; ON, s. 34 *Health Protection and Promotion Act*; QC, s. 86, 90 *Public Health Act*.
[185] AB, ss. 39-43 *Public Health Act*.
[186] NF&L, s. 15 *Communicable Diseases Act*.

the infected person placed in isolation and undergo treatment in hospital by presenting an order to an officer of the peace (NWT&N, YK).[187] A physician may take coercive measures too. If a physician and a laboratory report or two physicians show that a person is infected and that person refuses to follow medical directives, the physician may order isolation to limit the spread of the disease. The physician may take any action required to treat the disease with or without the person's consent (AB, ON).[188]

If a person refuses to comply with the MHO's requirements, the MHO may seek a court order to enforce compliance.

The courts may issue an order to force a person to undergo tests if that person does not accede to requests made by the public health authorities (e.g. MB, NB, QC)[189] and to undergo treatment (NB, BC, ON, QC).[190] In New Brunswick, the MHO may issue a detention order if the patient does not comply and if it is difficult to submit a request to the courts.[191] However, such measures do not apply to cases of invasive meningococcal infection, because it is not one of the Group 1 infectious diseases covered by the relevant provision. As a last resort, the judge may issue a warrant to apprehend the individual for examination and treatment (AB, ON, MB).[192] Some pieces of legislation refer to all possible court measures in a single provision. The courts may issue an order for treatment, isolation, quarantine, detention, hospitalization or behaviour to prevent others from being exposed (MB, ON).[193]

If a person entering Canada refuses to be examined by the quarantine officer or cannot provide proof that he or she meets immunization requirements, the officer may hold the individual for a length of time not exceeding the disease incubation period. The person may also agree in writing to remain under the care of a physician.[194]

The following findings were surprising. First, in British Columbia, treatment may be imposed even before a laboratory has confirmed the disease, and sometimes tissue samples for testing must be sent to provincial authorities (BC).[195] This involves the establishment not only of a registry but also of a tissue bank. Second, if the MHO cannot force compliance by applying for a court order, he or she can issue an order directly to

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[187] NWT&N, s. 13, 14 (2) *Communicable Disease Regulation*; YK, ss. 14, 15(3) *Regulations for the Control of Communicable Diseases in the Yukon Territory*.
[188] AB, ss. 44-46 *Public Health Act*; ON, s. 7.1 *Health Protection and Promotion Act*.
[189] MB, s. 19(8)*Public Health Act*; NB, s. 36 (1) (b) and 2 (b) *Public Health Act* (applies to Category 1 diseases only and thus excludes invasive meningococcal infection); QC, s. 87, 88 *Public Health Act*.
[190] NB, ss. 36, 39, 40 *Public Health Act* (for Category 1 diseases only); BC, s. 11(2)(4) *Health Act* (prior authorization from Provincial Health Officer is required, and the lists of persons who can present the request is restrictive; ON, s. 35 *Health Protection and Promotion Act*; QC, ss. 87-88 *Public Health Act.*
[191] NB, s. 41 (1) *Public Health Act*.
[192] AB, s. 47 *Public Health Act*; ON, s. 35 (6) *Health Protection and Promotion Act*; MB, s. 19(1) *Public Health Act*.
[193] MB, ss. 19(8), 32 *Public Health Act* (unless it runs counter to religious convictions); ON, s. 35(5) *Health Protection and Promotion Act.*
[194] FED, s. 8(2) (4) *Quarantine Act*.
[195] BC, s. 12(4)(d) C*ommunicable Disease Regulation*.

make the person comply with requirements (NB).[196] In Manitoba, a person may circumvent a treatment order by claiming that his or her religious beliefs are opposed to the treatment.[197] Third, the Prince Edward Island provisions concerning the management of infectious diseases seem to present a rather expeditious approach to taking measures. Fourth, a person with an infectious disease needs the minister's permission to enter Quebec (QC).[198]

b) Potentially infected environments

The public health system can manage not only sick people but also the places and objects with which they have been in contact.

For example, food that is a suspected source of infectious disease must be seized or disposed of to the satisfaction of the MHO (MB).[199] Objects may not be removed from an infected place (BC).[200] The MHO may order decontamination or destruction of bedding, clothing and other items that may be contaminated (AB, ON, SK, MB).[201] Upholstered and stuffed articles with which an infected person has been in contact must be sterilized/disinfected before being sold or destroyed at the chief inspector's request (QC).[202] No object may be sold, exhibited, treated, passed on or given before it has been disinfected (BC).[203] No potentially infected substance may be handled, made or sold (MB).[204]

The MHO may order disinfection of premises (BC, NB, NWT&N, YK, SK, MB).[205] No one may leave or rent a home until it has been disinfected to the MHO's satisfaction, if a sick person has been living there (NS, BC).[206] If conditions in a place are unsanitary and are out of control, the building must be demolished or emptied (MB).[207] The quarantine may order not only a person but also his/her luggage to be disinfected.[208]

Public health officers may also restrict or prohibit access to premises (NF&L, NWT&N, YK, NS, ON, MB, BC).[209] The public health authorities can order a contagion notice to

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[196] NB, s. 41(1) *Public Health Act*.
[197] MB, s. 32 *Public Health Act*.
[198] QC, s. 39 *Regulation Respecting the Application of the Public Health Act.*
[199] MB, s. 18(5) *Diseases and Dead Bodies Regulation*.
[200] BC, s. 88(1) *Health Act*, s. 11 *Health Act Communicable Disease Regulation*; NWT&N, s. 9 *Communicable Diseases Regulations*.
[201] AB, s. 8 (2)(c) *Communicable Disease Regulation*; ON, s. 22 4(e) *Health Protection and Promotion Act*; SK, s. 38(b) *Public Health Act*; MB, s. 22.2 (3) d) *Public Health Act*.
[202] QC, s. 10-11 *Act Respecting Stuffing and Upholstered and Stuffed Articles*.
[203] BC, s. 91,93, *Health Act*.
[204] MB, s. 22.2.(3) (i) *Public Health Act*.
[205] BC, s. 89 *Public Health Act*; NB, s. 19 (3) *Health Act*; NWT&N, s. 11(d) *Communicable Disease Regulation*; YK, s. 12(d) *Regulations for the Control of Communicable Diseases in the Yukon Territory*; SK, s. 38(a) *Public Health Act*; MB, s. 22.2. (3)(h) *Public Health Act*.
[206] NS, s. 35 *Communicable Diseases Regulation*; BC, s. 94(1), 95 *Health Act.*
[207] MB, s. 12(e) (f) (g) *Public Health Act*, s. 22.2. (3)(e)(g) *Public Health Act.*
[208] FED, s. 15 *Quarantine Act*.
[209] NF&L, s. 7 *Communicable Disease Act*; NWT&N, s. 11(d) *Communicable Disease Regulation*; YK, s. 12(d) *Regulations for the Control of Communicable Diseases in the Yukon Territory*; NS, s. 20-23, 26

be posted at the building entrance (NWT&N, YK, BC, ON).[210] The owners of the premises are required to cooperate and even implement the measures proposed by the public health authorities. For example, the owner of a house may prevent a person from leaving it without the MHO's approval (BC).[211]

If there is a sick person in the house, the occupants may not change residence (BC).[212] Action must be taken to prevent the spread of a disease inside a house or room where a patient is being treated for a contagious disease (NS).[213]

Public places may also be subject to controls by the authorities. For example, the MHO may order the closure of a public place (NS, BC, MB).[214] The local board of health may restrict movement by residents of a district (NS).[215]

The MHO may order disinfection of a conveyance (NF&L, NWT&N, BC).[216] A quarantine officer may order disinfection of a conveyance or its cargo and its immediate departure from Canada.[217] With the approval of the Lieutenant-Governor in Council, the minister may quarantine persons, vessels and merchandise in an emergency (NF&L).[218] No vessel may leave port if a crewmember or a passenger is suffering from an infectious disease, without the MHO's consent, and no one may leave the vessel. (NS).[219]

c) Deceased persons

In the case of certain diseases, the dead person must be handled and buried in accordance with the rules established by law (QC, YK, BC).[220] The physician must notify the persons who will be dealing with the body of the cause of death and measures to take in order to avoid contagion. Persons handling the body must ensure that the premises are disinfected (QC).[221] If the funeral director or any other person must transport the body of a person

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Communicable Disease Regulation, s. 66 *Health Act*; ON, s. 22 (4) (a) *Health Protection and Promotion Act*; MB, s. 22.2. (3)(f) *Public Health Act*; BC, s. 82 *Public Health Act*.

[210] NWT&N, s. 12, 18 *Communicable Disease Regulation*; YK, s. 13 *Regulations for the Control of Communicable Diseases in the Yukon Territory*; BC, s. 10 *Health Act Communicable Disease Regulation*; ON, s. 22 4 (b) *Health Protection and Promotion Act*.

[211] BC, s. 81 *Public Health Act*. See also s. 82.

[212] BC, s. 82(2) *Health Act*.

[213] NS, ss. 36-37 *Communicable Diseases Regulation*.

[214] NS, s. 63 *Health Act*; BC, s. 18 *Health Act Communicable Disease Regulation*; MB, s. 18(2) *Diseases and Dead Bodies Regulation* (in the event of epidemics).

[215] NS, s. 30 *Communicable Diseases Regulation*.

[216] NF&L, s. 17(1) *Communicable Disease Act*; NWT&N, s. 11(d) *Communicable Disease Regulation*; BC, s. 86, 90 *Public Health Act*.

[217] FED, *Quarantine Act*, s. 7(1).

[218] NF&L, s. 30 *Communicable Disease Act*.

[219] NS, s. 31 (2) *Communicable Diseases Regulation*.

[220] QC, s. 51 *Regulation Respecting the Application of the Public Health Act*; QC, ss. 8, 13, 16 *Burial Act*; YK, ss. 12-15 *Public Health Regulations Respecting Embalmers and Embalming of Corpses*; BC, s. 14(2) *Health Act Communicable Disease Regulation* (MHO may give other directives, as appropriate).

[221] QC, ss. 69-71 *Regulation Respecting the Application of the Public Health Act*.

who died from an infectious disease referred to in the provision, they must notify the MHO (BC, YK).[222]

d) Education sector

Before allowing a person to enter the school, the principal may request a medical certificate indicating that the person is out of danger if that person is believed to have been exposed to an infectious disease or is infected (NB, ON, NF&L).[223]

A child may be prohibited from entering the school until he or she is no longer contagious and provides a medical certificate stating this (NB, NF&L, PEI, MB, SK, NWT&N).[224]

The administration may remove a child from the school until that child obtains a medical certificate allowing him or her to return to school, if the MHO concerned believes that the child's presence endangers the health of the other students (BC).[225]

The school principal may prevent a person from entering the school if a member of that person's household is infected with a contagious disease posing a danger to public health, until the danger has been removed (PEI, NS, NB).[226]

e) Workplace

Employees in the food sector are the focus of special attention in the legislation. If a disease is suspected, they must undergo testing before they can work (AB, QC).[227] The MHO may prevent a person from working if that person is liable to communicate an infectious agent to the other employees (AB, NWT&N).[228]

A person who is infected or is carrying an infectious disease cannot handle food (NF&L, NWT&N, PEI, QC, YK, SK).[229] The legislation also focuses on the occurrence of an

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[222] BC, s. 14 *Health Act Communicable Disease Regulation*; YK, s. *Public Health Regulations Respecting Embalmers and Embalming of Corpses*.

[223] ON, s. 265 (1) *Education Act*; NF&L, s. 76(1) *Schools Act*.

[224] NB, ss. 87, 88, 285(2) *General Regulation – Health Act*, s. 20 *Education Act*; NF&L, s. 76(1) *Schools Act*; PEI, s. 115(1) *School Act* (order from Health Officer required for any other exclusion based on infectious diseases), s. 115(1) (3) *School Act*; SK, s. 44 *Public Health Act*; YK, s. 14 (1) *Child Care Center Program Regulation*, s. 12(1) *Family Day Home Program Regulation*, s. 14(1) *School-Age Program Regulation*;. MB, s. 8(1) (2) *Public Health Interpretation and Personnel Regulation*; NWT&N, s. 7 *Education Act*.

[225] BC, s. 91 *School Act*.

[226] PEI, s. 12(1) *Public Health Act*; NS, s. 32(1) *Communicable Diseases Regulation*; NB, s. 89, *General Regulation, Health Act* (unless child is immunized against the disease).

[227] AB, s. 51 *Meat Inspection Regulation*; QC, s. 12 *Regulation Respecting Sanitary Conditions in Industrial or Other Camps* (for smallpox, venereal diseases and infectious diseases only); QC, s. 34 *Regulation Respecting the Application of the Public Health Act*.

[228] AB, s. 8(2)(b) *Communicable Disease Regulation*; NWT&N, s. 14 *Camp Sanitation Regulations*.

[229] NF&L s. 10 *Communicable Disease Act*; NWT&N, s. 2, *Communicable Diseases Regulations* (unless MHO's authorization is obtained), s. 42 *Meat Inspection Regulations*; PEI, s. 1, Sch. B) *Fish Inspection Regulations*; QC, s. 6.4.1.11, 9.3.1.4, 10.3.1.5 *Regulation Respecting Food*; YK, s. 29 *Regulations Governing the Sanitation of Eating or Drinking Places in the Yukon Territory Cleansing and Storage of Containers and Utensils*; SK, s. 38 (l) *The Public Health Act*.

infectious disease in places where dairy products are made. A person who is connected with the production or handling of milk must be free of infection (NWT&N, NS, QC).[230] The MHO may prevent the sale of the products concerned until the danger has been removed (BC, NF&L, NWT&N, MB).[231]

The director or MHO may restrict or remove a person's right to work if that person is liable to infect others (MB).[232] The director of a charitable institution cannot employ a person until that person obtains a medical certificate showing that he or she is free of infectious disease (ON).[233] Hospitals and specialized care facilities must establish a policy on testing their employees for infectious diseases (SK, QC)[234].

A person working in a beauty salon or barbershop can be forced to undergo an examination and stop working if he or she is contagious (SK, QC).[235]

f) Specific provisions with respect to venereal diseases

Venereal diseases are governed by a special regime and, in some instances, by special laws and regulations. A person who knows or suspects that he or she is infected is required to consult a physician to determine whether it is indeed the case (AB)[236] and must follow treatment or any other measure prescribed by the physician until the latter is satisfied that the person is no longer contagious (AB, NB, NF&L, BC).[237] The person may voluntarily go into detention for treatment purposes (NF&L).[238] The person must also conduct himself or herself in such a manner as to avoid infecting others (BC).[239]

An MHO who has reason to believe that a person is infected or has been exposed to a venereal disease may require that person to undergo an examination (BC, MB, NF&L, YK).[240] The MHO, a public health nurse or the director of the venereal disease control division may force a person suspected of being sick to follow treatment (NB).[241] The MHO may determine procedures for managing the disease. The person (and contacts)

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[230] NWT&N, s. 50(1)(e) *Milk Regulation*; QC, ss. 12, 41, 56 *Regulation Respecting the Quality of Dairy Products*; NS, s. 33 *Communicable Diseases Regulation*.

[231] BC, s. 11(b) *Health Act Communicable Disease Regulation*; NF&L s. 10 *Communicable Disease Act*; NWT&N, s. 50(4) *Milk Regulation*; MB, s. 18(3) *Diseases and Dead Bodies Regulation.*

[232] MB, s. 13(5) *Diseases and Dead Bodies Regulation*.

[233] ON, s. 11(1) (2) *General Regulation* RRO 1990, Reg. 69.

[234] SK, s. 85(1) *The Hospital Standards Regulations 1980*, s. .5 *Housing and Special-Care Homes Regulations*; QC, s. 40 *Regulation Respecting the Application of the Public Health Act* (childcare facilities).

[235] SK, s. 9(2) *Regulations Governing Barber and Beauty Culture Establishment*; QC, s. 8, *Regulation Respecting Hairdressing Parlours*.

[236] AB, s. 20 *Public Health Act*; NB, s. 3 *Venereal Disease Act*.

[237] AB, s. 20 (2) *Public Health Act*; NB, s. 4(1), 5(1) *Venereal Disease Act*; NF&L, s. 3(1) *Venereal Disease Act*; BC, s. 3(1)(3) *Venereal Disease Act*.

[238] NF&L, s. 18 *Venereal Disease Prevention Act*.

[239] BC, s. 3(3) *Venereal Disease Act*.

[240] BC, s. 5(1) *Venereal Disease Act*; NF&L, s. 7(1) *Venereal Disease Prevention Act*; YK, s. 7(1) *Regulations Respecting Venereal Diseases*, CO 1958/097; MB s. 48, *Diseases and Dead Bodies Regulation*.

[241] NB, s. 10(1) *Venereal Disease Act.*

must follow them even if laboratory evidence is not yet conclusive (BC, MB, NF&L).[242] The MHO may order a person to be isolated, quarantined or hospitalized, to undergo medical treatment, and to conduct himself or herself in such a manner as to avoid exposing others (MB).[243] Under a recent Quebec amendment, on the other hand, treatment for venereal disease is no longer mandatory.[244]

The MHO may request proof that the person is following medical treatment and may detain that person if the level of treatment is inadequate (YK, NB).[245] The person may be asked to take more than one test to assess the effectiveness of treatment (BC, NF&L, YK).[246] Contacts may have to take a test too (BC).[247] The healthcare professional must send specimens to a laboratory designated by the director of contagious disease control for analysis (MB).[248]

The chief physician of a prison, detention centre, farm, school or shelter may ask a person whom he/she knows or suspects is infected to undergo an examination to determine if that is indeed the case (NF&L, YK).[249] He/she must report the results to the MHO.

If a person refuses or stops treatment, the physician must report the person's name to the MHO (BC, YK).[250] If a person refuses to follow his/her instructions, the MHO may apply for a court order (BC, NF&L).[251] The court may order the person to be placed in detention if that person is infected with a venereal disease and refuses to follow the MHO's instructions (BC).[252]

g) Specific provisions with respect to tuberculosis

Tuberculosis is the focus of special attention, particularly in Ontario.

A contagious person must report to a physician to receive treatment (QC).[253] The MHO may require a person to be tested for tuberculosis if he/she suspects that a person has tuberculosis (NB, NF&L).[254] At the MHO's request, a person must send X-rays for examination and interpretation by the Division of Tuberculosis Control of the Ministry of Health (BC).[255]

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[242] BC, s. 5(2) (6) *Venereal Disease Act*; MB, s. 48 *Diseases and Dead Bodies Regulation*; NF&L, s. 7(3) *Venereal Disease Prevention Act*.
[243] MB, s. 19(1) *Public Health Act*.
[244] QC, s. 171 *Public Health Act.*
[245] NB, s. 10(1) *Venereal Disease Act*; YK, s. 7 (2) (3) *Regulations Respecting Venereal Disease*.
[246] BC, s. 5(5) *Venereal Disease Act*; NF&L, s. 7(6) *Venereal Disease Prevention Act*; YK, s. 7(5) *Regulations Respecting Venereal Diseases*, CO 1958/097.
[247] BC, s. 5(6) *Venereal Disease Act*.
[248] MB, s. 45 (a) *Diseases and Dead Bodies Regulation*.
[249] NF&L, s. 8(1) *Venereal Disease Prevention Act*; YK, s. 8(1) *Regulations Respecting Venereal Diseases.* Note that these two jurisdictions have the same legislative regime.
[250] BC, s. 4(1) (2) *Venereal Disease Act*; YK, s. 12 *Regulations Respecting Venereal Disease*.
[251] BC, s. 6 *Venereal Disease Act*; NF&L, s. 5 *Venereal Disease Prevention Act*.
[252] BC, s. 6(6) *Venereal Disease Act*.
[253] QC, ss. 34, 37 *Regulation Respecting the Application of the Public Health Act.*
[254] NB, s. 25(1) *Health Act*; NF&L, s. 76(1) *Health Act*
[255] BC, s. 12(4) *Health Act Communicable Disease Regulation*.

Persons admitted to certain institutions must take tuberculosis tests too. Thus senior citizens' and nursing homes must ensure that all persons admitted have taken a tuberculosis test (ON).[256] The same applies to charitable institutions[257] and childcare facilities.[258]

Employers in a number of sectors must ensure that their employees are tested. The sectors include hospitals (AB, ON),[259] charitable institutions (ON)[260] and schools.[261] They cannot employ a person with tuberculosis in such a way that other employees or members of the public may be exposed to infection. An infected person cannot engage in activities where he or she enters into contact with others (NS).[262] Persons who handle food are once again the focus of special attention. Employees in the food sector must provide a medical certificate stating that they have had a chest X-ray before they can work (NS, NWT&N, YK).[263]

If a person refuses to be admitted to a sanatorium, a judge may order that person's detention for a maximum period of one year (NB).[264]

A person diagnosed with tuberculosis must ask physicians and nurses to notify his or her contacts (SK).[265]

h) Immunization

In managing sick persons or persons who are suspected carriers of an infection, the authorities can force them to be vaccinated (FED, AB, NS, SK).[266] Any person entering Canada from a country where there is a risk of contagion must show proof of inoculation against smallpox, cholera and yellow fever (FED).[267] Vaccination orders may be issued for specific situations, such as epidemics (AB, MB, NF&L, QC).[268]

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[256] ON, s. 28.1 *General Regulation* RRO Reg. 637; s. 77.1 *General Regulation* RRO 1990, Reg. 832.
[257] ON, s. 18.1 *General Regulation* RRO 1990, Reg. 69.
[258] SK, ss. 45, 64 *Child Care Regulations*; YK, s. 7(2) *Child Care Center Program Regulation*, s. 5 (2) *Family Day Home Program Regulation*, s. 7 (2), *School-Age Program Regulation*.
[259] Unless tuberculosis is inactive: AB, s. 9(5) *Operation of Approved Hospitals Regulations*; ON, ss. 14, 22 *General Regulation* RRO Reg. 744, ss. 24, 25,34 RRO 1990, Gen. Reg. 937.
[260] ON, s. 11(1) (2) *General Regulation* RRO 1990, Reg. 69.
[261] ON, s. 1A O. Reg. 184/97.
[262] NS, s. 89 *Health Act*.
[263] NS, s. 89 *Health Act*; NWT&N, s. 50(1) *Milk Regulation*; YK, s. 28 *Regulations Governing the Sanitation of Eating or Drinking Places in the Yukon Territory Cleansing, and Storage of Containers and Utensils*.
[264] NB, ss. 26(5), 27 *Health Act*.
[265] SK, s. 11 *Communicable Disease Control Regulations*.
[266] FED, s. 8(4) *Quarantine Act* (however, person may circumvent this requirement at the discretion of the quarantine officer). AB, Sch. 4, *Communicable Diseases Regulation*; NS, s. 13 *Communicable Diseases Regulation*; SK, s. 45(2) *Public Health Act* (prevention possible if risk is current).
[267] FED, ss. 9, 10, 11 *Quarantine Regulations*.
[268] AB, s. 38(1) *Public Health Act*; MB, s. 12 *Public Health Act*; NF&L, s. 21 *Communicable Diseases Act*; QC, s. 123 *Public Health Act*.

Vaccination may also be required as a preventive measure (NE).[269] A person may circumvent the immunization policy on the grounds that vaccination may endanger his or her health (BC, ON, SK, NF&L, SK)[270] or is contrary to his or her religious beliefs (MB, NB, ON, SK).[271] A court order is usually required for this purpose, but written notification to the MHO suffices in some cases. Immunization may also be imposed by court order (MB, NF&L, QC).[272]

Some institutions must keep a vaccination registry showing that the persons in their care have been vaccinated (AB, BC, ON, SK).[273] This applies in particular to educational institutions (ON, YK).[274] A child may have to be vaccinated against an infectious disease before entering a school (MB, NB, NF&L, ON, YK).[275] The school administration must make personal information on its students available so that the public health authorities can notify parents of immunization programs (AB).[276]

Persons in the hospital sector may have to undergo mandatory preventive immunization (ON, SK).[277] The same applies to employees in daycare centres (BC, ON, YK)[278] and special-care homes (BC, SK).[279] Some institutions must keep a vaccination registry showing that the persons in their care have been vaccinated (BC, YK).[280] Vaccination may also be required in other sectors of activity (SK).[281]

Quebec recently passed legislative provisions for the establishment of a vaccination registry to be maintained by the minister.[282] The provisions are not yet in force. Note that

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[269] NS, s. 68 *Health Act* (for smallpox).
[270] BC, s. 13 *Health Act*; ON, s. 3(2) *Immunization of School Pupils Act*, s. 33(2), 66(2), 66(4) *General Regulation* RRO 1990, Reg. 262; SK, s. 64(1) *The Public Health Act*; NF&L, s. 24 *Communicable Diseases Act*; SK, s. 64(1) *Public Health Act*.
[271] MB, s. 32 *Public Health Act*; NB, s. 284(2) *General Regulation – Health Act*, s. 10(2) *Education Act*; ON, s. 3(3), 3(4) *Immunization of School Pupils Act*, s. 33(2), 66(2), 66(4) *General Regulation* RRO 1990, Reg. 262; SK, s. 64(1) *Public Health Act*.
[272] MB, s. 19(1) *Public Health Act*; NF&L, s. 28 *Communicable Diseases Regulation*; QC, s. 123 *Public Health Act*.
[273] AB, s. 23 *Day Care Regulation*; BC, s. 4(3) *Adult Care Regulation*; ON, s. 33(1), 48(1), 66(3) *General Regulation* RRO 1990, Reg. 262; YK, s. 14(1) *Child Care Center Program Regulation*, s. 12(1) *Family Day Home Program Regulation*.
[274] ON, ss. 11(1), 17(1) (f) *Immunization of School Pupils Act* (MHO keeps registry), s. 1, *General Regulation* RRO 1990, Reg. 645; YK, s. 7(3) *School-Age Program Regulation*.
[275] MB, s. 24.1 *Diseases and Dead Bodies Regulation* (for chicken pox); NB, s. 284(2) *General Regulation – Health Act* (for poliomyelitis, diphtheria, tetanos, mumps and rubella); NF&L, ss. 25, 26, 27 *Communicable Diseases Regulation*; ON, ss. 3, 6, *Immunization of School Pupils Act* (for diphtheria, tetanos, mumps, chicken pox, rubella); YK, s. 14(1) *School-Age Program Regulation*.
[276] AB, s. 5(4) *Student Record Regulation*.
[277] ON, ss. 6(1), 14(1) *General Regulation* 257/00 (for ambulance personnel); SK. S. 85 *Hospital Standards Regulations*.
[278] BC, s. 14(1) *Child Care Licensing Regulation*; ON, s. 62(1) *General Regulation* RRO 1990, Reg. 262, s. 75, *General Regulation* RRO 1990, Reg. 70; YK, s. 5(3) *Family Day Home Program Regulation*.
[279] BC, s. 6.2 *Adult Care Regulation*; SK, s. 5(1) *Housing and Special-Care Homes Regulations*.
[280] BC, s. 17 *Child Care Licensing Regulation*; YK, s. 7, *Child Care Center Program Regulation*.
[281] SK, s. 44(1) *Occupational Health and Safety Act 1993*, s. 85, *Occupational Health and Safety Regulations*.
[282] QC, s. 61 *Public Health Act.*

an individual's name cannot be entered in the registry without his or her consent[283] A number of persons will have access to the registry in order to check whether a person has been vaccinated, provided that they have the person's consent; the public health officer does not need the person's consent to access it.[284]

We did not find any provisions pertaining specifically to vaccinations in the laws and regulations of the Northwest Territories and Prince Edward Island.

We found nothing on preventive vaccinations against meningococcal infections in the laws and regulations. They are not on the lists of vaccinations required for school admission in provinces where the lists have been established by regulation. Immunization programs are probably based on public health directives. In addition, we examined a report highlighting the disparities in this matter. It was found that only Alberta, Ontario, Quebec, New Brunswick and Prince Edward Island have routine vaccination programs against invasive meningococcal infections.[285]

Surveillance powers and special powers in emergencies

(TABLE 4)

Some of the data collected in course of our research fell outside the scope of tables 1, 2 and 3. We nonetheless considered this data relevant to and useful for identifying the legislative and regulatory framework for infectious diseases. We therefore decided to survey two other themes relating to reportable diseases and specifically to government. They are (1) investigation and surveillance powers established to prevent the occurrence of infectious diseases, and (2) special government powers in crises and epidemics.

Regarding surveillance, we found references to the requirement to draw up emergency plans and conduct prevention investigations. In order to prevent infectious diseases, plans for the surveillance of the health status of the population (QC)[286] may be established. Plans for monitoring the efficiency and effectiveness of population health protection programs may be established too (NB, SK).[287] In emergencies, preventive measures may be investigated to determine whether they are appropriate (BC).[288]

Sharing information—including personal information—between the provinces and the federal government or the government of another country and amongst the provinces themselves may be required to prevent disease (MB, QC).[289]

[283] QC, ss. 62, 63-65 *Public Health Act.*
[284] QC, s. 67 *Public Health Act*.
[285] Barbara SIBBALD, "One Country, 13 Immunization Programs", (2003) 168 (5) *CMAJ* 598.
[286] QC, s. 35 *Public Health Act*.
[287] NB, s. 57 *Public Health Act*; SK s. 3(e) *Public Health Act, 1994*.
[288] BC, s. 7(1)(g) - 7(2) *Health Act*.
[289] MB, s. 12.2 *Public Health Act*; QC, s. 123(3) *Public Health Act.*

A health investigation may be conducted to identify the causes of a disease (FED, BC, MB, NF&L, QC).[290]

The powers of public health authorities are greater in emergencies. The government must develop an emergency plan (FED, BC, MB, NB, NWT&N, NS, YK).[291] A specific action plan to deal with the West Nile virus may be established in Quebec.[292]

Provincial and federal legislation confers special powers in the event that public health is at risk. They include requiring vaccinations (AB, NF&L, QC, SK),[293] evacuating people (FED, NB, NF&L, NWT&N, NS, QC),[294] and restrict travel (FED, BC, MB, NB, NWT&N, NS, SK, YK).[295] Governments can force people to work (NF&L, NWT&N, NS).[296] They can also requisition property (FED, BC, NB, NS, SK),[297] close down a public place (AB, BC, MB, NF&L, NS, PEI, QC, SK)[298] or enter any premises without authorization (MB, NB, NF&L, NWT&N, NS, YK).[299]

In the event of an epidemic, the MHO may quarantine any person, whatever his or her immunity status is regarding the disease in question (MB).[300]

The legislation of most provinces and territories allows the government to take any action deemed necessary to eradicate the disease (AB, BC, NB, NF&L, NWT&N, NS, QC, YK, ON).[301]

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[290] FED, s. 4(2)(c) *Department of Health Act*; BC, s. 7(1)(d) *Health Act*; MB, s. 2(1)(a) *Public Health Act*; NF&L, s. 14(1) *Communicable Diseases Act*; QC, s. 96 ff. *Public Health Act*.

[291] FED, ss. 6-7 *Emergencies Act*; BC, ss. 4,6,8 *Emergency Program Management Regulation*; MB, s. 12 *Emergency Measures Act*; NB, s. 13(a) *Emergency Measures Act*; NWT&N, ss. 12(1)(a), 17(1)(a) *Civil Emergency Measures Act*; NS, s. 14(a) *Emergency Measures Act*; YK, s. 8(1) *Civil Emergency Measures Act*.

[292] QC, s. 24.1 ff. *An Act Respecting Medical Laboratories, Organ, Tissue, Gamete and Embryo Conservation Ambulance Services and the Disposal of Human Bodies*.

[293] AB, s. 38(1) *Public Health Act*; NF&L s. 31 *Communicable Diseases Act*; QC, s. 123(1) *Public Health Act*; SK, s. 45(2)(d) *Public Health Act, 1994*.

[294] FED, s. 8 *Emergencies Act*; NB, s. 13(f) *Emergency Measures Act*; NF&L, s.8(1)(f) *Emergency Measures Act*; NWT&N, s. 12(1)(h) *Civil Emergency Measures Act*; NS, s. 14(f) *Emergency Measures Act*; QC, s. 123(4) *Public Health Act*.

[295] FED, s. 8 *Emergencies Act*; BC, s. 16(2) Health Act; MB, s. 12(d)(f) *Emergency Measures Act*; NB, s. 13(d) *Emergency Measures Act*; NWT&N, s. 13(2) *Public Health Act*, s. 12(1)(e) *Civil Emergency Measures Act*; NS, s. 14(d) *Emergency Measures Act*; SK, s. 45(2)(b) *Public Health Act, 1994*; YK, s. 3(2)(a) *Public Health and Safety Act*.

[296] NF&L, s. 8(1)(k) E*mergency Measures Act*; NWT&N, ss. 12(1)(d) and 17(1)(c) *Civil Emergency Measures Act*; NS, s. 14(c) *Emergency Measures Act*.

[297] FED, s. 8(1)(c) *Emergencies Act*; BC, s. 20(1) *Health Act*; NB, s. 13(b) *Emergency Measures Act*; NS, s. 14(b) *Emergency Measures Act*; SK, s. 66 *Public Health Act, 1994*.

[298] AB, s. 38(1) *Public Health Act*; BC, s. 18 *Health Act Communicable Disease Regulation*; MB, s. 18(2) *Diseases and Dead Bodies Regulation*; NF&L, ss. 31-32 *Communicable Diseases Act*; NS, s. 63 *Health Act*; PEI, s. 13 *Public Health Act*; QC, s. 123(2) *Public Health Act*; SK, s. 45(2)(a) *Public Health Act, 1994*.

[299] MB, s. 12 (g) *Emergency Measures Act*; NB, s. 13(g) *Emergency Measures Act*; NF&L, s. 8(1)(g) *Emergency Measures Act*; NWT&N, s. 12(1)(j) *Civil Emergency Measures Act*; NS, s. 14(g) *Emergency Measures Act*; YK, s. 12(1) *Public Health and Safety Act*.

[300] MB, s. 18(1) *Diseases and Dead Bodies Regulation*.

Conclusion

Our study shows that, while the reporting of infectious diseases is governed by highly detailed, specific regimes in each province and territory and that the communication of information without the consent of the individuals concerned is legitimized as a result, the conservation and use of the information is based largely on general privacy rules.

The management of infectious diseases entails maintaining a delicate balance between individual rights and the public interest. In recent years, and in the context of increased information sharing and consultation between governments, efforts have been made to harmonize rules enshrining personal autonomy and individual rights, particularly with regard to privacy. Paradoxically, the public health system seems to be relying on these rules, which are becoming more stringent and are focusing increasingly on the individual, in its efforts to control the use and conservation of personal information. These developments need to be analysed to ascertain whether the results meet the requirements both of individuals and of the public health authorities.

A number of questions require in-depth analysis. Is the infectious disease reporting system compatible with the rules respecting confidentiality of personal information, in the broader context of the public health objectives being pursued? Since the legal systems governing persons required to report are not always the same, how can the complexity resulting from the application of so many different standards be managed? In light of recent amendments to Canadian privacy legislation, do we have a cohesive, adequate Canadian public health framework? What are the limitations of the infectious disease reporting system, particularly with respect to a sick person's "contacts"? Are all the links in the reporting chain governed by adequate confidentiality rules? If public health systems do not provide a normative framework for the conservation and use of information on infectious diseases, what are the rules in this matter? Who is accountable for their use? Who is responsible for monitoring use?

It would also be very informative to examine the interrelationships between the infectious disease management system and the rules respecting the need for an individual's consent for any violation of the right to personal integrity and autonomy.

Personal information access requirements in the public health sector are different from those in other areas because of their specific nature and their purpose, which is to protect public health. This needs to be established clearly both in the legislation and in the minds of the public. The key success factors for the reporting process are probably effectiveness, transparency and legitimacy. It is also necessary to maintain the public's trust, particularly at a time when personal information banks are a source of public

[301] AB, s. 29 *Public Health Act*; BC, s. 16(2)(l) *Health Act*; NB, s. 13 *Emergency Measures Act*; NF&L, s. 8(1) *Emergency Measures Act*; NWT&N, ss. 12(1), 17(1) *Civil Emergency Measures Act*; NS, s. 14 *Emergency Measures Act*; QC, s. 123(8) *Public Health Act*; YK, s. 9 *Civil Emergency Measures Act*; ON, ss. 86(1), 86.1(2) *Health Protection and Promotion Act*, s. 7(1) *Emergency Plans Act.*

concern. A simple, clear and transparent legislative regime should create appropriate conditions for sound public health management.

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Projet génétique et société
Genetics and society project

A Compendium of the Canadian Legislative Framework for the Declaration and Management of Infectious Diseases

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Preface

Infectious diseases are making a come back and are the cause of concern for Canadians. New threats such as the Nile Virus or the resurgence of diseases we thought under control (such as tuberculosis) or the specter of the resurrection of, for example, smallpox outbreak is a troubling sign. Faced with such potential new risks from emerging and reemerging diseases, a coherent and concerted effort to identify and control infectious diseases is necessary. One strategic and important element of this effort is a legislative framework governing the management of infectious diseases.

This compendium was prepared for Population and Public Health Branch, Centre for Surveillance Coordination to identify the Canadian legal framework governing the declaration and management of infectious diseases. This inventory of laws and regulations will serve as a tool to delineate the different branch of legislations relevant to infectious diseases. This is an ambitious project since infectious disease management is governed by a plethora of rules from different areas of the law. Our research results are hereby presented under comparative tables offering a panoramic view of the legislative dispositions across Canada.

Our research was conducted using Internet legislative research tools from of each provinces and territory through LEXUM. It should be noted that this research methods may have some impact on the accuracy of research results. However, this tremendous work would have been impossible within the proposed timeframe if research had been done on paper.

The compendium includes 2 sections: (1) Legislative tables; and (2) Thematic tables. The **Table of Legislations** provide a list of laws and regulations constituting the normative framework governing infectious diseases. We developed three main areas: (a) laws and regulations pertaining to public health, infectious disease and consent to treatment; (b) laws and regulations pertaining to infectious disease registries and protection of personal information and statistics; and (c) laws and regulations governing living environment as well as potential sources of infection, to provide an overview of the framework. The **thematic tables** include citations from the legislations or regulations listed in the "Legislative tables". These citations are set up according to infectious disease or selected keywords such as communicable disease, infection, epidemic, vaccine. The tables are organized according to four themes: (a) the legislative scheme for the mechanisms of declaration of infectious disease; (b) the transfer of personal data and the creation and management of infectious disease registries; (c) the management of infectious diseases and finally, and (d) an overview of the role of government agencies in surveillance or the control of epidemic.

This topic of infectious diseases in humans is so vast that we circumscribed the review in many ways. First, although we identified the legislation pertaining to transmission routes, we did not include this sector in the thematic tables. Also, we did not address the transportation of goods, which may be a transmission source for infectious diseases. The topic of infectious diseases among prison inmates was also excluded from the research. Finally, all references to special powers were not reported in the thematic tables. We preferred to report the legislation under such legislative power.

The research team would like to thank Alana Greenberg and Cecile Dubeau for their help in the preparation of this document.

Mylène Deschênes, on behalf of the research team.

March, 2005 Revisions

The current revisions of the compendium were conducted during the months of January and February of 2005. In order to verify amendments made to the cited statutes and regulations since the last revisions, research was conducted using the web-based legislative research tools of each province and territory through LEXUM and ACJNet. Validation with official printed sources occurred when the information available online was limited or outdated.

As statutes and regulations are constantly evolving, the reader should be aware that the sources cited herein may have been amended since the date of printing.

Mireille Lacroix, on behalf of the research team.

TABLE OF LEGISLATION

PUBLIC HEALTH AND CONSENT

Provinces	Public Health Legislation	Legislation on Specific Infectious Diseases	Emergency / Epidemic / Crisis Management Legislation	Consent to Testing and Treatment: General Rules	Mandatory Reporting of Infectious Diseases or Mandatory Immunization (Diseases' list / Immunization list)
Federal	**Department of Health Act**, S.C. 1996, c. 8, s. 4(2). **Quarantine Act**, R.S.C. 1985, c. Q-1. **Quarantine Regulations**, C.R.C., c. 1368 (made under the Quarantine Act). **Immigration and Refugee Protection Act**, S.C. 2001, c. 27, s. 38. **Immigration and Refugee Protection Regulations**, S.O.R./2002-227, ss. 20, 30-31, 33-34 (made under the Immigration and Refugee Protection Act). **Indian Act**, R.S.C. 1985, c. I-5, ss. 18(2), 81(1). **Processing and Distribution of Semen for Assisted Conception Regulations**, S.O.R./1996-254, ss. 4-5, 9, 14-18 (made under the Food and Drugs Act).		**Emergencies Act**, R.S.C. 1985 (4th Supp.), c. 22.		**Quarantine Act,** R.S.C. 1985, c. Q-1, Sch.
Alberta	**Public Health Act**, R.S.A. 2000, c. P-37.		**Disaster Services Act**, R.S.A. 2000, c. D-13.	**Dependent Adults Act**, R.S.A. 2000, c. D-11, ss. 18, 29.	**Communicable Diseases Regulation**, Alta. Reg. 238/1985,

Provinces	Public Health Legislation	Legislation on Specific Infectious Diseases	Emergency / Epidemic / Crisis Management Legislation	Consent to Testing and Treatment: General Rules	Mandatory Reporting of Infectious Diseases or Mandatory Immunization (Diseases' list / Immunization list)
	Communicable Diseases Regulation, Alta. Reg. 238/1985 (made under the Public Health Act). **Public Health Act Forms Regulation**, Alta. Reg. 197/2004 (made under the Public Health Act).		**Public Health Act**, R.S.A. 2000, c. P-37, ss. 37-38, 52.	**Personal Directives Act**, R.S.A. 2000, c. P-6.	Sch. 1-4 (made under the Public Health Act).
British Columbia	**Health Act**, R.S.B.C. 1996, c. 179. **Health Act Communicable Disease Regulation**, B.C. Reg. 4/1983 (made under the Health Act). **Sanitary Regulations**, B.C. Reg. 142/1959 (made under the Health Act).	**Venereal Disease Act**, R.S.B.C. 1996, c. 475. **Venereal Disease Act Regulation**, B.C. Reg. 70/1984 (made under the Venereal Disease Act). **Venereal Disease Act Treatment Regulation**, B.C. Reg. 64/1984 (made under the Venereal Disease Act).	**Health Act**, R.S.B.C. 1996, c. 179, s. 16, 98-99. **Emergency Program Act**, R.S.B.C. 1996, c. 111. **Emergency Program Management Regulation**, B.C. Reg. 477/1994 (made under the Emergency Program Act). **Local Authority Emergency Management Regulation**, B.C. Reg. 380/1995 (made under the Emergency Program Act). **Compensation and Disaster Financial Assistance Regulation**, B.C. Reg. 124/1995, s. 22, Sch. 5 (made under the Emergency Program Act).	**Health Care (Consent) and Care Facility (Admission) Act**, R.S.B.C. 1996, c. 181, ss. 4-19. **Representation Agreement Act**, R.S.B.C. 1996, c. 405, ss. 7, 9, 11.	**Health Act Communicable Disease Regulation**, B.C. Reg. 4/1983, Sch. A-B (made under the Health Act).
Manitoba	**The Public Health Act**, C.C.S.M. c. P210. **Diseases and Dead Bodies**	**Diseases and Dead Bodies Regulation**, Man. Reg. 338/88R, ss. 32-51 [Sexually Transmitted Diseases] (made under The Public	**The Emergency Measures Act**, C.C.S.M. c. E80.	**The Health Care Directives Act**, C.C.S.M. c. H27.	**Diseases and Dead Bodies Regulation**, Man. Reg. 338/88R, Sch. A (made under The Public Health Act).

Provinces	Public Health Legislation	Legislation on Specific Infectious Diseases	Emergency / Epidemic / Crisis Management Legislation	Consent to Testing and Treatment: General Rules	Mandatory Reporting of Infectious Diseases or Mandatory Immunization (Diseases' list / Immunization list)
	Regulation, Man. Reg. 338/88R (made under The Public Health Act).	Health Act).			
New Brunswick	**Health Act,** R.S.N.B. 1973, c. H-2. **General**, N.B. Reg. 1988-200, ss. 94-100 (made under the Health Act). **Public Health Act**, S.N.B. 1998, c. P-22.4. **General**, N.B. Reg. 1992-84 (made under the Hospital Act).	**Venereal Disease Act**, R.S.N.B. 1973, c. V-2.	**Emergency Measures Act**, S.N.B. 1978, c. E-7.1.	**Infirm Persons Act**, R.S.N.B. 1973, c. I-8, s. 20.	**General**, N.B. Reg. 1988-200, s. 94 (made under the Health Act).
Newfoundland and Labrador	**Health and Community Services Act**, S.N. 1995, c. P-37.1. **Communicable Diseases Act**, R.S.N. 1990, c. C-26.	**Venereal Disease Prevention Act**, R.S.N. 1990, c. V-2.	**Emergency Measures Act**, R.S.N. 1990, c. E-8.	**Advance Health Care Directives Act**, S.N. 1995, c. A-4.1, ss. 5, 9.	**Communicable Diseases Act**, R.S.N. 1990, c. C-26, Sch. **Venereal Disease Prevention Act**, R.S.N. 1990, c. V-2, s. 2. **Workplace Health, Safety and Compensation Regulations**, Nfld. Reg. 1025/96, s. 23 (made under the Workplace Health, Safety and Compensation Act).
Northwest Territories	**Public Health Act**, R.S.N.W.T. 1988, c. P-12. **Communicable Diseases Regulations**, R.R.N.W.T. 1990, c. P-13 (made under the Public Health Act). **Disease Registries Act**, R.S.N.W.T.		**Civil Emergency Measures Act**, R.S.N.W.T. 1988, c. C-9.	**Guardianship and Trusteeship Act**, S.N.W.T. 1994, c. 29, s. 11.	**Reportable Diseases Order**, R.R.N.W.T. 1990, c. D-3 (made under the Disease Registries Act). **Communicable Diseases Regulations**, R.R.N.W.T. 1990, c. P-13, Sch. A (made under the Public Health Act).

Provinces	Public Health Legislation	Legislation on Specific Infectious Diseases	Emergency / Epidemic / Crisis Management Legislation	Consent to Testing and Treatment: General Rules	Mandatory Reporting of Infectious Diseases or Mandatory Immunization (Diseases' list / Immunization list)
	1988 (Supp.), c. 7. **Cities, Towns and Villages Act**, S.N.W.T. 2003, c. 22, s. 148.				
Nova Scotia	**Health Act,** R.S.N.S. 1989, c. 195 [to be replaced by: **Health Protection Act**, S.N.S. 2004, c. 4 (not yet in force)]. **Communicable Diseases Regulations**, N.S. Reg. 28/1957 (made under the Health Act).	**Health Act,** R.S.N.S. 1989, c. 195, Part V [Tuberculosis], Part VI [Venereal Disease] [to be replaced by: **Health Protection Act**, S.N.S. 2004, c. 4 (not yet in force)]. **Venereal Disease Regulations**, N.S. Reg. 58/1973 (made under the Health Act). **Tuberculosis Control Regulations**, N.S. Reg. 45/1942 (made under the Health Act). **Control of Rabies Regulations**, N.S. Reg. 42/1942 (made under the Health Act).	**Emergency Measures Act**, S.N.S. 1990, c. 8.	**Medical Consent Act**, R.S.N.S. 1989, c. 279.	**Health Act**, R.S.N.S. 1989, c. 195, s. 2(b) [to be replaced by: **Health Protection Act**, S.N.S. 2004, c. 4 (not yet in force)]. **Communicable Diseases Regulations**, N.S. Reg. 28/1957 (made under the Health Act).
Nunavut	**Public Health Act**, R.S.N.W.T. 1988, c. P-12, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28. **Communicable Diseases Regulations**, R.R.N.W.T. 1990, c. P-13, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28 (made under the Public Health Act).		**Civil Emergency Measures Act**, R.S.N.W.T. 1988, c. C-9, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28.	**Guardianship and Trusteeship Act**, S.N.W.T. 1994, c. 29, s. 11, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28.	**Reportable Diseases Order**, R.R.N.W.T. 1990, c. D-3, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28 (made under the Disease Registries Act). **Communicable Diseases Regulations**, R.R.N.W.T. 1990, c. P-13, Sch. A, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28 (made under the Public Health Act).

Provinces	Public Health Legislation	Legislation on Specific Infectious Diseases	Emergency / Epidemic / Crisis Management Legislation	Consent to Testing and Treatment: General Rules	Mandatory Reporting of Infectious Diseases or Mandatory Immunization (Diseases' list / Immunization list)
	Disease Registries Act, R.S.N.W.T. 1988 (Supp.), c. 7, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28. **Cities, Towns and Villages Act,** R.S.N.W.T. 1988, c. C-8, s. 102, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28.				
Ontario	**Health Protection and Promotion Act**, R.S.O. 1990, c. H.7. **Communicable Diseases - General**, R.R.O. 1990, Reg. 557 (made under the Health Protection and Promotion Act). **Specification of Reportable Diseases**, O. Reg. 559/91 (made under the Health Protection and Promotion Act). **Specification of Communicable Diseases**, O. Reg. 558/91 (made under the Health Protection and Promotion Act). **Reports**, R.R.O. 1990, Reg. 569 (made under the Health Protection and Promotion Act). **School Health Services and**		**Emergency Management Act**, R.S.O. 1990, c. E.9. **Health Protection and Promotion Act**, R.S.O. 1990, c. H.7, ss. 86-86.3, 87.	**Health Care Consent Act 1996**, S.O. 1996, c. 2, ss. 10-14, 20-24, 40-46. **Substitute Decisions Act 1992**, S.O. 1992, c. 30, ss. 43-68.	**Specification of Reportable Diseases**, O. Reg. 559/91 (made under the Health Protection and Promotion Act). **Specification of Communicable Diseases**, O. Reg. 558/91 (made under the Health Protection and Promotion Act) .

Provinces	Public Health Legislation	Legislation on Specific Infectious Diseases	Emergency / Epidemic / Crisis Management Legislation	Consent to Testing and Treatment: General Rules	Mandatory Reporting of Infectious Diseases or Mandatory Immunization (Diseases' list / Immunization list)
	Programs, R.R.O. 1990, Reg. 570 (made under the Health Protection and Promotion Act). **Immunization of School Pupils Act**, R.S.O. 1990, c. I.1. **General**, R.R.O. 1990, Reg. 645 (made under the Immunization of School Pupils Act).				
Prince Edward Island	**Public Health Act**, R.S.P.E.I. 1988, c. P-30. **Notifiable and Communicable Diseases Regulations**, P.E.I. Reg. EC1985-330 (made under the Public Health Act).		**Emergency Measures Act**, R.S.P.E.I. 1988, c. E-6.1.	**Consent to Treatment and Health Care Directives Act**, R.S.P.E.I. 1998, C-17.2.	**Notifiable and Communicable Diseases Regulations**, P.E.I. Reg. EC1985-330 (made under the Public Health Act).
Québec	**An Act respecting Health services and social services**, R.S.Q., c. S-4.2. **Public Health Act**, R.S.Q., c. S-2.2. **Cities and Towns Act**, R.S.Q., c. C-19, ss. 413-413.1.		**Civil Protection Act**, R.S.Q., c. S-2.3. **Public Health Act**, R.S.Q., c. S-2.2. **An Act respecting Institut national de santé publique du Québec**, R.S.Q., c. I-13.1.1, s. 20.	**Civil Code of Québec**, S.Q. 1991, c. 64, arts. 10-25.	**Public Health Act**, R.S.Q., c. S-2.2. **Minister's Regulation under the Public Health Act**, R.Q., c. S-2.2, r. 2 (made under the Public Health Act).
Saskatchewan	**The Public Health Act**, **1994**, S.S. 1994, c. P-37.1. **The Public Health Forms**		**The Emergency Planning Act**, S.S. 1989-90, c. E-8.1. **The Public Health Act**, **1994**, S.S.	**The Health Care Directives and Substitute Health Care Decision Makers Act**, S.S. 1997, c. H-0.001.	**The Disease Control Regulations**, R.R.S. 2000, c. P-37.1, Reg. 11, Appendix, Tables 1, 2 (made under The Public Health Act, 1994).

Provinces	Public Health Legislation	Legislation on Specific Infectious Diseases	Emergency / Epidemic / Crisis Management Legislation	Consent to Testing and Treatment: General Rules	Mandatory Reporting of Infectious Diseases or Mandatory Immunization (Diseases' list / Immunization list)
	Regulations, R.R.S. 2000, c. P-37.1, Reg. 2 (made under The Public Health Act, 1994). **The Disease Control Regulations**, R.R.S. 2000, c. P-37.1, Reg. 11 (made under The Public Health Act, 1994). **The Department of Health Act**, R.S.S. 1978, c. D-17. **The Wascana Centre Act**, R.S.S. 1978, c. W-4, s. 11. **The Meewasin Valley Authority Act**, S.S. 1979, c. M-11.1, s. 12. **The Wakamow Valley Authority Act**, S.S. 1980-81, c. W-1.1, s. 13. **The Sanitation Regulations**, S. Reg. 420/1964 (made under The Public Health Act).		1994, c. P-37.1, ss. 45-45.2, 66.	**The Adult Guardianship and Co-decision-making Act**, S.S. 2000, c. A-5.3, ss. 5-29.	
Yukon	**Public Health and Safety Act**, R.S.Y. 2002, c. 176.	**Venereal Disease Regulation**, Y.O.I.C. 1958/97 (made under the Public Health and Safety Act).	**Civil Emergency Measures Act**, R.S.Y. 2002, c. 34. **Municipal Act**, R.S.Y. 2002, c. 154.	**Enduring Power of Attorney Act**, R.S.Y. 2002, c. 73.	**Communicable Diseases Regulations**, Y.O.I.C. 1961/48 (made under the Public Health and Safety Act). **Venereal Disease Regulation**, Y.O.I.C. 1958/97 (made under the Public Health and Safety Act).

CONFIDENTIALITY

Provinces	Confidentiality	Confidentiality: Health data	Governmental Statistics
Federal	**Personal Information Protection and Electronic Documents Act**, S.C. 2000, c. 5, Part 1. **Privacy Act**, R.S.C. 1985, c. P-21. **Access to Information Act**, R.S.C. 1985, c. A-1. **Canadian Charter of Rights and Freedoms**, part 1 of the Constitution Act, 1982, being Schedule B of the Canada Act 1982 (U.K.), c. 11, ss. 7-8.		**Statistics Act**, R.S.C. 1985, c. S-19, ss.17-18.
Alberta	**Freedom of Information and Protection of Privacy Act**, R.S.A. 2000, c. F-25.	**Health Information Act**, R.S.A. 2000, c. H-5, Part 5. **Public Health Act**, R.S.A. 2000, c. P-37, s. 53.	**Statistics Bureau Act**, R.S.A. 2000, c. S-18, s. 8. **Vital Statistics Act**, R.S.A. 2000, c. V-4, s. 38. **Health Information Act**, R.S.A. 2000, c. H-5, ss. 68-72.
British Columbia	**Freedom of Information and Protection of Privacy Act**, R.S.B.C. 1996, c. 165. **Personal Information Protection Act**, S.B.C. 2003, c. 63.	**Venereal Disease Act**, R.S.B.C. 1996, c. 475, s. 12.	**Statistics Act**, R.S.B.C. 1996, c. 439. s. 9. **Vital Statistics Act**, R.S.B.C. 1996, c. 479, s. 46. **Vital Statistics Act Regulation**, B.C. Reg. 69/1982, s. 9 (made under the Vital Statistics Act).
Manitoba	**The Freedom of Information and Protection of Privacy Act**, C.C.S.M. c. F175. **The Privacy Act**, C.C.S.M. c. P125.	**The Personal Health Information Act**, C.C.S.M. c. P33.5. **Diseases and Dead Bodies Regulation**, Man. Reg. 338/88R, s. 12 (made under The Public Health Act).	**The Statistics Act**, C.C.S.M. c. S205, s. 9. **The Vital Statistics Act**, C.C.S.M. c. V60, s. 41.
New Brunswick	**Protection of Personal Information Act**, S.N.B. 1998, c. P-19.1.	**Public Health Act**, S.N.B. 1998, c. P-22.4, s. 66.	**Statistics Act**, S.N.B. 1984, c. S-12.3, s. 14.

Provinces	Confidentiality	Confidentiality: Health data	Governmental Statistics
		Venereal Disease Act, R.S.N.B. 1973, c. V-2, s. 22.	**Vital Statistics Ac**t, S.N.B. 1979, c. V-3, s. 43.
Newfoundland and Labrador	**Access to Information and Protection of Privacy Act**, S.N.L. 2002, c. A-1.1 [Part IV to be Proclaimed].	**Venereal Disease Prevention Act**, R.S.N. 1990, c. V-2, ss. 15-17.	**Statistics Agency Act**, R.S.N. 1990, c. S-24, s. 13. **Vital Statistics Act**, R.S.N. 1990, c. V-6.
Northwest Territories	**Access to Information and Protection of Privacy Act**, S.N.W.T. 1994, c. 20. **Access to Information and Protection of Privacy Regulations**, N.W.T. Reg. 206-96 (made under the Access to Information and Protection of Privacy Act).	**Disease Registries Act**, R.S.N.W.T. 1988 (Supp.), c.7, s.12. **Communicable Diseases Regulations**, R.R.N.W.T. 1990, c. P-13, s.19 (made under the Public Health Act).	**Scientists Act**, R.S.N.W.T. 1988, c. S-4, ss. 4-5. **Vital Statistics Act**, R.S.N.W.T. 1988, c.V-3, s. 46.
Nova Scotia	**Freedom of Information and Protection of Privacy Act**, S.N.S. 1993, c. 5.	**Hospitals Act**, R.S.N.S. 1989, c. 208, s. 71(7). **Health Act**, R.S.N.S. 1989, c. 195, s. 96 [to be replaced by: **Health Protection Act**, S.N.S. 2004, c. 4 (not yet in force)].	**Statistics Act**, R.S.N.S. 1989, c. 441, ss. 9-10. **Vital Statistics Act**, R.S.N.S. 1989, c. 494, s. 45.
Nunavut	**Access to Information and Protection of Privacy Act**, S.N.W.T. 1994, c. 20, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28. **Access to Information and Protection of Privacy Regulations**, N.W.T. Reg. 206-96, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28 (made under the Access to Information and Protection of Privacy Act).	**Disease Registries Act**, R.S.N.W.T. 1988 (Supp.), c. 7, s.12, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28. **Communicable Diseases Regulations**, R.R.N.W.T. 1990, c. P-13, s.19, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28 (made under the Public Health Act).	**Scientists Act**, R.S.N.W.T. 1988, c. S-4, ss. 4-5, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28. **Vital Statistics Act**, R.S.N.W.T. 1988, c. V-3, s. 46, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28.
Ontario	**Freedom of Information and Protection of Privacy Act**, R.S.O. 1990, c. F.31. **Municipal Freedom of Information and Protection of Privacy Act**, R.S.O. 1990, c. M.56.	**Personal Health Information Protection Act**, **2004,** S.O. 2004, c. 3. **Health Protection and Promotion Act**, R.S.O. 1990, c. H.7, s. 39.	**Statistics Act**, R.S.O. 1990, c. S.18, ss. 4, 6. **Vital Statistics Act**, R.S.O. 1990, c. V.4, s. 53.

Provinces	Confidentiality	Confidentiality: Health data	Governmental Statistics
		Hospital Management Regulation, R.R.O. 1990, Reg. 965, ss. 19-23.2 (made under the Public Hospitals Act).	
Prince Edward Island	**Freedom of Information and Protection of Privacy Act,** R.S.P.E.I. 1988, c. F-15.01.	**Public Health Act**, R.S.P.E.I. 1988, c. P-30, s. 22.	**Vital Statistics Act**, S.P.E.I. 1996, c. V-4.1, s. 37. **Vital Statistics Regulations**, P.E.I. Reg. EC2000-453.
Québec	**An Act respecting Access to documents held by public bodies and the Protection of personal information**, R.S.Q., c. A-2.1. **An Act respecting the Protection of personal information in the private sector**, R.S.Q., c. P-39.1. **Civil code of Québec**, S.Q. 1991, c. 64. **Charter of human rights and freedoms**, R.S.Q., c. C-12. **Professional Code**, R.S.Q. c. C-26.	**An Act respecting Health services and social services**, R.S.Q., c. S-4.2. **Code of Ethics of Physicians**, R.R.Q. 1981, c. M-9, r.4.1 (made under the Professional Code). **Public Health Act**, R.S.Q., c. S-2.2, s. 131.	**An Act respecting the Institut de la statistique du Québec**, R.S.Q., c. I-13.011, ss. 25-30.
Saskatchewan	**The Freedom of Information and Protection of Privacy Act**, S.S. 1990-91, c. F-22.01.	**The Health Information Protection Act**, S.S. 1999, c. H-0.021. **The Public Health Act**, **1994**, S.S. 1994, c. P-37.1, s. 65.	**The Statistics Act**, R.S.S. 1978, c. S-58, s. 11. **The Vital Statistics Act, 1995**, S.S. 1995, c. V-7.1, s. 52.
Yukon	**Access to Information and Protection of Privacy Act**, R.S.Y. 2002, c. 1.	**Communicable Diseases Regulations**, Y.O.I.C. 1961/48, s. 20 (made under the Public Health and Safety Act). **Venereal Disease Regulation**, Y.O.I.C. 1958/97, s. 14-15, 18 (made under the Public Health and Safety Act).	**Vital Statistics Act**, R.S.Y. 2002, c. 225, s. 37.

ENVIRONMENT AND SOURCES

Provinces	Environment: Health Care	Environment: • School • Daycare • Camp	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
Federal			**Canada Labour Code**, R.S.C. 1985, c. L-2. **National Defence Act**, R.S.C. 1985, c. N-5. **Corrections and Conditional Release Act**, S.C. 1992, c. 20, s. 13. **Immigration and Refugee Protection Regulations**, S.O.R./2002-227 (made under the Immigration and Refugee Protection Act).	**Health of Animals Act**, S.C. 1990, c. 21. **Health of Animals Regulations**, C.R.C., c. 296, s. 59 (made under the Health of Animals Act). **Reportable Disease Regulation**, S.O.R./1991-2 (and subsequent orders regarding : Varroasis, Avian Influenza, Pseudorabies, Contagious equine metritis, Bovine spongiform encephalopathy) (made under the Health of Animals Act).	**Quarantine Regulations**, C.R.C., c. 1368, ss. 27-28 (made under the Quarantine Act). **Human Pathogens Importation Regulation**, S.O.R./1994-558 (made under the Department of Health Act). **Processing and Distribution of Semen for Assisted Conception Regulations**, S.O.R./1996-254 (made under the Food and Drugs Act).	**Egg Regulation**, C.R.C., c. 284, s. 9(21) (made under the Canada Agricultural Products Act). **Quarantine Regulations**, C.R.C., c. 1368 (made under the Quarantine Act). **Canada Occupational Health and Safety Regulations**, S.O.R./1986-304, s. 9.34(2) (made under the Canada Labour Code). **Marine Occupational Safety and Health Regulations**, S.O.R./1987-183, s. 7.31(1) (made under the Canada Labour Code). **Honey Regulations**, C.R.C., c. 287, s. 17(1)-(2) (made under the Canada Agricultural Products Act). **Maple Products Regulations**, C.R.C., c. 289, s. 7(3) (made under the Canada Agricultural Products Act).

Provinces	Environment: Health Care	Environment: • School • Daycare • Camp	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
						Fish Inspection Regulations, C.R.C., c. 802, sch. II, s. 9 (made under the Fish Inspection Act). **Dairy Products Regulations**, S.O.R./1979-840, s. 11.1(21) (made under the Canada Agricultural Products Act). **Meat Inspection Regulation, 1990**, S.O.R./1990-288, s. 57 (made under the Meat Inspection Act). **Processed Egg Regulations**, C.R.C., c. 290, s. 10(1) (made under the Canada Agricultural Products Act). **Processed Products Regulations**, C.R.C., c.291, s. 17(1) (made under the Canada Agricultural Products Act). **Fresh Fruit and Vegetable Regulations**, C.R.C., c. 285, s. 11 (made under the Canada Agricultural Products Act).
Alberta	**Operation of Approved Hospitals Regulation**, Alta. Reg. 247/1990, ss. 9, 11, 16	**Student Record Regulation**, Alta. Reg. 71/1999, s. 5(4) (made under the School Act).	**Personal Services Regulation,** Alta. Reg. 20/2003, ss. 6, 8 (and Health	**Livestock Diseases Act**, R.S.A. 2000, c. L-15, ss. 1-5, 8, 12-14.	**Operation of Approved Hospitals Regulation**, Alta. Reg. 247/1990, s. 26(3) (made	**Meat Inspection Regulation**, Alta. Reg. 51/1973, ss. 51, 102, 103, 119, 128, 130, 156,

Provinces	Environment: Health Care	Environment: • School • Daycare • Camp	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
	(h)-(i), 24 (made under the Hospitals Act). **Communicable Diseases Regulation**, Alta. Reg. 238/1985, Sch. 4 (made under the Public Health Act). **Staff, Vehicle and Equipment Regulation**, Alta. Reg. 45/1999, s. 18 (made under the Ambulance Services Act).	**Child Care Regulation**, Alta. Reg. 180/2000, ss. 15, 23 (made under Social Care Facilities Licensing Act). **Swimming Pool Regulation**, Alta. Reg. 247/1985, s. 22(2)-(4) (made under the Public Health Act). **Communicable Diseases Regulation**, Alta. Reg. 238/1985, s. 9, Sch. 4 (made under the Public Health Act).	Standards and Guidelines approved and published by the Minister) (made under the Public Health Act). **Workers' Compensation Regulation**, Alta. Reg. 325/2002 (made under the Workers' Compensation Act).	**Livestock Disease Control Regulation**, Alta. Reg. 69/2000 (made under the Livestock Diseases Act). **Designated Communicable Diseases Regulation**, Alta. Reg. 301/2002, s. 1 (made under the Livestock Diseases Act). **Destruction and Disposal of Dead Animals Regulation**, Alta. Reg. 229/2000 (made under the Livestock Diseases Act). **Livestock Industry Diversification Act**, R.S.A. 2000, c. L-17, ss. 1, 18, 19. **Communicable Diseases Regulation**, Alta. Reg. 238/1985, ss. 10-13 (made under the Public Health Act). **Fur Farms Act**, R.S.A. 2000, c. F-30, ss. 10, 12. **The Forest Reserves Regulations**, Alta. Reg. 604/1965, s. 11(1)(b) (made	under the Hospitals Act). **Bodies of Deceased Persons Regulation**, Alta. Reg. 14/2001, ss. 2-3, 5-7, Sch. 1-2 (made under the Public Health Act).	157 (made under the Meat Inspection Act). **Dairy Industry Regulation**, Alta. Reg. 139/1999, ss. 1(d), 32, 40, 69(6), 70 (made under the Dairy Industry Act). **Food and Food Establishments Regulation**, Alta. Reg. 328/2003 (made under the Public Health Act). **Communicable Diseases Regulation**, Alta. Reg. 238/1985, s. 8(2)(b) (made under the Public Health Act). **Hatchery Supply Flock Approval Regulation**, Alta. Reg. 183/1997, s. 5 (made under the Livestock and Livestock Products Act). **Pest and Nuisance Control Regulation**, Alta. Reg. 184/2001 (made under the Agricultural Pests Act).

Provinces	Environment: Health Care	Environment: • School • Daycare • Camp	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
				under the Forest Reserves Act). **Special Areas Disposition Regulation**, Alta. Reg. 137/2001, ss. 35, 64 (made under the Special Areas Act). **Pest and Nuisance Control Regulation**, Alta. Reg. 184/2001 (made under the Agricultural Pests Act). **Public Health Act**, R.S.A. 2000, c. P-37, s. 66(1)(j).		
British Columbia	**Hospital Act**, R.S.B.C. 1996, c. 200, ss. 3, 44. **Community Care and Assisted Living Act**, S.B.C. 2002, c. 75. **Adult Care Regulations,** B.C. Reg. 536/1980, ss. 10.6, 12 (made under the **C**ommunity Care and Assisted Living Act). **Vancouver Charter**, S.B.C. 1953, c. 55 [gives power to make by-laws for infectious disease hospital].	**School Act**, R.S.B.C. 1996, c. 412, ss. 90(2), 91. **Community Care and Assisted Living Act**, S.B.C. 2002, c. 75. **Child Care Licensing Regulation**, B.C. Reg. 319/1989, s. 19(1)-(2) (made under the **C**ommunity Care and Assisted Living Act).	**Adult Care Regulation**, B.C. Reg. 536/1980, s. 6.2 (made under the **C**ommunity Care and Assisted Living Act). **Child Care Licensing Regulation**, B.C. Reg. 319/1989, ss. 14(1), 17 (made under the **C**ommunity Care and Assisted Living Act). **Health Act**, R.S.B.C. 1996, c. 179, s. 12 (lumbering camps). **Occupational Health and Safety Regulation**, B.C. Reg. 296/1997, s. 6.39 (made under	**Animal Disease Control Act**, R.S.B.C. 1996, c. 14, s. 12. **Animal Disease Control Regulation**, B.C. Reg. 150/1966, ss. 3.01-3.09 (made under the Animal Disease Control Act). **Sanitary Regulation**, B.C. Reg. 142/1959, s. 48 (made under the Health Act).	**Cemetery and Funeral Service Act**, R.S.B.C. 1996, c. 45, ss. 89-90. **Health Act Communicable Disease Regulation**, B.C. Reg. 4/1983, ss. 14-16 (made under the Health Act).	**Animal Disease Control Act**, R.S.B.C. 1996, c. 14, s. 15. **Health Act**, R.S.B.C. 1996, c. 179, s. 11. **Health Act Communicable Disease Regulation**, B.C. Reg. 4/1983, s. 19 (made under the Health Act). **Food Premises Regulation**, B.C. Reg. 210/1999, ss. 11-15, 22 (made under the Health Act). **Sanitary Regulation**, B.C.

Provinces	Environment: Health Care	Environment: • School • Daycare • Camp	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
			the Workers Compensation Act).			Reg. 142/1959 (made under the Health Act). **Slaughter House Regulation**, B.C. Reg. 350/1983, ss. 16-17 (made under the Health Act). **Food Safety Act,** S.B.C. 2002, c. 28, Parts 2 and 3. **Meat Inspection Regulation,** B.C. Reg. 408/2004 (made under the Food Safety Act).
Manitoba		**The Public Schools Act**, C.C.S.M. c. P250, ss. 261(2), 262. **Public Health Interpretation and Personnel Regulation**, Man. Reg. 340/88R, ss. 8-10 (made under The Public Health Act).		**Diseases and Dead Bodies Regulation**, Man. Reg. 338/88R, ss. 25-31 (made under The Public Health Act).	**Diseases and Dead Bodies Regulation**, Man. Reg. 338/88R, ss. 52-58 (made under The Public Health Act).	**Food and Food Handling Establishments Regulation**, Man. Reg. 339/88R, s. 12(1) (made under The Public Health Act).
New Brunswick		**Education Act**, S.N.B. 1997, c. E-1.12, ss. 10, 20. **General**, N.B. Reg. 1988-200, ss. 87-93, 284-285 (made under the Health Act).	**General**, N.B. Reg. 1988-200, s. 100 (made under the Health Act).		**General**, N.B. Reg. 1988-200, ss. 204-215 (made under the Health Act).	**General**, N.B. Reg. 1988-200, ss. 34-35, 100, 147-150 (made under the Health Act).
Newfoundland and Labrador		**Schools Act, 1997**, S.N. 1997, c. S-12.2, ss. 32, 76.	**Workplace Health, Safety and Compensation Act**,	**Livestock Health Regulations**, Nfld. Reg.		

Provinces	Environment: Health Care	Environment: • School • Daycare • Camp	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
			R.S.N. 1990, c. W-11, s. 90. **Workplace Health, Safety and Compensation Regulations,** Nfld. Reg. 1025/96 (made under the Workplace Health, Safety and Compensation Act).	1081/96 (made under the Livestock Health Act).		
Northwest Territories		**Education Act,** S.N.W.T. 1995, c. 28, s. 7. **Public Pool Regulations**, R.R.N.W.T. 1990, c. P-21, ss. 39, 52 (made under the Public Health Act). **Camp Sanitation Regulations**, R.R.N.W.T. 1990, c. P-12, ss. 14, 18-19 (made under the Public Health Act).	**Barber Shops and Beauty Salons Regulations**, R.R.N.W.T. 1990, c. P-11, s. 6 (made under the Public Health Act).		**Coroners Act**, R.S.N.W.T. 1988, c. C-20, s. 8.	**Communicable Diseases Regulations,** R.R.N.W.T. 1990, c. P-13, ss. 6-8 (made under the Public Health Act). **Meat Inspection Regulations**, N.W.T. Reg. 190-96 (made under the Public Health Act). **Camp Sanitation Regulations**, R.R.N.W.T. 1990, c. P-12, s. 14 (made under the Public Health Act). **Milk Regulations**, R.R.N.W.T. 1990, c. P-19, ss. 49-50 (made under the Public Health Act). **Eating or Drinking Places Regulations**, R.R.N.W.T. 1990, c. P-14, ss. 27-30 (made under the Public Health Act).

Provinces	Environment: Health Care	Environment: • School • Daycare • Camp	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
Nova Scotia		**Communicable Diseases Regulations**, N.S. Reg. 28/1957 (made under the Health Act).		**Control of Rabies Regulations**, N.S. Reg. 42/1942 (made under the Health Act).	**Transportation of the Dead Regulations**, N.S. Reg. 44/1942 (made under the Health Act).	**Health Act**, R.S.N.S. 1989, c. 195, ss. 89, 106 [to be replaced by: **Health Protection Act**, S.N.S. 2004, c. 4 (not yet in force)]. **Eating Establishments (Provincial) Regulations**, N.S. Reg. 72/1978 (made under the Health Act). **Communicable Diseases Regulations**, N.S. Reg. 28/1957, s. 32 (made under the Health Act).
Nunavut		**Education Act**, S.N.W.T. 1995, c. 28, s. 7, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28. **Public Pool Regulations**, R.R.N.W.T. 1990, c. P-21, ss. 39, 52, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28 (made under the Public Health Act). **Camp Sanitation Regulations**, R.R.N.W.T. 1990, c. P-12, ss. 14, 18-19, as	**Barber Shops and Beauty Salons Regulations**, R.R.N.W.T. 1990, c. P-11, s. 6, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28 (made under the Public Health Act).		**Coroners Act**, R.S.N.W.T. 1988, c. C-20, s.8, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28.	**Communicable Diseases Regulations**, R.R.N.W.T. 1990, c. P-13, ss. 6-8, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28 (made under the Public Health Act). **Meat Inspection Regulations**, N.W.T. Reg. 190-96, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28 (made under the Public Health Act).

Provinces	Environment: Health Care	Environment: • School • Daycare • Camp	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
		duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28 (made under the Public Health Act).				**Camp Sanitation Regulations**, R.R.N.W.T. 1990, c. P-12, s. 14, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28 (made under the Public Health Act). **Milk Regulations**, R.R.N.W.T. 1990, c. P-19, ss. 49-50, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28 (made under the Public Health Act). **Eating or Drinking Places Regulations**, R.R.N.W.T. 1990, c. P-14, ss. 27-30, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28 (made under the Public Health Act).
Ontario	**General**, R.R.O. 1990, Reg. 637, ss. 25.1, 26, 28.1, 28.2 (made under Homes for the Aged and Rest Homes Act). **General**, R.R.O. 1990, Reg. 744, ss. 17-23 (made under the Mental Hospitals Act).	**Education Act**, R.S.O. 1990, c. E.2, s. 265. **Ontario Schools for the Blind and the Deaf**, R.R.O. 1990, Reg. 296, s. 18 (made under the Education Act). **Teachers Qualifications**, O.	**General**, O. Reg. 175/98, s. 17 (made under the Workplace Safety and Insurance Act, 1997). **Research Facilities and Supply Facilities**, R.R.O. 1990, Reg. 24, s. 23(4) (made under the Animals for	**Health Protection and Promotion Act**, R.S.O. 1990, c. H.7, ss. 10-20, 96(4)(e). **Rabies Immunization**, R.R.O. 1990, Reg. 567 (made under the Health Protection and Promotion Act).	**Communicable Diseases-General**, R.R.O. 1990, Reg. 557, ss. 7-11 (made under the Health Protection and Promotion Act). **Cemeteries Act (Revised)**, R.S.O. 1990, c. C.4, s. 53.	**Health Protection and Promotion Act**, R.S.O. 1990, c. H.7, ss. 10-20. **Milk and Milk Products**, R.R.O. 1990, Reg. 761, ss. 4-5, 13, 107 (made under the Milk Act).

Provinces	Environment: Health Care	Environment: • School • Daycare • Camp	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
	Hospital Management, R.R.O. 1990, Reg. 965, s. 4(1)(e), 4(2) (made under the Public Hospitals Act). **General**, R.R.O. 1990, Reg. 937, ss. 24-29, 33, 34 (made under the Private Hospitals Act). **General,** R.R.O. 1990, Reg. 69, ss. 11, 15(4)(d), 18.1, 18.2, 31.1 (made under the Charitable Institutions Act). **General**, R.R.O. 1990, Reg. 70, s. 93 (made under the Child and Family Services Act). **General**, O. Reg. 257/00, ss. 6(1)(g)-(h), 14 (made under the Ambulance Act). **General**, R.R.O. 1990, Reg. 832, ss. 77.1, 77.2, 96 (made under the Nursing Homes Act). **Laboratories,** R.R.O. 1990, Reg. 682, s. 9 (made under the Laboratory and Specimen Collection Centre	Reg. 184/97, s. 1 (f) (made under the Ontario College of Teachers Act, 1996). **Immunization of School Pupils Act**, R.S.O. 1990, c. I.1, ss. 1, 3, 6, 10, 12. **School Health Services and Programs**, R.R.O. 1990, Reg. 570, s. 1 (made under the Health Protection and Promotion Act). **General**, R.R.O. 1990, Reg. 262, ss. 33, 48 (made under the Day Nurseries Act). **Recreational Camps**, R.R.O. 1990, Reg. 568, s. 5 (made under the Health Protection and Promotion Act). **Public Pools**, R.R.O. 1990, Reg. 565, s. 19(1)(i) (made under the Health Protection and Promotion Act).	Research Act). **Quality Control**, R.R.O. 1990, Reg. 456, s. 53 (made under the Fish Inspection Act).	**Communicable Diseases - General**, R.R.O. 1990, Reg. 557, ss. 2-6 (made under the Health Protection and Promotion Act). **Animals for Research Act,** R.S.O. 1990, c. A.22, s. 20. **Research Facilities and Supply Facilities**, R.R.O. 1990, Reg. 24, s. 23 (made under the Animals for Research Act).	**Fees, Allowances and Forms**, O. Reg. 264/99, Form 13 (made under the Coroners Act).	**General**, O. Reg. 632/92, s. 22 (made under the Meat Inspection Act (Ontario)). **Camps in Unorganized Territory**, R.R.O. 1990, Reg. 554, ss. 1, 27 (made under the Health Protection and Promotion Act). **Upholstered and Stuffed Articles**, O. Reg. 218/01, ss. 10, 21 (made under the Technical Standards and Safety Act, 2000). **Processed Egg**, R.R.O. 1990, Reg. 726, s. 23 (made under the Livestock and Livestock Products Act). **General-Waste Management**, R.R.O. 1990, Reg. 347 (made under the Environmental Protection Act).

Provinces	Environment: Health Care	Environment: • School • Daycare • Camp	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
	Licensing Act).					
Prince Edward Island		**School Act**, R.S.P.E.I. 1988, c. S-2.1, s. 99, Part XI : Health and safety. **Public Health Act**, R.S.P.E.I. 1988, c. P-30, s. 12-13. **Summer Trailer Court, Tenting and Camp Areas Regulations,** P.E.I. Reg. EC1969-167, s. 29 (made under the Public Health Act).				**Public Health Act**, R.S.P.E.I. 1988, c. P-30, s. 9. **Eating Establishments and Licensed Premises Regulations**, P.E.I. Reg. EC1979-16, ss. 26-27 (made under the Public Health Act). **Slaughter House Regulations**, P.E.I. Reg. EC1962-478, ss. 29-30 (made under the Public Health Act). **Fish Inspection Regulations**, P.E.I. Reg. EC1972-764, s.1, Sch B (made under the Fish Inspection Act). **Dairy Industry Regulations**, P.E.I. Reg. EC1988-735, s.11(8) (made under the Dairy Industry Act).
Québec	**Public Health Act**, R.S.Q., c. S-2.2, ss. 93-95, 99.	**Public Health Act**, R.S.Q., c. S-2.2, ss. 94, 95.	**Public Health Act**, R.S.Q., c. S-2.2, ss. 95-106.	**Animal Health Protection Act**, R.S.Q., c. P-42.	**Burial Act**, R.S.Q., c. I-11.	**Regulation respecting the application of the Public**

Provinces	Environment: Health Care	Environment: • School • Daycare • Camp	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
	Regulation respecting the application of the Public Health Protection Act, R.Q., c. L-0.2, r. 1, ss. 40, 64, 67, 68 (made under An Act respecting medical laboratories, organ, tissue, gamete, and embryo conservation, and the disposal of human bodies). **Organization and Management of Institutions Regulation**, R.Q., c. S-5, r. 3.01, ss. 6, 9 (made under An Act respecting health services for Cree Native persons).	**Regulation respecting the application of the Public Health Protection Act**, R.Q. c. L-0.2, r. 1, s. 40 (made under An Act respecting medical laboratories, organ, tissue, gamete, and embryo conservation, and the disposal of human bodies). **Regulation respecting Public wading and swimming pools**, R.Q., c. Q-2, r. 17, s. 87 (made under the Environment Quality Act).	**An Act respecting Stuffing and upholstered and stuffed articles**, R.S.Q., c. M-5, s. 10. **Regulation respecting the application of the Public Health Protection Act**, R.Q., c. L-0.2, r. 1, s. 40 (made under An Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, and the disposal of human bodies). **Regulation respecting Stuffing and upholstered and stuffed articles**, R.Q., c. M-5, r. 1, s. 14 (made under An Act Respecting Stuffing and Upholstered and Stuffed Articles). **Regulation respecting Hairdressing parlours**, R.Q., c. Q-2, r. 22, ss. 8-10 (made under Environment Quality Act).	**An Act respecting the Conservation and development of wildlife**, R.S.Q., c. C-61.1, s. 75. **Agricultural Abuses Act**, R.S.Q., c. A-2, ss. 23-24. **Regulation respecting Aquaculture and the sale of fish**, R.Q., c. C-61.1, r. 0.002, s. 27 (made under An Act respecting the conservation and developmenet of wildlife). **Regulation respecting the Sale of livestock by auction**, R.Q., c. P-42, r. 4, ss. 40-42 (made under the Animal Health Protection Act).	**Regulation respecting the application of the Public Health Protection Act**, R.Q. c. L-0.2, r. 1, ss. 33, 51, 53, 69-71 (made under An Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, and the disposal of human bodies).	**Health Protection Act**, R.Q., c. L-0.2, r. 1, s. 40 (made under An Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, and the disposal of human bodies). **Regulation respecting Cider**, R.Q., c. S-13, r. 1, s. 30 (made under An Act respecting the Société des alcools du Québec). **Regulation respecting Food**, R.Q., c. P-29, r. 1, ss. 6.4.1.11, 6.4.1.12, 6.6.3, 9.3.1.4, 10.3.1.5 (made under the Food Products Act). **Regulation respecting Sanitary conditions in industrial or other camps**, R.Q., c. Q-2, r. 3, s. 12 (made under the Environment Quality Act). **Regulation respecting the Quality of dairy products**, R.Q., c. P-30, r. 14.1, ss. 12, 41, 56 (made under the Dairy Products and Dairy Products Substitutes Act).

Provinces	Environment: Health Care	Environment: • School • Daycare • Camp	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
Saskatchewan	**The Hospital Standards Regulations**, **1980,** S. Reg. 331/1979, ss. 1(k), 45, 63 (made under The Hospital Standards Act). **The Personal Care Homes Regulations, 1996**, R.R.S. 2000, c. P-6.01, Reg. 2, ss. 13, 24, 45 (made under The Personal Care Homes Act). **The Private-service Homes Regulations**, R.R.S. 2000, c. R-21.2, Reg. 2, s. 25 (made under The Residential Services Act). **The Housing and Special-care Homes Regulations**, S. Reg. 34/1966, ss. 5, 7 (made under The Housing and Special-care Homes Act).	**The Outfitter and Guide Regulations, 2004**, R.R.S. 2000, c. N-3.1, Reg. 3, s. 15 (made under The Natural Resources Act). **The Child Care Regulations, 2001**, R.R.S. 2000, c. C-7.3, Reg. 2, ss. 25, 45, 63, 64 (made under The Child Care Act). **The Public Health Act, 1994**, S.S. 1994, c. P-37.1, s. 44.	**The Occupational Health and Safety Regulations**, **1996,** R.R.S. 2000, c. O-1.1, Reg. 1, ss. 2, 5, 345, 358 (made under The Occupational Health and Safety Act, 1993). **The Hospital Standards Regulations, 1980**, S. Reg. 331/1979, ss. 60-62, 85 (made under The Hospital Standards Act). **The Disease Control Regulations**, R.R.S. 2000, c. P-37.1, Reg. 11, s. 9 (made under The Public Health Act, 1994). **The Osteopathic Practice Act**, R.S.S. 1978, c. O-5, s. 19. **The Naturopathy Act**, R.S.S. 1978, c. N-4, ss. 10, 18.	**The Public Health Act, 1994**, S.S. 1994, c. P-37.1, ss. 38(2)(c), 46 (1) (v). **The Sanitation Regulations**, S. Reg. 420/1964, s. 30 (made under The Public Health Act, now made under The Public Health Act, 1994). **The Disease Control Regulations**, R.R.S. 2000, c. P-37.1, Reg. 11, s. 25 (made under The Public Health Act, 1994). **The Pastures Regulations**, R.R.S. 2000, c. P-4.1, Reg. 1, s. 19(5)(d) (made under The Pastures Act). **The Control of Animal Disease Regulations**, S. Reg. 274/1975, ss. 2(h), 5, 8 (made under The Diseases of Animals Act, 1966). **The Captive Wildlife Regulations**, R.R.S. 2000, c. W-13.1, Reg. 13, ss. 10, 14, 15 (made under The Wildlife Act,		**The Regulations Governing the Inspection of Meat in Domestic Abattoirs**, S. Reg. 911/1968, s. 7 (made under The Diseases of Animals Act, 1966-Section 4). **The Public Health Act, 1994**, S.S. 1994, c. P-37.1, ss. 16-19, 32(1)(d), 38(2)(l). **The Public Accommodation Regulations**, R.R.S. 2000, c. P-37.1, Reg. 3, ss. 2, 14 (made under The Public Health Act, 1994). **The Sanitation Regulations**, S. Reg. 420/1964, ss. 30, 34, 44(q), 44(s) (made under The Public Health Act, now made under The Public Health Act, 1994). **The Public Eating Establishment Regulations**, R.R.S. 2000, c. P-37, Reg. 3, s. 11 (made under The Public Health Act, now made under The Public Health Act, 1994).

Provinces	Environment: Health Care	Environment: • School • Daycare • Camp	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
				1998). **The Stray Animals Act**, R.S.S. 1978, c. S-60, s. 30 (1) (e). **The Dog Training Regulations, 1982**, R.R.S. 2000, c. W-13.1, Reg. 11, s. 11 (made under The Wildlife Act). **The Dangerous Dogs Control (Northern Saskatchewan) Regulations**, R.R.S. 2000, c. N-5.1, Reg. 9, ss. 7-8 (made under The Northern Municipalities Act). **The Dangerous Dogs Control Regulations**, R.R.S. 2000, c. U-11, Reg. 6, ss. 7-8 (made under The Urban Municipality Act, 1984). **The Dangerous Dogs Control (Rural Municipalities) Regulations**, R.R.S. 2000, c. R-26.1, Reg. 7, ss. 7-8 (made under The Rural Municipality Act, 1989). **The Diseases of Domestic**		**The Milk Pasteurization Regulations**, R.R.S. 2000, c. P-37.1, Reg. 5, s. 11 (made under The Public Health Act, 1994). **The Saskatchewan Hatchery Regulations, 1978**, S. Reg. 268/1978, s. 15(f)-(h) (made under The Animal Products Act). **The Dairy Manufacturing Plant Regulations**, S. Reg. 53/1979, s. 19 (made under The Animal Products Act). **The Dairy Producers Regulations, 1995**, R.R.S. 2000, c. A-20.2, Reg. 8, ss. 12- 14 (made under The Animal Products Act).

Provinces	Environment: Health Care	Environment: • School • Daycare • Camp	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
				Game Farm Animals Regulations, R.R.S. 2000, c. D-30, Reg. 1, ss. 3-4 (made under The Diseases of Animals Act). **The Domestic Game Farm Animal Regulations**, R.R.S. 2000, c. A-20.2, Reg. 10 , ss. 14.2, 14.5 (made under The Animal Products Act). **The Fur Farming Regulations**, R.R.S. 2000, c. A-20.2, Reg. 6 , ss. 2, 10-13 (made under The Animal Products Act).		
Yukon		**Education Act**, R.S.Y. 2002, c. 61, ss. 168-169. **Public Pool Regulations**, Y.O.I.C. 1989/130, s. 17 (made under the Public Health and Safety Act). **Campgrounds and Campsites (public) Regulation**, Y.O.I.C. 1974/94, s. 27 (made under the Public Health and Safety Act). **Child Care Centre Program**	**Camp Sanitation Regulation,** Y.O.I.C. 1961/38, ss. 17-18, 21 (made under Public Health and Safety Act).	**Animal Health Act**, R.S.Y. 2002, c. 5.	**Embalmers and Embalming Regulations,** Y.O.I.C. 1980/102 (made under Public Health and Safety Act).	**Communicable Diseases Regulations**, Y.O.I.C. 1961/48, ss. 6-8 (made under the Public Health and Safety Act). **Milk Regulation**, Y.O.I.C. 1962/23, ss. 62-63 (made under the Public Health and Safety Act). **Eating and Drinking Places Regulation**, Y.O.I.C. 1961/1, ss. 29-32 (made under Public Health and Safety Act).

Provinces	Environment: Health Care	Environment: • School • Daycare • Camp	Environment: Professional	Control of Potential Sources: Animal	Control of Potential Sources: Cadavers and Human Pathogens	Control of Potential Sources: Food and Waste
		Regulation, Y.O.I.C. 1995/87, ss. 7, 14, 19 (made under the Child Care Act). **Family Day Home Program Regulation**, Y.O.I.C. 1995/87, ss. 5, 12, 17 (made under Child Care Act). **School Age Program Regulation**, Y.O.I.C. 1995/87, ss. 7, 14, 19 (made under Child Care Act).				

Table 1

DECLARATION OF INFECTIOUS DISEASES

FEDERAL

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
Quarantine Regulations, C.R.C., c. 1368 (made under the Quarantine Act, consolidated up to S.O.R./2004-31). **8** A quarantine officer may require the **person in charge of a conveyance departing from Canada for a place outside** Canada to report to him, prior to departure, (a) **any illness** among the passengers or crew; and (b) **any condition** on board the conveyance that may **permit the transmission of any disease of an infectious nature**. **12(1)** Where, in the course of a voyage of a vessel to one of the ports referred to in subsection (3), (a) a member of the **crew or a passenger on board the vessel has** (i) died, (ii) had a temperature of 38°C (100°F) or greater that persisted for two days or more or was accompanied or followed by a rash, jaundice or glandular swelling, or (iii) suffered from diarrhea severe enough to interfere with that person's work or normal activity, (b) the **person in charge of the vessel**	**Quarantine Regulations**, C.R.C., c. 1368 (made under the Quarantine Act, consolidated up to S.O.R./2004-31). **12(1)** […] the person in charge of the vessel shall, by radio **at least 24 hours prior to the vessel's estimated time of arrival at its port of destination and between the hours of 9 o'clock in the forenoon and 5 o'clock in the afternoon**, notify the quarantine officer at the quarantine station designated in subsection (3) for that port of the occurrence and provide him with the information described in subsection (2).	**Quarantine Regulations**, C.R.C., c. 1368 (made under the Quarantine Act, consolidated up to S.O.R./2004-31). **12(1)** […] the person in charge of the vessel shall, **by radio** at least 24 hours prior to the vessel's estimated time of arrival at its port of destination and between the hours of 9 o'clock in the forenoon and 5 o'clock in the afternoon, notify the quarantine officer at the quarantine station designated in subsection (3) for that port of the occurrence and provide him with the information described in subsection (2). **12(2)** The information to be provided to the quarantine officer pursuant to subsection (1) is	**Quarantine Regulations**, C.R.C., c. 1368 (made under the Quarantine Act, consolidated up to S.O.R./2004-31). **8** A **quarantine officer** may require the person in charge of a conveyance departing from Canada for a place outside Canada to report to him, prior to departure, (a) any illness among the passengers or crew; and (b) any condition on board the conveyance that may permit the transmission of any disease of an infectious nature. **12(1)** […] the person in charge of the vessel shall, by radio at least 24 hours prior to the vessel's estimated time of arrival at its port of destination and between the hours of 9 o'clock in the forenoon and 5 o'clock in the afternoon, **notify the quarantine officer** at the quarantine station designated in subsection (3) for that port of the occurrence and provide him with the information described in subsection (2).	**Quarantine Act**, R.S.C. 1985, c. Q-1 (consolidated up to S.I./2004-24). **22(1)** Subject to subsection (2), every person who (a) contravenes any provision of this Act or any regulation made under this Act, (b) fails to comply with any order of a quarantine officer made under this Act, or (c) having signed an undertaking described in paragraph 8(4)(a) or 11(4)(a) fails to comply therewith, is guilty of an offence punishable on summary conviction.

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is, during the period (i) of four weeks preceding the estimated time of arrival of the vessel, or (ii) since he last submitted a declaration of health as required by section 16, whichever is the lesser, aware of any instance of illness among the crew or passengers that he suspects is of an infectious nature and may lead to the spread of disease, (c) the vessel has, (i) within 14 days of its estimated time of arrival in Canada, been in a country that, in the opinion of a quarantine officer, is infected or suspected of being infected with smallpox, or (ii) within 60 days of its estimated time of arrival in Canada been in a country that, in the opinion of a quarantine officer, is infected or suspected of being infected with the plague, or (d) a certificate establishing that the vessel has been de-ratted or exempted from de-ratting procedures has expired or is about to expire the person in charge of the vessel shall […], notify the quarantine officer at the quarantine station designated in subsection (3) for that port of the occurrence and provide him with the information described in subsection (2). **14(2)** Where any illness occurs on board a vessel		(a) the name and nationality of the vessel; (b) the ports called at during the voyage of the vessel; (c) the nature of the cargo on board the vessel; (d) the number of persons comprising the crew of the vessel; (e) the number of passengers on board the vessel; (f) the port of destination of the vessel and the name of the vessel's owner or, if the owner is not in Canada, the name of the vessel's agent in Canada; (g) the condition of all persons on board the vessel and details of any death or illness occurring during the voyage; (h) whether the body of any person is being carried on the vessel; (i) the estimated time of arrival of the vessel at the port of destination; (j) the number of persons on board the vessel who are not in possession of valid evidence of immunization to smallpox; and (k) the date and place of issuance of any de-ratting certificate or de-ratting exemption certificate applicable to the vessel. **14(2)** Where any illness occurs on board a vessel		
14(2) Where any illness occurs on board a vessel	**14(2)** Where any illness occurs on board a vessel	**14(2)** Where any illness occurs on board a vessel	**14(2)** Where any illness occurs on board a vessel	

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(a) after the person in charge of the vessel has received instructions under section 13, or (b) within the period of 24 hours prior to the estimated time of arrival of that vessel at its port of destination, the **person in charge of the vessel** shall report the illness forthwith by radio to the quarantine officer at the quarantine station designated for that port in subsection 12(3).	(a) after the person in charge of the vessel has received instructions under section 13, or (b) **within the period of 24 hours prior to the estimated time of arrival of that vessel at its port of destination**, the person in charge of the vessel shall report the illness forthwith by radio to the quarantine officer at the quarantine station designated for that port in subsection 12(3).	(a) after the person in charge of the vessel has received instructions under section 13, or (b) within the period of 24 hours prior to the estimated time of arrival of that vessel at its port of destination, the person in charge of the vessel shall report the illness forthwith **by radio** to the quarantine officer at the quarantine station designated for that port in subsection 12(3).	(a) after the person in charge of the vessel has received instructions under section 13, or (b) within the period of 24 hours prior to the estimated time of arrival of that vessel at its port of destination, the person in charge of the vessel shall report the illness forthwith by radio to the **quarantine officer** at the quarantine station designated for that port in subsection 12(3).	
19(1) Where a **person in charge of any aircraft** arriving in Canada from a place outside Canada wishes to land at any of the airports listed in subsection (2), (a) he shall, prior to arrival, except in the case of emergency or other circumstances in which it is impossible to communicate with the airport send by radio to the quarantine officer at such airport information concerning (i) any illness among the persons on board the aircraft, other than air sickness, or resulting from any accident that might have occurred during the flight, with details of such illness including the existence of fever, skin rash, headache, backache, jaundice, diarrhea, vomiting, chills or abnormal behaviour, or […] (b) he may, where no illness described	**19(1)** Where a person in charge of any aircraft arriving in Canada from a place outside Canada wishes to land at any of the airports listed in subsection (2), (a) he shall, **prior to arrival, except in the case of emergency or other circumstances in which it is impossible to communicate with the airport** send by radio to the quarantine officer at such airport information concerning (i) any illness among the persons on board the aircraft, other than air sickness, or resulting from any accident that might have occurred during the flight, with details of such illness including the existence of fever, skin rash, headache, backache, jaundice, diarrhea, vomiting, chills or abnormal behaviour, or […] (b) he may, where no illness described	**19(1)** Where **a person in charge of any aircraft** arriving in Canada from a place outside Canada wishes to land at any of the airports listed in subsection (2), (a) he shall, prior to arrival, except in the case of emergency or other circumstances in which it is impossible to communicate with the airport send by radio to the quarantine officer at such airport information concerning (i) any illness among the persons on board the aircraft, other than air sickness, or resulting from any accident that might have occurred during the flight, with details of such illness including the existence of fever, skin rash, headache, backache, jaundice, diarrhea, vomiting, chills or abnormal behaviour, or […] (b) he may, where no illness described	**19(1)** Where **a person in charge of any aircraft** arriving in Canada from a place outside Canada wishes to land at any of the airports listed in subsection (2), (a) he shall, prior to arrival, except in the case of emergency or other circumstances in which it is impossible to communicate with the airport send by radio to the **quarantine officer** at such airport information concerning (i) any illness among the persons on board the aircraft, other than air sickness, or resulting from any accident that might have occurred during the flight, with details of such illness including the existence of fever, skin rash, headache, backache, jaundice, diarrhea, vomiting, chills or abnormal behaviour, or […] (b) he may, where no illness described	

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in subparagraph (a) (i) has become apparent and no death has occurred during the flight, send by radio to the quarantine officer at such airport a message that all on board appear to be healthy. _____ **Processing and Distribution of Semen for Assisted Conception Regulations**, S.O.R./1996-254 (made under the Food and Drugs Act, consolidated up to S.O.R./2000-410). **14** Where a **physician who performed assisted conception on a woman** has reasonable grounds to believe that an infectious agent was transmitted to the woman through semen used in the performance of the assisted conception, the physician shall, without delay, (a) stop the distribution of all containers of semen in the physician's possession having the same identification codes as that of the semen used for the assisted conception; and (b) provide a written report to each processor of the semen (i) **advising that semen that they processed may be contaminated by an infectious agent, and naming the agent**, and (ii) specifying the **identification codes marked on the containers of that semen**.	in subparagraph (a) (i) has become apparent and no death has occurred during the flight, send by radio to the quarantine officer at such airport a message that all on board appear to be healthy. _____ **Processing and Distribution of Semen for Assisted Conception Regulations**, S.O.R./1996-254 (made under the Food and Drugs Act, consolidated up to S.O.R./2000-410). **14** Where a physician who performed assisted conception on a woman has reasonable grounds to believe that an infectious agent was transmitted to the woman through semen used in the performance of the assisted conception, the physician shall, **without delay**, (a) stop the distribution of all containers of semen in the physician's possession having the same identification codes as that of the semen used for the assisted conception; and (b) provide a written report to each processor of the semen (i) advising that semen that they processed may be contaminated by an infectious agent, and naming the agent, and (ii) specifying the identification codes marked on the containers of that semen.	in subparagraph (a) (i) has become apparent and no death has occurred during the flight, send by radio to the quarantine officer at such airport a message that all on board appear to be healthy. _____ **Processing and Distribution of Semen for Assisted Conception Regulations**, S.O.R./1996-254 (made under the Food and Drugs Act, consolidated up to S.O.R./2000-410). **14** Where a physician who performed assisted conception on a woman has reasonable grounds to believe that an infectious agent was transmitted to the woman through semen used in the performance of the assisted conception, the physician shall, without delay, (a) stop the distribution of all containers of semen in the physician's possession having the same identification codes as that of the semen used for the assisted conception; and (b) **provide a written report to each processor of the semen** (i) advising that semen that they processed may be contaminated by an infectious agent, and naming the agent, and (ii) **specifying the identification codes marked on the containers** of that semen.	in subparagraph (a) (i) has become apparent and no death has occurred during the flight, send by radio to the quarantine officer at such airport a message that all on board appear to be healthy. _____ **Processing and Distribution of Semen for Assisted Conception Regulations**, S.O.R./1996-254 (made under the Food and Drugs Act, consolidated up to S.O.R./2000-410). **14** Where a physician who performed assisted conception on a woman has reasonable grounds to believe that an infectious agent was transmitted to the woman through semen used in the performance of the assisted conception, the physician shall, without delay, (a) stop the distribution of all containers of semen in the physician's possession having the same identification codes as that of the semen used for the assisted conception; and (b) provide a written report to each **processor of the semen** (i) advising that semen that they processed may be contaminated by an infectious agent, and naming the agent, and (ii) specifying the identification codes marked on the containers of that semen.	

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15(1) Where a processor receives a report under paragraph 14(b), or otherwise has reasonable grounds to believe that semen that the processor processed and distributed may be contaminated by an infectious agent, the processor shall, without delay, (a) identify the **donors of the semen** and quarantine all semen from those donors that is in the processor's possession; (b) use all reasonable means to identify, and locate the business address of, each person who received for further distribution semen obtained from any of those donors; (c) give to each of the following persons a written notice specifying the identification codes marked on the containers of the semen believed to be contaminated, naming the infectious agent and indicating that the semen must be quarantined pending the completion of an investigation or must be destroyed, namely (i) any person to whom the processor distributed, for further distribution, containers of semen having the identification codes specified in the notice, and (ii) any other person who the processor believes received, for further distribution, containers of that semen; (d) notify the donors of the semen in	**15(1)** Where a processor receives a report under paragraph 14(b), or otherwise has reasonable grounds to believe that semen that the processor processed and distributed may be contaminated by an infectious agent, the processor shall, **without delay**, (a) identify the donors of the semen and quarantine all semen from those donors that is in the processor's possession; (b) use all reasonable means to identify, and locate the business address of, each person who received for further distribution semen obtained from any of those donors; (c) give to each of the following persons a written notice specifying the identification codes marked on the containers of the semen believed to be contaminated, naming the infectious agent and indicating that the semen must be quarantined pending the completion of an investigation or must be destroyed, namely (i) any person to whom the processor distributed, for further distribution, containers of semen having the identification codes specified in the notice, and (ii) any other person who the processor believes received, for further distribution, containers of that semen; (d) notify the donors of the semen in writing that an investigation is being	**15(1)** Where a processor receives a report under paragraph 14(b), or otherwise has reasonable grounds to believe that semen that the processor processed and distributed may be contaminated by an infectious agent, the processor shall, without delay, (a) identify the donors of the semen and quarantine all semen from those donors that is in the processor's possession; (b) use all reasonable means to identify, and locate the business address of, each person who received for further distribution semen obtained from any of those donors; (c) give to each of the following persons a **written notice specifying the identification codes marked on the containers of the semen believed to be contaminated, naming the infectious agent and indicating that the semen must be quarantined pending the completion of an investigation or must be destroyed, namely** (i) any person to whom the processor distributed, for further distribution, containers of semen having the identification codes specified in the notice, and (ii) any other person who the processor believes received, for further distribution, containers of that semen; (d) notify the donors of the semen **in writing** that an investigation is being	**15(1)** Where a processor receives a report under paragraph 14(b), or otherwise has reasonable grounds to believe that semen that the processor processed and distributed may be contaminated by an infectious agent, the processor shall, without delay, (a) identify the donors of the semen and quarantine all semen from those donors that is in the processor's possession; (b) use all reasonable means to identify, and locate the business address of, each person who received for further distribution semen obtained from any of those donors; (c) give to each of the following persons a written notice specifying the identification codes marked on the containers of the semen believed to be contaminated, naming the infectious agent and indicating that the semen must be quarantined pending the completion of an investigation or must be destroyed, namely (i) **any person to whom the processor distributed, for further distribution, containers of semen** having the identification codes specified in the notice, and (ii) **any other person who the processor believes received, for further distribution**, containers of that semen; (d) **notify the donors of the semen** in	

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writing that an investigation is being conducted to determine whether semen that they donated is contaminated by an infectious agent, and naming the agent; and (e) conduct an investigation to determine whether any of the semen provided by those donors is contaminated by an infectious agent. **15(1.1)** Despite subsection (1), the processor of semen that has been distributed in accordance with a special access authorization is not required to take the measures specified in that subsection by reason only that (a) a particular infectious agent, other than one referred to in column 1 of the table to subsection 20(1), was not tested for in accordance with the requirements of paragraphs 4(1)(b) and 9(1)(a) during the processing of the semen; or (b) the semen was not processed in accordance with section 10. **15(2)** Every person who distributed semen that is subject to investigation under paragraph (1)(e) shall, at the request of the processor conducting the investigation, provide the name and business address of every person to whom the person distributed the semen for further distribution. **15(3) Every processor who conducts**	conducted to determine whether semen that they donated is contaminated by an infectious agent, and naming the agent; and (e) conduct an investigation to determine whether any of the semen provided by those donors is contaminated by an infectious agent. **15(1.1)** Despite subsection (1), the processor of semen that has been distributed in accordance with a special access authorization is not required to take the measures specified in that subsection by reason only that (a) a particular infectious agent, other than one referred to in column 1 of the table to subsection 20(1), was not tested for in accordance with the requirements of paragraphs 4(1)(b) and 9(1)(a) during the processing of the semen; or (b) the semen was not processed in accordance with section 10. **15(2)** Every person who distributed semen that is subject to investigation under paragraph (1)(e) shall, at the request of the processor conducting the investigation, provide the name and business address of every person to whom the person distributed the semen for further distribution. **15(3)** Every processor who conducts an	conducted to determine whether semen that they donated is contaminated by an infectious agent, and naming the agent; and (e) conduct an investigation to determine whether any of the semen provided by those donors is contaminated by an infectious agent. **15(1.1)** Despite subsection (1), the processor of semen that has been distributed in accordance with a special access authorization is not required to take the measures specified in that subsection by reason only that (a) a particular infectious agent, other than one referred to in column 1 of the table to subsection 20(1), was not tested for in accordance with the requirements of paragraphs 4(1)(b) and 9(1)(a) during the processing of the semen; or (b) the semen was not processed in accordance with section 10. **15(2)** Every person who distributed semen that is subject to investigation under paragraph (1)(e) shall, at the request of the processor conducting the investigation, provide the name and business address of every person to whom the person distributed the semen for further distribution. **15(3)** Every processor who conducts an	writing that an investigation is being conducted to determine whether semen that they donated is contaminated by an infectious agent, and naming the agent; and (e) conduct an investigation to determine whether any of the semen provided by those donors is contaminated by an infectious agent. **15(1.1)** Despite subsection (1), the processor of semen that has been distributed in accordance with a special access authorization is not required to take the measures specified in that subsection by reason only that (a) a particular infectious agent, other than one referred to in column 1 of the table to subsection 20(1), was not tested for in accordance with the requirements of paragraphs 4(1)(b) and 9(1)(a) during the processing of the semen; or (b) the semen was not processed in accordance with section 10. **15(2)** Every person who distributed semen that is subject to investigation under paragraph (1)(e) shall, at the request of the processor conducting the investigation, provide the name and business address of every person to whom the person distributed the semen for further distribution. **15(3)** Every processor who conducts an	

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an investigation shall provide the Minister with the following information at the following times: (a) within three days after the start of the investigation, **the name of the infectious agent with which the semen** is believed to be contaminated, the number of donors who donated semen that is believed to be contaminated and the number of containers of semen **attributable to each donor**; and (b) every 30 days after the start of the investigation, until the final report is provided, an update on the progress made in tracing the semen, including information as to the number of containers used, recovered, quarantined or destroyed, and the number of persons contacted. **16(2)** Where the results of the investigation demonstrate that all or some of the semen is contaminated by an infectious agent, the **processor shall** (a) prepare a list specifying the identification codes marked on the containers of the semen that is contaminated; (b) notify each person referred to in paragraph 15(1)(c), in writing, that all quarantined containers having the identification codes specified in the list must be collected by the processor; (c) collect and destroy the containers of semen referred to in paragraph (b); and	investigation shall provide the Minister with the following information at the following times: (a) **within three days after the start of the investigation**, the name of the infectious agent with which the semen is believed to be contaminated, the number of donors who donated semen that is believed to be contaminated and the number of containers of semen attributable to each donor; and (b) **every 30 days after the start of the investigation**, until the final report is provided, an update on the progress made in tracing the semen, including information as to the number of containers used, recovered, quarantined or destroyed, and the number of persons contacted. **16(2)** Where the results of the investigation demonstrate that all or some of the semen is contaminated by an infectious agent, the processor shall (a) prepare a list specifying the identification codes marked on the containers of the semen that is contaminated; (b) notify each person referred to in paragraph 15(1)(c), in writing, that all quarantined containers having the identification codes specified in the list must be collected by the processor; (c) collect and destroy the containers of semen referred to in paragraph (b); and	investigation shall provide the Minister with the following information at the following times: (a) within three days after the start of the investigation, the name of the infectious agent with which the semen is believed to be contaminated, the number of donors who donated semen that is believed to be contaminated and the number of containers of semen attributable to each donor; and (b) every 30 days after the start of the investigation, until the final report is provided, an update on the progress made in tracing the semen, including information as to the number of containers used, recovered, quarantined or destroyed, and the number of persons contacted. **16(2)** Where the results of the investigation demonstrate that all or some of the semen is contaminated by an infectious agent, the processor shall (a) prepare a list specifying the identification codes marked on the containers of the semen that is contaminated; (b) notify each person referred to in paragraph 15(1)(c), **in writing**, that all quarantined containers having the identification codes specified in the list must be collected by the processor; (c) collect and destroy the containers of semen referred to in paragraph (b); and	investigation **shall provide the Minister** with the following information at the following times: (a) within three days after the start of the investigation, the name of the infectious agent with which the semen is believed to be contaminated, the number of donors who donated semen that is believed to be contaminated and the number of containers of semen attributable to each donor; and (b) every 30 days after the start of the investigation, until the final report is provided, an update on the progress made in tracing the semen, including information as to the number of containers used, recovered, quarantined or destroyed, and the number of persons contacted. **16(2)** Where the results of the investigation demonstrate that all or some of the semen is contaminated by an infectious agent, the processor shall (a) prepare a list specifying the identification codes marked on the containers of the semen that is contaminated; (b) **notify each person referred to in paragraph 15(1)(c**), in writing, that all quarantined containers having the identification codes specified in the list must be collected by the processor; (c) collect and destroy the containers of semen referred to in paragraph (b); and	

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(d) destroy the containers of semen in quarantine under paragraph 15(1)(a) that have the identification codes specified in the list. _____ **Immigration and Refugee Protection Act**, S.C. 2001, c. 27 (consolidated up to S.C. 2003, c. 22). **44(1)** An **officer** who is of the opinion that **a permanent resident or a foreign national who is in Canada** is inadmissible may prepare a **report setting out the relevant facts**, which report shall be transmitted to the Minister. [See 38(1) of the Act for a definition of inadmissibility on health grounds]. **44(2)** If the Minister is of the opinion that the report is well-founded, the Minister may refer the report to the Immigration Division for an admissibility hearing, except in the case of a permanent resident who is inadmissible solely on the grounds that they have failed to comply with the residency obligation under section 28 and except, in the circumstances prescribed by the regulations, in the case of a foreign national. In those cases, the Minister may make a removal order.	(d) destroy the containers of semen in quarantine under paragraph 15(1)(a) that have the identification codes specified in the list.	(d) destroy the containers of semen in quarantine under paragraph 15(1)(a) that have the identification codes specified in the list. _____ **Immigration and Refugee Protection Act**, S.C. 2001, c. 27 (consolidated up to S.C. 2003, c. 22). **44(1)** An officer who is of the opinion that a permanent resident or a foreign national who is in Canada is inadmissible may prepare a **report** setting out the relevant facts, which report shall be transmitted to the Minister. [See 38(1) of the Act for a definition of inadmissibility on health grounds]. **44(2)** If the Minister is of the opinion that the report is well-founded, the Minister may refer the report to the Immigration Division for an admissibility hearing, except in the case of a permanent resident who is inadmissible solely on the grounds that they have failed to comply with the residency obligation under section 28 and except, in the circumstances prescribed by the regulations, in the case of a foreign national. In those cases, the Minister may make a removal order.	(d) destroy the containers of semen in quarantine under paragraph 15(1)(a) that have the identification codes specified in the list. _____ **Immigration and Refugee Protection Act**, S.C. 2001, c. 27 (consolidated up to S.C. 2003, c. 22). **44(1)** An officer who is of the opinion that a permanent resident or a foreign national who is in Canada is inadmissible may prepare a **report** setting out the relevant facts, which report shall be transmitted **to the Minister.** [See 38(1) of the Act for a definition of inadmissibility on health grounds]. **44(2)** If the Minister is of the opinion that the report is well-founded, the Minister may refer the report to the Immigration Division for an admissibility hearing, except in the case of a permanent resident who is inadmissible solely on the grounds that they have failed to comply with the residency obligation under section 28 and except, in the circumstances prescribed by the regulations, in the case of a foreign national. In those cases, the Minister may make a removal order.	

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44(3) An officer or the Immigration Division may impose any conditions, including the payment of a deposit or the posting of a guarantee for compliance with the conditions, that the officer or the Division considers necessary on a permanent resident or a foreign national who is the subject of a report, an admissibility hearing or, being in Canada, a removal order.		**44(3)** An officer or the Immigration Division may impose any conditions, including the payment of a deposit or the posting of a guarantee for compliance with the conditions, that the officer or the Division considers necessary on a permanent resident or a foreign national who is the subject of a report, an admissibility hearing or, being in Canada, a removal order.	**44(3)** An officer or the Immigration Division may impose any conditions, including the payment of a deposit or the posting of a guarantee for compliance with the conditions, that the officer or the Division considers necessary on a permanent resident or a foreign national who is the subject of a report, an admissibility hearing or, being in Canada, a removal order.	

ALBERTA

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Public Health Act, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003, c. 2). **22(1)** Where a **physician, a health practitioner, a teacher or a person in charge of an institution** knows or has reason to believe that a person under the care, custody, supervision or control of the physician, health practitioner, teacher or person in charge of an institution is infected with a communicable disease prescribed in the regulations for the purposes of this subsection, the physician, health practitioner, teacher or person in charge of an institution shall notify the medical officer of health of the regional health authority (a) by the fastest means possible in the case of a prescribed disease that is designated in the regulations as requiring immediate notification, or (b) within 48 hours in the prescribed form in the case of any other prescribed disease. _____ **Public Health Act Forms Regulation**, Alta. Reg. 197/2004 (made under the Public Health Act).	**Public Health Act**, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003, c. 2). **22(1)** Where a physician, a health practitioner, a teacher or a person in charge of an institution knows or has reason to believe that a person under the care, custody, supervision or control of the physician, health practitioner, teacher or person in charge of an institution is infected with a communicable disease prescribed in the regulations for the purposes of this subsection, the physician, health practitioner, teacher or person in charge of an institution shall notify the medical officer of health of the regional health authority (a) by the **fastest means possible** in the case of a prescribed disease that is designated in the regulations as requiring immediate notification, or (b) within 48 hours in the prescribed form in the case of any other prescribed disease.	**Public Health Act**, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003, c. 2). **22(1)** Where a physician, a health practitioner, a teacher or a person in charge of an institution knows or has reason to believe that a person under the care, custody, supervision or control of the physician, health practitioner, teacher or person in charge of an institution is infected with a communicable disease prescribed in the regulations for the purposes of this subsection, the physician, health practitioner, teacher or person in charge of an institution shall notify the medical officer of health of the regional health authority (a) **by the fastest means possible** in the case of a prescribed disease that is designated in the regulations as requiring immediate notification, or (b) within 48 hours in the prescribed form in the case of any other prescribed disease. _____ **Public Health Act Forms Regulation**, Alta. Reg. 197/2004 (made under the Public Health Act).	**Public Health Act**, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003, c. 2). **22(1)** Where a physician, a health practitioner, a teacher or a person in charge of an institution knows or has reason to believe that a person under the care, custody, supervision or control of the physician, health practitioner, teacher or person in charge of an institution is infected with a communicable disease prescribed in the regulations for the purposes of this subsection, the physician, health practitioner, teacher or person in charge of an institution shall notify the **medical officer of health of the regional health authority** […].	**Public Health Act**, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003 c. 2). **73(1) A person who contravenes this Act, the regulations, an order under section 62 or an order of a medical officer of health or physician under Part 3 is guilty of an offence**. **73(2)** A person who contravenes an order under section 62 or an order of a medical officer of health or physician under Part 3 is liable to a fine of not more than $100 for each day the contravention continues. **73(3)** A person who contravenes this Act or the regulations is, if no penalty in respect of that offence is prescribed elsewhere in this Act, liable to a fine of not more than $2000 in the case of a first offence and $5000 in the case of a subsequent offence. **73(4)** Where a person is convicted of an offence under this Act, the judge, in addition to any other penalty the judge may impose, may order the person to comply with the provision of this Act or the regulations or the order for the contravention of which the person was

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2(1) A notification under section 22(1) or (2) of the Act must contain the following: (a) the name, gender, age, date of birth, address, telephone number and personal health number of the infected person; (b)any other demographic information relating to the infected person as specified by the medical officer of health for the regional health authority in which the infected person is located or the Chief Medical Officer of Health; (c) the name of the disease; (d) all clinical and epidemiologic details pertinent to diagnosis or follow-up; (e) the name of the person reporting.		**2(1)** A notification under section 22(1) or (2) of the Act must contain the following: (a) the name, gender, age, date of birth, address, telephone number and personal health number of the infected person; (b)any other demographic information relating to the infected person as specified by the medical officer of health for the regional health authority in which the infected person is located or the Chief Medical Officer of Health; (c) the name of the disease; (d) all clinical and epidemiologic details pertinent to diagnosis or follow-up; (e) the name of the person reporting.		convicted.
_____ **Public Health Act**, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003, c. 2). **22(2)** Where **a physician, a nurse practitioner or a midwife knows or has reason to believe that a person under the care in a hospital of the physician, nurse practitioner or midwife** is infected with a disease to which subsection (1) applies, the physician, nurse practitioner or midwife shall, in addition to carrying out the	**22(2)** Where a physician, a nurse practitioner or a midwife knows or has reason to believe that a person under the care in a hospital of the physician, nurse practitioner or midwife is infected with a disease to which subsection (1) applies, the physician, nurse practitioner or midwife shall, in addition to carrying out the physician's, nurse practitioner's	_____ **Public Health Act**, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003, c. 2). **22(2)** Where a physician, a nurse practitioner or a midwife knows or has reason to believe that a person under the care in a hospital of the physician, nurse practitioner or midwife is infected with a disease to which subsection (1) applies, the physician, nurse practitioner or midwife shall, in addition to carrying out the physician's,	**22(2)** Where a physician, a nurse practitioner or a midwife knows or has reason to believe that a person under the care in a hospital of the physician, nurse practitioner or midwife is infected with a disease to which subsection (1) applies, the physician, nurse practitioner or midwife shall, in addition to carrying out the physician's, nurse practitioner's or	

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physician's, nurse practitioner's or midwife's responsibilities under subsection (1), immediately inform the medical director or other person in charge of the hospital, and the medical director shall notify the medical officer of health of the regional health authority by telephone or in accordance with the prescribed form. _____ **Public Health Act Forms Regulation**, Alta. Reg. 197/2004 (made under the Public Health Act). **2(1)** A notification under section 22(1) or (2) of the Act must contain the following: (a) the name, gender, age, date of birth, address, telephone number and personal health number of the infected person; (b)any other demographic information relating to the infected person as specified by the medical officer of health for the regional health authority in which the infected person is located or the Chief Medical Officer of Health; (c) the name of the disease; (d) all clinical and epidemiologic details pertinent to diagnosis or follow-up; (e) the name of the person reporting. _____ **Public Health Act**, R.S.A. 2000, c. P-	or midwife's responsibilities under subsection (1), **immediately inform** the medical director or other person in charge of the hospital, and the medical director shall notify the medical officer of health of the regional health authority by telephone or in accordance with the prescribed form.	nurse practitioner's or midwife's responsibilities under subsection (1), immediately inform the medical director or other person in charge of the hospital, and the medical director shall notify the medical officer of health of the regional health authority **by telephone or in accordance with the prescribed form**	midwife's responsibilities under subsection (1), **immediately inform the medical director or other person in charge of the hospital**, and the medical director shall notify the **medical officer of health of the regional health authority** by telephone or in accordance with the prescribed form.	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
37 (consolidated up to S.A. 2003, c. 2). **22(3)** Where **a physician, a community health nurse, a nurse practitioner, a midwife or a person in charge of an institution** knows or has reason to believe that a person under the care, custody, supervision or control of the physician, community health nurse, nurse practitioner, midwife or person in charge of an institution is infected with a disease referred to in section 20(2), the physician, community health nurse, nurse practitioner, midwife or person in charge of an institution shall, within 48 hours, notify the Chief Medical Officer in the prescribed form. --- **Public Health Act Forms Regulation**, Alta. Reg. 197/2004 (made under the Public Health Act). **2(2)** A notification under section 22(3) of the Act must contain the following: (a) the name, gender, age, date of birth, address, telephone number and personal health number of the infected person; (b) any other demographic information relating to the infected person as specified by the medical officer of health for the regional health	**22(3)** Where a physician, a community health nurse, a nurse practitioner, a midwife or a person in charge of an institution knows or has reason to believe that a person under the care, custody, supervision or control of the physician, community health nurse, nurse practitioner, midwife or person in charge of an institution is infected with a disease referred to in section 20(2), the physician, community health nurse, nurse practitioner, midwife or person in charge of an institution shall, **within 48 hours**, notify the Chief Medical Officer in the prescribed form.	**22(3)** Where a physician, a community health nurse, a nurse practitioner, a midwife or a person in charge of an institution knows or has reason to believe that a person under the care, custody, supervision or control of the physician, community health nurse, nurse practitioner, midwife or person in charge of an institution is infected with a disease referred to in section 20(2), the physician, community health nurse, nurse practitioner, midwife or person in charge of an institution shall, within 48 hours, notify the Chief Medical Officer **in the prescribed form**.	**22(3)** Where a physician, a community health nurse, a nurse practitioner, a midwife or a person in charge of an institution knows or has reason to believe that a person under the care, custody, supervision or control of the physician, community health nurse, nurse practitioner, midwife or person in charge of an institution is infected with a disease referred to in section 20(2), the physician, community health nurse, nurse practitioner, midwife or person in charge of an institution shall, within 48 hours, notify the **Chief Medical Offic**er in the prescribed form.	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
authority in which the infected person is located or the Chief Medical Officer of Health; (c) the name of the disease or infecting agent; (d) the name of the person reporting; (e) the name of any contact identified; (f) all clinical and epidemiologic details required for confirmation of the diagnosis or for follow-up. _____ **Public Health Act**, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003, c. 2).				
23 Where an examination of a specimen derived from a human body reveals evidence of a communicable disease, the **director of the laboratory** conducting the examination shall, (a) in the case of a disease prescribed in the regulations for the purposes of this clause, notify the medical officer of health of the regional health authority (i) by the fastest means possible in the case of a prescribed disease that is designated in the regulations as requiring immediate notification, or (ii) within 48 hours in the prescribed form or by telephone, in the case of any other prescribed disease,	**23** Where an examination of a specimen derived from a human body reveals evidence of a communicable disease, the director of the laboratory conducting the examination shall, (a) in the case of a disease prescribed in the regulations for the purposes of this clause, notify the medical officer of health of the regional health authority (i) **by the fastest means possible** in the case of a prescribed disease that is designated in the regulations as requiring immediate notification, or (ii) **within 48 hours** in the prescribed form or by telephone, in the case of any other prescribed disease,	**23** Where an examination of a specimen derived from a human body reveals evidence of a communicable disease, the director of the laboratory conducting the examination shall, (a) in the case of a disease prescribed in the regulations for the purposes of this clause, notify the medical officer of health of the regional health authority (i) by the fastest means possible in the case of a prescribed disease that is designated in the regulations as requiring immediate notification, or (ii) within 48 hours **in the prescribed**	**23** Where an examination of a specimen derived from a human body reveals evidence of a communicable disease, the director of the laboratory conducting the examination shall, (a) in the case of a disease prescribed in the regulations for the purposes of this clause, notify the **medical officer of health of the regional health authority** (i) by the fastest means possible in the case of a prescribed disease that is designated in the regulations as requiring immediate notification, or (ii) within 48 hours in the prescribed form or by telephone, in the case of any other prescribed disease,	

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and (b) in the case of a disease referred to in section 20(2), notify the Chief Medical Officer in the prescribed form within 48 hours. _____ **Public Health Act Forms Regulation**, Alta. Reg. 197/2004 (made under the Public Health Act). **3** A notification under section 23 of the Act must contain the following: (a) the name, gender, age, date of birth, address, telephone number and personal health number of the infected person; (b) the name of the disease or infecting agent; (c) the name of the physician who ordered the laboratory test; (d) the name of the reporting laboratory. _____ **Public Health Act**, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003, c. 2). **26 A physician, a health practitioner, a teacher or a person in charge of an institution** who knows of or has reason to suspect the existence of (a) a communicable disease in epidemic form,	prescribed disease, and (b) in the case of a disease referred to in section 20(2), notify the Chief Medical Officer in the prescribed form **within 48 hours**. **26** A physician, a health practitioner, a teacher or a person in charge of an institution who knows of or has reason to suspect the existence of (a) a communicable disease in epidemic form,	**form or by telephone, in the case of any other prescribed disease**, and (b) in the case of a disease referred to in section 20(2), notify the Chief Medical Officer **in the prescribed form** within 48 hours. **26** A physician, a health practitioner, a teacher or a person in charge of an institution who knows of or has reason to suspect the existence of (a) a communicable disease in epidemic form,	other prescribed disease, and (b) in the case of a disease referred to in section 20(2), notify the **Chief Medical Officer** in the prescribed form within 48 hours. **26** A physician, a health practitioner, a teacher or a person in charge of an institution who knows of or has reason to suspect the existence of (a) a communicable disease in epidemic form,	

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(b)another illness or health condition occurring at an unusually high rate, or (c) a communicable disease or another illness or health condition that is caused by a nuisance or other threat to the public health shall immediately notify the medical officer of health of the regional health authority by the fastest means possible.	(b)another illness or health condition occurring at an unusually high rate, or (c) a communicable disease or another illness or health condition that is caused by a nuisance or other threat to the public health shall **immediately** notify the medical officer of health of the regional health authority by the fastest means possible.	(b)another illness or health condition occurring at an unusually high rate, or (c) a communicable disease or another illness or health condition that is caused by a nuisance or other threat to the public health shall immediately notify the medical officer of health of the regional health authority **by the fastest means possible.**	(b)another illness or health condition occurring at an unusually high rate, or (c) a communicable disease or another illness or health condition that is caused by a nuisance or other threat to the public health shall immediately notify the **medical officer of health of the regional health authority** by the fastest means possible.	
27(1) Where a medical officer of health receives (a) notification under section 26(a), or (b) notification of a communicable disease that is designated in the regulations as requiring immediate notification the **medical officer of health** shall immediately notify the Chief Medical Officer by the fastest means possible.	**27(1)** Where a medical officer of health receives (a) notification under section 26(a), or (b) notification of a communicable disease that is designated in the regulations as requiring **immediate notification** the medical officer of health shall **immediately** notify the Chief Medical Officer by the fastest means possible**.**	**27(1)** Where a medical officer of health receives (a) notification under section 26(a), or (b) notification of a communicable disease that is designated in the regulations as requiring immediate notification the medical officer of health shall immediately notify the Chief Medical Officer **by the fastest means possible.**	**27(1)** Where a medical officer of health receives (a) notification under section 26(a), or (b) notification of a communicable disease that is designated in the regulations as requiring immediate notification the medical officer of health shall immediately notify the **Chief Medical Officer** by the fastest means possible.	
27(2) Where a medical officer of health receives a notification under section 26(b) or (c) and reasonably believes that the illness, communicable disease or health condition constitutes a significant risk to the public health, the **medical officer of health** shall immediately notify the Chief Medical Officer by the fastest means possible.	**27(2)** Where a medical officer of health receives a notification under section 26(b) or (c) and reasonably believes that the illness, communicable disease or health condition constitutes a significant risk to the public health, the medical officer of health shall **immediately** notify the Chief Medical Officer by the fastest means possible.	**27(2)** Where a medical officer of health receives a notification under section 26(b) or (c) and reasonably believes that the illness, communicable disease or health condition constitutes a significant risk to the public health, the medical officer of health shall immediately notify the Chief Medical Officer **by the fastest means possible**.	**27(2)** Where a medical officer of health receives a notification under section 26(b) or (c) and reasonably believes that the illness, communicable disease or health condition constitutes a significant risk to the public health, the medical officer of health shall immediately notify the **Chief Medical Officer** by the fastest means possible.	
28 A regional health authority shall submit to the Chief Medical Officer a weekly summary in the prescribed form	**28** A regional health authority shall submit to the Chief Medical Officer a **weekly summary** in the prescribed	**28** A regional health authority shall submit to the Chief Medical Officer a weekly summary **in the prescribed**	**28** A regional health authority shall submit to the **Chief Medical Officer** a weekly summary in the prescribed form	

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of all cases of communicable disease referred to in section 20 occurring within the health region. **56(1) A person suffering from a communicable disease** referred to in section 20(2) shall, on request, provide the physician or sexually transmitted diseases clinic responsible for the person's treatment with the names of all persons with whom the person has had sexual contact. **56(2)** Notwithstanding section 53, **a physician** who is provided with the names of contacts pursuant to subsection (1) shall immediately provide the information to the Chief Medical Officer. _____ **Communicable Diseases Regulation**, Alta. Reg. 238/1985 (made under the Public Health Act, consolidated up to Alta. Reg. 206/2001). **6(1)** The diseases set out in Schedule 1 are the diseases prescribed for the purposes of sections 31(1) and 33(1) of the Act. **6(2)** The diseases set out in Schedule 2 are the diseases prescribed for the purposes of section 31(2) of the Act.	form of all cases of communicable disease referred to in section 20 occurring within the health region. **56(1)** A person suffering from a communicable disease referred to in section 20(2) shall, **on request**, provide the physician or sexually transmitted diseases clinic responsible for the person's treatment with the names of all persons with whom the person has had sexual contact. **56(2)** Notwithstanding section 53, a physician who is provided with the names of contacts pursuant to subsection (1) shall **immediately** provide the information to the Chief Medical Officer. _____ **Communicable Diseases Regulation**, Alta. Reg. 238/1985 (made under the Public Health Act, consolidated up to Alta. Reg. 206/2001).	**form** of all cases of communicable disease referred to in section 20 occurring within the health region. _____ **Communicable Diseases Regulation**, Alta. Reg. 238/1985 (made under the Public Health Act, consolidated up to Alta. Reg. 206/2001).	of all cases of communicable disease referred to in section 20 occurring within the health region. **56(1)** A person suffering from a communicable disease referred to in section 20(2) shall, on request, provide **the physician** or **sexually transmitted diseases clinic responsible for the person's treatment** with the names of all persons with whom the person has had sexual contact. **56(2)** Notwithstanding section 53, a physician who is provided with the names of contacts pursuant to subsection (1) shall immediately provide the information **to the Chief Medical Officer**. _____ **Communicable Diseases Regulation**, Alta. Reg. 238/1985 (made under the Public Health Act, consolidated up to Alta. Reg. 206/2001). **5** When a person is infected with a communicable disease in respect of which the Act requires that notification be given to a medical officer of health, the notification shall be given to the medical officer of health of the health unit in which the person was located at the time of the onset of symptoms.	

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6(3) The diseases set out in Schedule 3 are the diseases prescribed for the purposes of sections 49(1), 54(1) and 57(1) of the Act. **Schedule 4** **Epidemics and diseases in rare or unusual form** (any communicable disease) **1(1) A physician, health practitioner, teacher or person in charge of an institution** who knows of or has reason to suspect the **existence of a communicable disease in epidemic form** shall immediately notify the medical officer of health of the local board by the fastest means possible. **1(2) Individual occurrences of diseases in a rare or unusual form** are reportable **by all sources** to the medical officer of health within 48 hours _____ **Bodies of Deceased Persons Regulation**, Alta. Reg. 14/2001 (made under the Public Health Act). **3(1)** A **funeral director, embalmer or other person** who knows or has reason to believe that a person was infected with a specified communicable disease at the time of death must, within 12	**Schedule 4** **Epidemics and diseases in rare or unusual form** (any communicable disease) **1(1)** A physician, health practitioner, teacher or person in charge of an institution who knows of or has reason to suspect the existence of a communicable disease in epidemic form shall **immediately** notify the medical officer of health of the local board by the fastest means possible. **1(2)** Individual occurrences of diseases in a rare or unusual form are reportable by all sources to the medical officer of health **within 48 hours** _____ **Bodies of Deceased Persons Regulation**, Alta. Reg. 14/2001 (made under the Public Health Act). **3(1)** A funeral director, embalmer or other person who knows or has reason to believe that a person was infected with a specified communicable disease at the time of death must, **within 12**	**Schedule 4** **Epidemics and diseases in rare or unusual form** (any communicable disease) **1(1)** A physician, health practitioner, teacher or person in charge of an institution who knows of or has reason to suspect the existence of a communicable disease in epidemic form shall immediately notify the medical officer of health of the local board **by the fastest means possible**. _____ **Bodies of Deceased Persons Regulation**, Alta. Reg. 14/2001 (made under the Public Health Act). **3(1)** A funeral director, embalmer or other person who knows or has reason to believe that a person was infected with a specified communicable disease at the time of death must, within 12	**Schedule 4** **Epidemics and diseases in rare or unusual form** (any communicable disease) **1(1)** A physician, health practitioner, teacher or person in charge of an institution who knows of or has reason to suspect the existence of a communicable disease in epidemic form shall immediately notify **the medical officer of health of the local board** by the fastest means possible. **1(2)** Individual occurrences of diseases in a rare or unusual form are reportable by all sources to the **medical officer of health** within 48 hours _____ **Bodies of Deceased Persons Regulation**, Alta. Reg. 14/2001 (made under the Public Health Act). **3(1)** A funeral director, embalmer or other person who knows or has reason to believe that a person was infected with a specified communicable disease at the time of death must, within 12 hours after	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
hours after being called to take charge of the body, report the case to the medical officer of health of the regional health authority in which the person died. **3(2)** The report required by subsection (1) may be made by telephone, electronic mail or facsimile. _____ **Operation of Approved Hospitals Regulation**, Alta. Reg. 247/1990 (made under the Hospitals Act, consolidated up to Alta. Reg. 251/2001). **11(1)** If a hospital receives positive salmonella reports from the Provincial Laboratory on 3 or more patients admitted within a one-week period, the **administrator** shall notify the Minister of the scope of infection and the factors which caused or contributed to spread of it [*sic*]. **11(2)** Subsection (1) does not absolve the hospital administrator from notifying the medical officer of health of all cases of notifiable diseases listed under the Communicable Diseases Regulation (Alta. Reg. 238/85). **16** Hospital by-laws or rules under them or service contracts, if any, must make provision for the following: […]	**hours after being called to take charge of the body**, report the case to the medical officer of health of the regional health authority in which the person died. **3(2)** The report required by subsection (1) may be made by telephone, electronic mail or facsimile.	hours after being called to take charge of the body, report the case to the medical officer of health of the regional health authority in which the person died. **3(2)** The report required by subsection (1) may be made by telephone, electronic mail or facsimile.	being called to take charge of the body, report the case to **the medical officer of health of the regional health authority in which the person died.** **3(2)** The report required by subsection (1) may be made by telephone, electronic mail or facsimile. _____ **Operation of Approved Hospitals Regulation**, Alta. Reg. 247/1990 (made under the Hospitals Act, consolidated up to Alta. Reg. 251/2001) **11(1)** If a hospital receives positive salmonella reports from the Provincial Laboratory on 3 or more patients admitted within a one-week period, the administrator shall notify **the Minister** of the scope of infection and the factors which caused or contributed to spread of it [*sic*]. **11(2)** Subsection (1) does not absolve the hospital administrator from notifying **the medical officer of health** of all cases of notifiable diseases listed under the Communicable Diseases Regulation (Alta. Reg. 238/85).	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
(h) procedure for notifying the medical officer of health of all cases of notifiable diseases listed under the Communicable Diseases Regulation (Alta. Reg. 238/85); […]. _____ **Staff, Vehicle and Equipment Regulation**, Alta. Reg. 45/1999 (made under the Ambulance Services Act, consolidated up to Alta. Reg. 221/2004). **18** If a patient who is known to have or who is suspected of having a notifiable disease under the Communicable Diseases Regulation (AR 238/85) is transported in **an ambulance, the operator must ensure** that (a) notification is made to the local medical officer of health in accordance with the Public Health Act and the Communicable Diseases Regulation (AR 238/85), […].			_____ **Staff, Vehicle and Equipment Regulation**, Alta. Reg. 45/1999 (made under the Ambulance Services Act, consolidated up to Alta. Reg. 221/2004). **18** If a patient who is known to have or who is suspected of having a notifiable disease under the Communicable Diseases Regulation (AR 238/85) is transported in an ambulance, the operator must ensure that (a) notification is made **to the local medical officer of health** in accordance with the Public Health Act and the Communicable Diseases Regulation (AR 238/85), […].	

BRITISH COLUMBIA

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
Health Act, R.S.B.C. 1996, c. 179 (consolidated up to B.C. Reg. 317/2004).	**Health Act**, R.S.B.C. 1996, c. 179 (consolidated up to B.C. Reg. 317/2004).	**Health Act**, R.S.B.C. 1996, c. 179 (consolidated up to B.C. Reg. 317/2004).	**Health Act**, R.S.B.C. 1996, c. 179 (consolidated up to B.C. Reg. 317/2004).	**Health Act**, R.S.B.C. 1996, c. 179 (consolidated up to B.C. Reg. 317/2004).
80(1) If any **householder** knows or suspects, or has reason to know or suspect, that any **person in his or her family or household** has a **contagious or infectious disease**, he or she must, within 24 hours of the time the disease is known or suspected to exist, give notice of it to the medical health officer of the municipality or health district in which he or she resides.	**80(1)** If any householder knows or suspects, or has reason to know or suspect, that any person in his or her family or household has a contagious or infectious disease, he or she must, **within 24 hours of the time the disease is known or suspected to exist**, give notice of it to the medical health officer of the municipality or health district in which he or she resides.	**80(2)** The notice referred to in subsection (1) must be given either **at the office** of the medical health officer or by a **communication addressed to the medical health officer and mailed** within the time specified in subsection (1), and if there is no medical health officer, then to the local board.	**80(1)** If any householder knows or suspects, or has reason to know or suspect, that any person in his or her family or household has a contagious or infectious disease, he or she must, within 24 hours of the time the disease is known or suspected to exist, give notice of it to the **medical health officer** of the municipality or health district in which he or she resides.	**80(3)** A householder who refuses or neglects to give notice under subsection (1) is subject to the penalties provided by section 104 **104(1)** A person who contravenes this Act or a regulation, bylaw, order, direction or permit under this Act commits an offence. **104(2)** Unless a lower penalty is specified by regulation or this Act, a person who commits an offence under subsection (1) is liable on conviction of the following: (a) in the case of an offence that is not a continuing offence, a fine of not more than $200 000 or imprisonment for not longer than 12 months, or both; (b) in the case of a continuing offence, a fine of not more than $200 000 for each day the offence is continued or imprisonment for not longer than 12 months, or both.
83(1) If **a physician** knows or suspects, or has reason to know or suspect, that a	**83(1)** If a physician knows or suspects, or has reason to know or suspect, that a	**83(1)** If a physician knows or suspects, or has reason to know or suspect, that a	**83(1)** If a physician knows or suspects, or has reason to know or suspect, that a	**83(2)** A physician who refuses or neglects to give notice under subsection

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person he or she is called on to visit is infected with smallpox, scarlet fever, diphtheria, typhus or typhoid fever, cholera, measles, whooping cough, mumps or any other contagious or infectious disease, the physician must, within 24 hours after the knowledge or suspicion is acquired, give written notice of it to the medical health officer of the municipality or health district in which the diseased person is, and if there is no medical health officer, then to the local board.	person he or she is called on to visit is infected with smallpox, scarlet fever, diphtheria, typhus or typhoid fever, cholera, measles, whooping cough, mumps or any other contagious or infectious disease, the physician must, **within 24 hours** after the knowledge or suspicion is acquired, give written notice of it to the medical health officer of the municipality or health district in which the diseased person is, and if there is no medical health officer, then to the local board.	person he or she is called on to visit is infected with smallpox, scarlet fever, diphtheria, typhus or typhoid fever, cholera, measles, whooping cough, mumps or any other contagious or infectious disease, the physician must, within 24 hours after the knowledge or suspicion is acquired, **give written notice** of it to the medical health officer of the municipality or health district in which the diseased person is, and if there is no medical health officer, then to the local board.	person he or she is called on to visit is infected with smallpox, scarlet fever, diphtheria, typhus or typhoid fever, cholera, measles, whooping cough, mumps or any other contagious or infectious disease, the physician must, within 24 hours after the knowledge or suspicion is acquired, give written notice of it **to the medical health officer of the municipality or health district in which the diseased person is**, and if there is no medical health officer, then **to the local board**.	(1) is subject to the penalties provided by this Act. **104(1)** A person who contravenes this Act or a regulation, bylaw, order, direction or permit under this Act commits an offence. **104(2)** Unless a lower penalty is specified by regulation or this Act, a person who commits an offence under subsection (1) is liable on conviction of the following: (a) in the case of an offence that is not a continuing offence, a fine of not more than $200 000 or imprisonment for not longer than 12 months, or both; (b) in the case of a continuing offence, a fine of not more than $200 000 for each day the offence is continued or imprisonment for not longer than 12 months, or both.
Health Act Communicable Disease Regulation, B.C. Reg. 4/1983 (made under the Health Act, consolidated up to B.C. Reg. 281/2004). **2(1)** Where **a person** knows or suspects that an animal or **another person is suffering from or has died from a communicable disease**, he shall, without delay, make a report to the	**Health Act Communicable Disease Regulation,** B.C. Reg. 4/1983 (made under the Health Act, consolidated up to B.C. Reg. 281/2004). **2(1)** Where a person knows or suspects that an animal or another person is suffering from or has died from a communicable disease, he shall, **without delay,** make a report to the	**Health Act Communicable Disease Regulation,** B.C. Reg. 4/1983 (made under the Health Act, consolidated up to B.C. Reg. 281/2004). **2(5)** A report required to be made without delay shall be made by **telephone or by any similar rapid means of communication**.	**Health Act Communicable Disease Regulation**, B.C. Reg. 4/1983 (made under the Health Act, consolidated up to B.C. Reg. 281/2004). **2(1)** Where a person knows or suspects that an animal or another person is suffering from or has died from a communicable disease, he shall, without delay, make a report to the **medical**	**Health Act**, R.S.B.C. 1996, c. 179 (consolidated up to B.C. Reg. 317/2004). **104(1)** A person who contravenes this Act or a regulation, bylaw, order, direction or permit under this Act commits an offence. **104(2)** Unless a lower penalty is

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without delay, make a report to the medical health officer.	medical health officer.		**health officer**. **2(4)** The medical health officer shall forward a report received under this section, within 7 days of receiving it, to the Provincial health officer, together with any further information requested by the **Provincial health officer**.	specified by regulation or this Act, a person who commits an offence under subsection (1) is liable on conviction of the following: (a) in the case of an offence that is not a continuing offence, a fine of not more than $200 000 or imprisonment for not longer than 12 months, or both; (b) in the case of a continuing offence, a fine of not more than $200 000 for each day the offence is continued or imprisonment for not longer than 12 months, or both.
2(2) Where **a physician** knows or suspects that an animal or **another person is suffering from or has died from a communicable disease**, he shall, without delay and in accordance with section 4, make a report to the medical health officer if the disease (a) is listed in Schedule A, or (b) becomes epidemic or shows unusual features.	**2(2)** Where a physician knows or suspects that an animal or another person is suffering from or has died from a communicable disease, he shall, **without delay** and in accordance with section 4, make a report to the medical health officer if the disease (a) is listed in Schedule A, or (b) becomes epidemic or shows unusual features.	**2(2)** Where a physician knows or suspects that an animal or another person is suffering from or has died from a communicable disease, he shall, without delay and **in accordance with section 4**, make a report […]. **4(1)** A report made under section 2 (2) shall include (a) the name of the disease, (b) the name, age, sex and address of the infected person, and (c) appropriate details if the disease reported is epidemic or shows unusual features.	**2(2)** Where a physician knows or suspects that an animal or another person is suffering from or has died from a communicable disease, he shall, without delay and in accordance with section 4, make a report to **the medical health officer** […]. **2(4)** The medical health officer shall forward a report received under this section, within 7 days of receiving it, to the **Provincial health officer**, together with any further information requested by the Provincial health officer.	
2(3) Where **a person in charge of a laboratory** knows or suspects, as a result of analysis, examination or tests of or on a specimen, that an animal or **another person is suffering from or has died from a communicable**	**2(3)** Where a person in charge of a laboratory knows or suspects, as a result of analysis, examination or tests of or on a specimen, that an animal or another person is suffering from or has died from a communicable disease	**2(3)** Where a person in charge of a laboratory knows or suspects, as a result of analysis, examination or tests of or on a specimen, that an animal or another person is suffering from or has died from a communicable disease	**2(3)** Where a person in charge of a laboratory knows or suspects, as a result of analysis, examination or tests of or on a specimen, that an animal or another person is suffering from or has died from a communicable disease	

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disease listed in Schedule B, he shall, within 7 days and in accordance with section 4, make a report to the medical health officer. **3** In addition to the requirements of section 2, the **administrator or other person in charge of a hospital** shall, within 7 days, make a report to the medical health officer **respecting a patient** admitted to the hospital who is suffering from a reportable communicable disease or from rheumatic fever.	listed in Schedule B, he shall, **within 7 days** and in accordance with section 4, make a report to the medical health officer. **3** In addition to the requirements of section 2, the administrator or other person in charge of a hospital shall, **within 7 days**, make a report to the medical health officer respecting a patient admitted to the hospital who is suffering from a reportable communicable disease or from rheumatic fever.	listed in Schedule B, he shall, within 7 days and **in accordance with section 4**, make a report to the medical health officer. **4(2)** A report made under section 2 (3) shall include (a) the name of the disease, (b) the name and address of the person from whom the specimen was taken, and (c) the name and address of the physician or other person who is or has been attending the person referred to in paragraph (b). **4(3)** A report made under section 3 shall include (a) the name of the disease, (b) the name, age, sex and address of the patient, and (c) the name and address of the physician or other person who is or has been attending the patient. **4(4)** All reports referred to in this section shall include any further relevant information requested by the	listed in Schedule B, he shall, within 7 days and in accordance with section 4, make **a report to the medical health office**r. **2(4)** The medical health officer shall forward a report received under this section, within 7 days of receiving it, to the **Provincial health officer**, together with any further information requested by the Provincial health officer. **3** In addition to the requirements of section 2, the administrator or other person in charge of a hospital shall, within 7 days, make a **report to the medical health officer** respecting a patient admitted to the hospital who is suffering from a reportable communicable disease or from rheumatic fever.	

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14(1) Where **a funeral director, or other person**, is requested to handle the body of a person **who died from anthrax, plague or viral hemorrhagic fever**, he shall immediately report the request to the medical health officer. _____ **Sanitary Regulation**, B.C. Reg. 142/1959 (made under the Health Act, consolidated up to B.C. Reg. 266/1996). **5(1) Every local board of health** shall […] (i) give notice within 24 hours, by telegraph or registered letter, to the Provincial Board of Health of the first case of such dangerous disease within its district; and shall further furnish, every 7 days, or oftener if the Provincial Board of Health so requires, a statement showing the number of new cases developed, the number of those who have died and the number who have recovered or are still sick.	**14(1)** Where a funeral director, or other person, is requested to handle the body of a person who died from anthrax, plague or viral hemorrhagic fever, he shall **immediately** report the request to the medical health officer. _____ **Sanitary Regulation**, B.C. Reg. 142/1959 (made under the Health Act, consolidated up to B.C. Reg. 266/1996). **5(1)** Every local board of health shall […] (i) give notice **within 24 hours**, by telegraph or registered letter, to the Provincial Board of Health of the first case of such dangerous disease within its district; and shall further furnish, **every 7 days, or oftener if the Provincial Board of Health so requires**, a statement showing the number of new cases developed, the number of those who have died and the number who have recovered or are still sick.	medical health officer. _____ **Sanitary Regulation**, B.C. Reg. 142/1959 (made under the Health Act, consolidated up to B.C. Reg. 266/1996). **5(1)** Every local board of health shall […] (h) provide each medical practitioner practising within its district with **blank forms, as recommended by the Provincial Board of Health**, on which to report to the said local board or its medical officer any case of infectious, contagious or epidemic disease of a character dangerous to the public health, and also with **blank forms** on which to report death or recovery from any such disease (i) give notice within 24 hours, by **telegraph or registered letter**, to the Provincial Board of Health of the first case of such dangerous disease within its district; and shall further furnish, every 7 days, or oftener if the Provincial Board of Health so requires, a statement	**14(1)** Where a funeral director, or other person, is requested to handle the body of a person who died from anthrax, plague or viral hemorrhagic fever, he shall immediately report the request to the **medical health officer**. _____ **Sanitary Regulation**, B.C. Reg. 142/1959 (made under the Health Act, consolidated up to B.C. Reg. 266/1996). **5(1)** Every local board of health shall […] (i) give notice within 24 hours, by telegraph or registered letter, to the **Provincial Board of Health** of the first case of such dangerous disease within its district; and shall further furnish, every 7 days, or oftener if the Provincial Board of Health so requires, a statement showing the number of new cases developed, the number of those who have died and the number who have recovered or are still sick.	

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		showing the number of new cases developed, the number of those who have died and the number who have recovered or are still sick.		
8 The following are the duties of the **public health inspector** in respect to the district for which he is appointed: […] (g) He shall give immediate notice to the medical health officer of the occurrence within the district of any contagious, infectious or epidemic disease, and whenever it appears to him that the intervention of such officer is necessary, in consequence of the existence of any nuisance injurious to health, or any overcrowding in a house, he shall forthwith inform the medical health officer thereof; […].			**8** The following are the duties of the public health inspector in respect to the district for which he is appointed: […] (g) He shall give immediate notice to the **medical health officer** of the occurrence within the district of any contagious, infectious or epidemic disease, and whenever it appears to him that the intervention of such officer is necessary, in consequence of the existence of any nuisance injurious to health, or any overcrowding in a house, he shall forthwith inform the medical health officer thereof; […].	
Adult Care Regulations, B.C. Reg. 536/1980 (made under the Community Care and Assisted Living Act, consolidated up to B.C. Reg. 457/2004). **10.6(2)** If a reportable incident occurs, the licensee must promptly inform the following persons: (a) the person in care's contact person and the person in care's primary health care provider; (b) the medical health officer and the applicable funding program, using a	**Adult Care Regulations**, B.C. Reg. 536/1980 (made under the Community Care and Assisted Living Act, consolidated up to B.C. Reg. 457/2004). **10.6(2)** If a reportable incident occurs, the licensee must **promptly** inform the following persons: (a) the person in care's contact person and the person in care's primary health care provider; (b) the medical health officer and the applicable funding program, using a		**Adult Care Regulations**, B.C. Reg. 536/1980 (made under the Community Care and Assisted Living Act, consolidated up to B.C. Reg. 4577/2004). **10.6(2)** If a reportable incident occurs, the licensee must promptly inform the following persons: (a) the **person in care's contact person and the person in care's primary health care** provider; (b) the **medical health officer** and the	**Community Care and Assisted Living Act**, S.B.C. 2002, c. 75 (consolidated up to B.C. Reg. 293/2004). **33(1)** A person who contravenes section 5, 6, 18 (2) or (3) or 26 (1) of this Act or a term or condition attached to a licence commits an offence. **33(2)** A person who commits an offence under subsection (1) is liable to a fine of up to $10 000.

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form specified by the director. **10.6(3)** The licensee must have written policies and procedures acceptable to the medical health officer for the reporting of incidents under subsection (1). **Schedule 1: Reportable incidents** **1** […] "**disease outbreak or occurrence**" means an outbreak or the occurrence of a disease above the incident level beyond that which is normally expected; […] "**unexpected illness**" means any unexpected illness of such seriousness that requires a person in care to receive emergency care by a physician or transfer to a hospital.	form specified by the director. **10.6(3)** The licensee must have written policies and procedures acceptable to the medical health officer for the reporting of incidents under subsection (1).		**applicable funding program**, using a form specified by the director. **10.6(3)** The licensee must have written policies and procedures acceptable to the medical health officer for the reporting of incidents under subsection (1).	**33(3)** If an offence under subsection (1) is of a continuing nature, each day that the offence continues constitutes a separate offence.
Child Care Licensing Regulation, B.C. Reg. 319/1989 (made under the Community Care and Assisted Living Act, consolidated up to B.C. Reg. 457/2004). **23(2) A licensee** must notify the medical health officer within 24 hours after […] (b) it comes to the attention of the	**Child Care Licensing Regulation**, B.C. Reg. 319/1989 (made under the Community Care and Assisted Living Act, consolidated up to B.C. Reg. 457/2004). **23(2)** A licensee must notify the medical health officer **within 24 hours** after […] (b) it comes to the attention of the		**Child Care Licensing Regulation**, B.C. Reg. 319/1989 (made under the Community Care and Assisted Living Act, consolidated up to B.C. Reg. 457/2004). **23(2)** A licensee must notify **the medical health officer** within 24 hours after […] (b) it comes to the attention of the	**Community Care and Assisted Living Act**, S.B.C. 2002, c. 75 (consolidated up to B.C. Reg. 293/2004). **33(1)** A person who contravenes section 5, 6, 18 (2) or (3) or 26 (1) of this Act or a term or condition attached to a licence commits an offence. **33(2)** A person who commits an offence

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licensee that a **person in care enrolled** in the community care **facility** has a **reportable communicable disease** as defined in section 1 of the *Health Act* Communicable Disease Regulation, B.C. Reg. 4/83. _____ **School Act**, R.S.B.C. 1996, c. 412 (consolidated up to B.C. Reg. 597/2004). **91(1)** A **school medical officer** may and when required by the Minister of Health must examine or cause examinations to be made as to the **general health of students** of the schools in the school district. **91(2)** If the **school medical officer** considers that the health condition of any **student** is such as to endanger the health or welfare of the students of a school or the employees of the board, the school medical officer must so report to the board, giving the name of the student concerned. **91(5)** If a **teacher, principal, vice principal or director of instruction** suspects a student is suffering from a communicable disease or other	licensee that a person in care enrolled in the community care facility has a reportable communicable disease as defined in section 1 of the *Health Act* Communicable Disease Regulation, B.C. Reg. 4/83.		licensee that a person in care enrolled in the community care facility has a reportable communicable disease as defined in section 1 of the *Health Act* Communicable Disease Regulation, B.C. Reg. 4/83. _____ **School Act**, R.S.B.C. 1996, c. 412 (consolidated up to B.C. Reg. 597/2004). **91(1)** A school medical officer may and when required by the Minister of Health must examine or cause examinations to be made as to the general health of students of the schools in the school district. **91(2)** If the school medical officer considers that the health condition of any student is such as to endanger the health or welfare of the students of a school or the employees of the board, the school medical **officer must so report to the board**, giving the name of the student concerned. **91(5)** If a **teacher, principal, vice principal or director of instruction** suspects a student is suffering from a communicable disease or other	under subsection (1) is liable to a fine of up to $10 000. **33(3)** If an offence under subsection (1) is of a continuing nature, each day that the offence continues constitutes a separate offence.

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physical, mental or emotional condition that would endanger the health or welfare of the other students, the teacher, the principal, the vice principal or the director of instruction (a) must report the matter to the school medical officer, to the school principal and to the superintendent of schools for the district, and (b) may exclude the student from school until a certificate is obtained for the student from the school medical officer or a private medical practitioner permitting the student to return to the school.			physical, mental or emotional condition that would endanger the health or welfare of the other students, the teacher, the principal, the vice principal or the director of instruction (a) must **report the matter to the school medical officer, to the school principal and to the superintendent of schools for the** district, […].	
Venereal Disease Act, R.S.B.C. 1996, c. 475 (consolidated up to B.C. Reg. 200/1999). **2** Every **medical practitioner and every person in charge of a place of detention must** (a) maintain a record of all persons suffering from venereal disease coming under their treatment or supervision, and (b) in the manner prescribed, report that person by name, stating the venereal disease from which the person is suffering.	**Venereal Disease Act**, R.S.B.C. 1996, c. 475 (consolidated up to B.C. Reg. 200/1999).	**Venereal Disease Act**, R.S.B.C. 1996, c. 475 (consolidated up to B.C. Reg. 200/1999). **2** Every medical practitioner and every person in charge of a place of detention must (a) maintain a record of all persons suffering from venereal disease coming under their treatment or supervision, and (b) **in the manner prescribed, report that person by name, stating the venereal disease from which the person is suffering**.	**Venereal Disease Act**, R.S.B.C. 1996, c. 475 (consolidated up to B.C. Reg. 200/1999).	

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5(1) If a medical health officer has reasonable grounds to believe that **a person is or may be infected with venereal disease or has been exposed** or may have been exposed to infection (a) the medical health officer may give the person notice in writing in the prescribed form directing the person to submit to an examination by a medical practitioner designated by the medical health officer, and (b) the designated **medical practitioner must sign** and send to the medical health officer within the time specified in the notice a report or certificate certifying that the person is or is not infected with a venereal disease. _____ **Venereal Disease Act Regulation**, B.C. Reg. 70/1984 (made under the Venereal Disease Act). **1** For the purposes of section 5 (1) of the *Venereal Disease Act*, the notice which may be given **by a medical health officer** to a person who is or may be infected with venereal disease or who has been or may have been exposed to infection shall be in the form set out in Form A.	**5(1)** If a medical health officer has reasonable grounds to believe that a person is or may be infected with venereal disease or has been exposed or may have been exposed to infection (a) the medical health officer may give the person notice in writing in the prescribed form directing the person to submit to an examination by a medical practitioner designated by the medical health officer, and (b) the designated medical practitioner must sign and send to the medical health officer **within the time specified in the notice** a report or certificate certifying that the person is or is not infected with a venereal disease.	**5(1)** If a medical health officer has reasonable grounds to believe that a person is or may be infected with venereal disease or has been exposed or may have been exposed to infection (a) the medical health officer may give the person notice in writing in the prescribed form directing the person to submit to an examination by a medical practitioner designated by the medical health officer, and (b) the designated medical practitioner must sign and send to the medical health officer within the time specified in the notice **a report or certificate** certifying that the person is or is not infected with a venereal disease. _____ **Venereal Disease Act Regulation**, B.C. Reg. 70/1984 (made under the Venereal Disease Act). **1** For the purposes of section 5 (1) of the *Venereal Disease Act*, the notice which may be given by a medical health officer to a person who is or may be infected with venereal disease or who has been or may have been exposed to infection shall be in the form set out in Form A.	**5(1)** If a medical health officer has reasonable grounds to believe that a person is or may be infected with venereal disease or has been exposed or may have been exposed to infection (a) the medical health officer may give the person notice in writing in the prescribed form directing the person to submit to an examination by a medical practitioner designated by the medical health officer, and (b) the designated medical practitioner must sign and send to the **medical health officer** within the time specified in the notice a report or certificate certifying that the person is or is not infected with a venereal disease. _____ **Venereal Disease Act Regulation**, B.C. Reg. 70/1984 (made under the Venereal Disease Act). **1** For the purposes of section 5 (1) of the *Venereal Disease Act*, the notice which may be given by a medical health officer **to a person who is or may be infected with venereal disease or who has been or may have been exposed to infection** shall be in the form set out in Form A.	

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Diseases and Dead Bodies Regulation, Man. Reg. 338/88 R (made under The Public Health Act, consolidated up to Man. Reg. 62/2001). **3(1)** Within four days of becoming aware that a person is suffering from a disease listed in Schedule A, a **health professional or the operator of a laboratory** shall report the disease. **4(1)** Within four days of becoming aware that a person is suffering from one of the following diseases, **a health professional or the operator of a laboratory** shall report the disease if it is occurring in an outbreak or in large proportions in a community: (a) chickenpox; (b) influenza; (c) the communicable skin diseases of	**Diseases and Dead Bodies Regulation**, Man. Reg. 338/88 R (made under The Public Health Act, consolidated up to Man. Reg. 62/2001). **3(1) Within four days of becoming aware that a person is suffering** from a disease listed in Schedule A, a health professional or the operator of a laboratory shall report the disease. **3(2)** If a disease listed in Schedule A is identified by an asterisk (*), the report under subsection (1) must be made immediately by telephone or by another means of rapid communication acceptable to the director. **4(1) Within four days of becoming aware that a person is suffering** from one of the following diseases, a health professional or the operator of a laboratory shall report the disease if it is occurring in an outbreak or in large proportions in a community: (a) chickenpox; (b) influenza; (c) the communicable skin diseases of	**Diseases and Dead Bodies Regulation**, Man. Reg. 338/88 R (made under The Public Health Act, consolidated up to Man. Reg. 62/2001). **3(2)** If a disease listed in Schedule A is identified by an asterisk (*), the report under subsection (1) must be made immediately **by telephone or by another means of rapid communication** acceptable to the director.	**Diseases and Dead Bodies Regulation**, Man. Reg. 338/88 R (made under The Public Health Act, consolidated up to Man. Reg. 62/2001). **7** A report under section 3, 4 or 5 must be made on a form approved by the minister to (a) the **medical officer of health** for the health region in which the patient resides; or (b) **the director [of Communicable Disease Control],** if there is no medical officer of health in the region in which the patient resides.	**The Public Health Act**, C.C.S.M. c. P210 (consolidated up to S.M. 2002, c. 26). **38.1** No action for damages or other proceeding lies or may be brought personally against any person acting under the authority of, or engaged in the administration or enforcement of, this Act or the regulations (a) for anything done or omitted in good faith in the performance or exercise, or intended performance or exercise, of a duty or power under this Act or the regulations; or (b) for any neglect or default in the performance or exercise, or intended performance or exercise, in good faith of a duty or power under this Act or the regulations.

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impetigo, pediculosis, ringworm and scabies. **5** Within 24 hours of becoming aware that a person is suffering from a communicable disease that is not referred to in section 3 or 4, a **health professional or the operator of a laboratory** shall report the disease if: (a) the disease is occurring in an outbreak; (b) further cases are amenable to prevention; (c) the disease is common but presents with unusual clinical manifestations; or (d) the disease is potentially serious. **8** Each month, the **person in charge of a hospital** shall submit to the director, on a form approved by the minister, a report of patients who have been treated in the hospital for any communicable disease, including (a) the diseases listed in Schedule A; (b) the diseases referred to in sections 4 and 5; and (c) rheumatic fever and post streptococcal glomerulonephritis. **9(1) Every duly qualified medical practitioner** treating a patient **who dies** from a reportable disease shall forthwith report the death to the medical officer of health and the director on Form 5 of Schedule B.	impetigo, pediculosis, ringworm and scabies. **5 Within 24 hours of becoming aware that a person is suffering** from a communicable disease that is not referred to in section 3 or 4, a health professional or the operator of a laboratory shall report the disease if: (a) the disease is occurring in an outbreak; (b) further cases are amenable to prevention; (c) the disease is common but presents with unusual clinical manifestations; or (d) the disease is potentially serious. **8 Each month**, the person in charge of a hospital shall submit to the director, on a form approved by the minister, a report of patients who have been treated in the hospital for any communicable disease, including (a) the diseases listed in Schedule A; (b) the diseases referred to in sections 4 and 5; and (c) rheumatic fever and post streptococcal glomerulonephritis. **9(1)** Every duly qualified medical practitioner treating a patient who dies from a reportable disease shall **forthwith** report the death to the medical officer of health and the director on Form 5 of Schedule B.	**8** Each month, the person in charge of a hospital shall submit to the director, on a **form approved by the minister**, a report of patients who have been treated in the hospital for any communicable disease, including (a) the diseases listed in Schedule A; (b) the diseases referred to in sections 4 and 5; and (c) rheumatic fever and post streptococcal glomerulonephritis. **9(1)** Every duly qualified medical practitioner treating a patient who dies from a reportable disease shall forthwith report the death to the medical officer of health and the director on **Form 5 of Schedule B**.	**8** Each month, the person in charge of a hospital shall submit to **the director**, on a form approved by the minister, a report of patients who have been treated in the hospital for any communicable disease, including (a) the diseases listed in Schedule A; (b) the diseases referred to in sections 4 and 5; and (c) rheumatic fever and post streptococcal glomerulonephritis. **9(1)** Every duly qualified medical practitioner treating a patient who dies from a reportable disease shall forthwith report the death **to the medical officer of health and the director** on Form 5 of Schedule B.	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
9(2) Where a person suffering from a reportable disease dies in any hospital, **the superintendent or other person in charge of the hospital** shall forthwith report the death to the medical officer of health and the director on Form 5 of Schedule B. **10 Every person who, in performing a biopsy or autopsy**, discovers evidence of a reportable disease, shall report the nature of that evidence to the director, together with the name and address of the person on whom the autopsy was made, or from whom the tissue was taken, and the name and address of the duly qualified medical practitioner, if any, who is, or had been, attending the person on whom the autopsy was made or from whom the tissue was taken. **19(2)** A **medical officer of health** shall send to the director [of communicable disease control] by mail, within 24 hours after receipt thereof, (a) every report of a case of a reportable disease received by him or her from a duly qualified medical practitioner; and (b) full information respecting any other case of a reportable disease of which he or she may be aware. **43(1)** A **health professional** who**,** while attending a person, forms the	**9(2)** Where a person suffering from a reportable disease dies in any hospital, the superintendent or other person in charge of the hospital shall **forthwith** report the death to the medical officer of health and the director on Form 5 of Schedule B. **19(2)** A medical officer of health shall send to the director [of communicable disease control] by mail, **within 24 hours** after receipt thereof, (a) every report of a case of a reportable disease received by him or her from a duly qualified medical practitioner; and (b) full information respecting any other case of a reportable disease of which he or she may be aware. **43(1)** A health professional who, while attending a person, forms the opinion	**9(2**) Where a person suffering from a reportable disease dies in any hospital, the superintendent or other person in charge of the hospital shall forthwith report the death to the medical officer of health and the director on **Form 5 of Schedule B**. **10** Every person who, in performing a biopsy or autopsy, discovers evidence of a reportable disease, shall report the nature of that evidence to the director, together with the name and address of the person on whom the autopsy was made, or from whom the tissue was taken, and the name and address of the duly qualified medical practitioner, if any, who is, or had been, attending the person on whom the autopsy was made or from whom the tissue was taken. **43(2)** The report shall be in a form approved by the minister and shall	**9(2)** Where a person suffering from a reportable disease dies in any hospital, the superintendent or other person in charge of the hospital shall forthwith report the death **to the medical officer of health and the director** on Form 5 of Schedule B. **10** Every person who, in performing a biopsy or autopsy, discovers evidence of a reportable disease, shall report the nature of that evidence **to the director**, together with the name and address of the person on whom the autopsy was made, or from whom the tissue was taken, and the name and address of the duly qualified medical practitioner, if any, who is, or had been, attending the person on whom the autopsy was made or from whom the tissue was taken. **19(2)** A medical officer of health shall send to the **director [of communicable disease control**] by mail, within 24 hours after receipt thereof, (a) every report of a case of a reportable disease received by him or her from a duly qualified medical practitioner; and (b) full information respecting any other case of a reportable disease of which he or she may be aware. **43(1)** A health professional who, while attending a person, forms the opinion	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
opinion that the person has or may have a **sexually transmitted disease** shall (a) as soon as possible after forming the opinion, make a report to the director; and (b) where that person has been in contact with another person in circumstances from which it reasonably can be expected that the infected person has transmitted the disease to another person, or has been infected by another person, report the contact to the director.	that the person has or may have a sexually transmitted disease shall (a) **as soon as possible after forming the opinion**, make a report to the director; and (b) where that person has been in contact with another person in circumstances from which it reasonably can be expected that the infected person has transmitted the disease to another person, or has been infected by another person, report the contact to the director.	include full information, including details of the methods of examination carried out.	that the person has or may have a sexually transmitted disease shall (a) as soon as possible after forming the opinion, make a report to the director; and (b) where that person has been in contact with another person in circumstances from which it reasonably can be expected that the infected person has transmitted the disease to another person, or has been infected by another person, report the contact **to the director**.	

NEW BRUNSWICK

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
Public Health Act, S.N.B. 1998, c. P-22.4 (consolidated up to S.N.B. 2002, c. 23).	**Public Health Act**, S.N.B. 1998, c. P-22.4 (consolidated up to S.N.B. 2002, c. 23).	**Public Health Act**, S.N.B. 1998, c. P-22.4 (consolidated up to S.N.B. 2002, c. 23).	**Public Health Act**, S.N.B. 1998, c. P-22.4 (consolidated up to S.N.B. 2002, c. 23).	**Public Health Act**, S.N.B. 1998, c. P-22.4 (consolidated up to S.N.B. 2002, c. 23).
4 A **person who has reasonable grounds to believe that a health hazard exists** and who believes that the health hazard has not been reported to a medical officer of health or public health inspector shall notify a medical officer of health or public health inspector forthwith of the health hazard.	**4** A person who has reasonable grounds to believe that a health hazard exists and who believes that the health hazard has not been reported to a medical officer of health or public health inspector shall notify a medical officer of health or public health inspector **forthwith** of the health hazard.		**4** A person who has reasonable grounds to believe that a health hazard exists and who believes that the health hazard has not been reported to a medical officer of health or public health inspector shall notify **a medical officer of health or public health inspector** forthwith of the health hazard.	**52(1)** A person who violates or fails to comply with any provision of the regulations commits an offence.
27 Where **a medical practitioner, nurse practitioner or nurse, while providing professional services to a person who is not a patient in or an out-patient of a hospital facility or a resident of an institution**, has reasonable and probable grounds to believe that the person (a) has or may have a notifiable disease or is or may be infected with an agent of a communicable disease, (b) has or may be affected by an injury or risk factor prescribed by regulation, or (c) has suffered a reportable event prescribed by regulation, the medical practitioner, nurse		**27** Where a medical practitioner, nurse practitioner or nurse, while providing professional services to a person who is not a patient in or an out-patient of a hospital facility or a resident of an institution, has reasonable and probable grounds to believe that the person (a) has or may have a notifiable disease or is or may be infected with an agent of a communicable disease, (b) has or may be affected by an injury or risk factor prescribed by regulation, or (c) has suffered a reportable event prescribed by regulation, the medical practitioner, nurse practitioner or nurse shall report, **in**	**27** Where a medical practitioner, nurse practitioner or nurse, while providing professional services to a person who is not a patient in or an out-patient of a hospital facility or a resident of an institution, has reasonable and probable grounds to believe that the person (a) has or may have a notifiable disease or is or may be infected with an agent of a communicable disease, (b) has or may be affected by an injury or risk factor prescribed by regulation, or (c) has suffered a reportable event prescribed by regulation, the medical practitioner, nurse practitioner or nurse shall report, in	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
pratitioner or nurse shall report, in accordance with the regulations, to a medical officer of health or a person designated by the Minister. **28** Where **a person in charge of an institution has reasonable and probable grounds to believe that a person under his or her custody or control** (a) has or may have a notifiable disease or is or may be infected with an agent of a communicable disease, (b) is or may be affected by an injury or risk factor prescribed by regulation, or (c) has suffered a reportable event prescribed by regulation, the person shall report, in accordance with the regulations, to a medical officer of health or a person designated by the Minister. **29 The principal of a school or the operator of a day care centre who believes, on reasonable and probable grounds, that a pupil in the school or a child in the day care centre**, as the case may be, has or may have measles, meningitis, mumps, pertussis or rubella shall report, in accordance with the regulations, to a medical officer of health or a person designated by the Minister.		**accordance with the regulations**, to a medical officer of health or a person designated by the Minister. **28** Where a person in charge of an institution has reasonable and probable grounds to believe that a person under his or her custody or control (a) has or may have a notifiable disease or is or may be infected with an agent of a communicable disease, (b) is or may be affected by an injury or risk factor prescribed by regulation, or (c) has suffered a reportable event prescribed by regulation, the person shall report, **in accordance with the regulations**, to a medical officer of health or a person designated by the Minister.	accordance with the regulations, **to a medical officer of health or a person designated by the Minister**. **28** Where a person in charge of an institution has reasonable and probable grounds to believe that a person under his or her custody or control (a) has or may have a notifiable disease or is or may be infected with an agent of a communicable disease, (b) is or may be affected by an injury or risk factor prescribed by regulation, or (c) has suffered a reportable event prescribed by regulation, the person shall report, in accordance with the regulations, **to a medical officer of health or a person designated by the Minister**. **29** The principal of a school or the operator of a day care centre who believes, on reasonable and probable grounds, that a pupil in the school or a child in the day care centre, as the case may be, has or may have measles, meningitis, mumps, pertussis or rubella shall report, in accordance with the regulations, **to a medical officer of health or a person designated by the Minister**.	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
30 The chief executive officer, or a person designated by the chief executive officer, of a regional health authority shall report, in accordance with the regulations, to a medical officer of health or a person designated by the Minister if an entry in the records of a hospital facility operated by the regional health authority states that a person who is a patient in or an out-patient of the hospital facility (a) has or may have a notifiable disease or is or may be infected by an agent of a communicable disease, (b) has or may be affected by an injury or risk factor prescribed by regulation, or (c) has suffered a reportable event prescribed by regulation. **31** A **medical practitioner, nurse practitioner or nurse** who provides professional services to a person who has a sexually transmitted disease, tuberculosis or meningococcal meningitis or such other communicable disease as is prescribed by regulation shall, in accordance with the regulations, **report the person's contacts** to a medical officer of health or person designated by the Minister.		**30** The chief executive officer, or a person designated by the chief executive officer, of a regional health authority shall report, **in accordance with the regulations**, to a medical officer of health or a person designated by the Minister if an entry in the records of a hospital facility operated by the regional health authority states that a person who is a patient in or an out-patient of the hospital facility (a) has or may have a notifiable disease or is or may be infected by an agent of a communicable disease, (b) has or may be affected by an injury or risk factor prescribed by regulation, or (c) has suffered a reportable event prescribed by regulation.	**30** The chief executive officer, or a person designated by the chief executive officer, of a regional health authority shall report, in accordance with the regulations, **to a medical officer of health or a person designated by the Minister** if an entry in the records of a hospital facility operated by the regional health authority states that a person who is a patient in or an out-patient of the hospital facility (a) has or may have a notifiable disease or is or may be infected by an agent of a communicable disease, (b) has or may be affected by an injury or risk factor prescribed by regulation, or (c) has suffered a reportable event prescribed by regulation. **31** A **medical practitioner, nurse practitioner or nurse** who provides professional services to a person who has a sexually transmitted disease, tuberculosis or meningococcal meningitis or such other communicable disease as is prescribed by regulation shall, in accordance with the regulations, report the person's contacts to a **medical officer of health or person designated by the Minister.**	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
General, N.B. Reg. 1988-200 (made under the Health Act, consolidated up to N.B. Reg. 2004-59). **94(2)** Where a **medical practitioner, nurse, householder or other person** recognizes or suspects the presence of a notifiable disease listed in subsection (1), a notification shall be sent to the district medical health officer or the nearest public health inspector who shall immediately notify the district medical health officer. **95** Upon receipt of the notification referred to in subsection 94(3), the **district medical health officer** (a) if it is necessary to confirm the presence of a notifiable disease, shall cause the matter to be investigated and reported upon, (b) shall cause to be entered in a book, kept for this purpose, the occurrence of each notifiable disease, together with	**General**, N.B. Reg. 1988-200 (made under the Health Act, consolidated up to N.B. Reg. 2004-59). **94(2)** Where a medical practitioner, nurse, householder or other person **recognizes or suspects the presence of a notifiable disease** listed in subsection (1), a notification shall be sent to the district medical health officer or the nearest public health inspector who shall **immediately** notify the district medical health officer. **95 Upon receipt of the notification** referred to in subsection 94(3), the district medical health officer (a) if it is necessary to confirm the presence of a notifiable disease, shall cause the matter to be investigated and reported upon, (b) shall cause to be entered in a book, kept for this purpose, the occurrence of each notifiable disease, together with	**General**, N.B. Reg. 1988-200 (made under the Health Act, consolidated up to N.B. Reg. 2004-59). **94(2)** Where a medical practitioner, nurse, householder or other person recognizes or suspects the presence of a notifiable disease listed in subsection (1), a **notification** shall be sent to the district medical health officer or the nearest public health inspector who shall immediately notify the district medical health officer. **94(3)**The notification under subsection (2) shall be made **by a letter or card sent through the mail or by telegraph, telephone or direct personal communication and the information shall contain the name of the person infected or suspected to be infected, the place of residence and the name of the disease, if known.** **95** Upon receipt of the notification referred to in subsection 94(3), the district medical health officer (a) if it is necessary to **confirm** the presence of a notifiable disease, shall cause the matter to be investigated and reported upon, (b) shall cause to be **entered** in a book, kept for this purpose, the occurrence of each notifiable disease, together with	**General**, N.B. Reg. 1988-200 (made under the Health Act, consolidated up to N.B. Reg. 2004-59). **94(2)** Where a medical practitioner, nurse, householder or other person recognizes or suspects the presence of a notifiable disease listed in subsection (1), a notification shall be **sent to the district medical health officer or the nearest public health inspector** who shall immediately notify the **district medical health officer.**	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
the form provided for reporting the disease, (c) shall forward to the Director of Communicable Disease Control reports of notifiable diseases on the required form at stated intervals in accordance with the instructions on the form, and (d) shall immediately report unusual or epidemic forms of disease to the Director of Communicable Disease Control by telephone or telegraph, together with all pertinent details concerning the outbreak. **97(2)** Where a notifiable disease occurs in any **patient under medical care**, the attending **medical practitioner** shall report, on a form provided by the Minister, the occurrence of the disease within twenty-four hours after its onset to the district medical health officer.	the form provided for reporting the disease, (c) shall forward to the Director of Communicable Disease Control reports of notifiable diseases on the required form at stated intervals in accordance with the instructions on the form, and (d) shall **immediately** report unusual or epidemic forms of disease to the Director of Communicable Disease Control by telephone or telegraph, together with all pertinent details concerning the outbreak. **97(2)** Where a notifiable disease occurs **in any patient under medical care**, the attending medical practitioner shall report, on a form provided by the Minister, the occurrence of the disease **within twenty-four hours** after its onset to the district medical health officer.	the form provided for reporting the disease, (c) shall **forward** to the Director of Communicable Disease Control reports of notifiable diseases on the required form at stated intervals in accordance with the instructions on the form, and (d) shall immediately **report** unusual or epidemic forms of disease to the Director of Communicable Disease Control **by telephone or telegraph,** together with all pertinent details concerning the outbreak. **97(2)** Where a notifiable disease occurs in any patient under medical care, the attending medical practitioner shall report, **on a form provided by the Minister**, the occurrence of the disease within twenty-four hours after its onset to the district medical health officer.	**97(2)** Where a notifiable disease occurs in any patient under medical care, the attending medical practitioner shall report, on a form provided by the Minister, the occurrence of the disease within twenty-four hours after its onset to the **district medical health officer**.	
General, N.B. Reg. 1992-84 (made under the Hospital Act, consolidated up to N.B. Reg. 2003-49). **19(2)** Within twenty-four hours after the appearance of any signs and symptoms indicating that a patient has a notifiable disease as defined under section 94 of New Brunswick Regulation 88-200 under the *Health Act*, **the attending medical**	**General**, N.B. Reg. 1992-84 (made under the Hospital Act, consolidated up to N.B. Reg. 2003-49). **19(2) Within twenty-four hours after the appearance of any signs and symptoms indicating that a patient has a notifiable disease** as defined under section 94 of New Brunswick Regulation 88-200 under the *Health Act*, the attending medical practitioner	**General**, N.B. Reg. 1992-84 (made under the Hospital Act, consolidated up to N.B. Reg. 2003-49). **19(2)** Within twenty-four hours after the appearance of any signs and symptoms indicating that a patient has a notifiable disease as defined under section 94 of New Brunswick Regulation 88-200 under the *Health Act*, the attending medical practitioner	**General**, N.B. Reg. 1992-84 (made under the Hospital Act, consolidated up to N.B. Reg. 2003-49). **19(2)** Within twenty-four hours after the appearance of any signs and symptoms indicating that a patient has a notifiable disease as defined under section 94 of New Brunswick Regulation 88-200 under the *Health Act*, the attending medical practitioner, the attending oral	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
practitioner, the attending oral and maxillofacial surgeon, or a nurse or nurse practitioner who attends the patient if there is not an attending medical practitioner, or attending oral and maxillofacial surgeon, shall make a report on an approved form and send it to the district medical health officer.	*Act*, the attending medical practitioner, the attending oral and maxillofacial surgeon, or a nurse or nurse practitioner who attends the patient if there is not an attending medical practitioner, or attending oral and maxillofacial surgeon, shall make a report on an approved form and send it to the district medical health officer.	*Act*, the attending medical practitioner, the attending oral and maxillofacial surgeon, or a nurse or nurse practitioner who attends the patient if there is not an attending medical practitioner, the attending oral and maxillofacial surgeon, shall make a report **on an approved form** and send it to the district medical health officer.	medical practitioner, the attending oral and maxillofacial surgeon, or a nurse or nurse practitioner who attends the patient if there is not an attending medical practitioner, the attending oral and maxillofacial surgeon, shall make a report on an approved form and send it **to the district medical health officer**.	
Venereal Disease Act, R.S.N.B. 1973, c. V-2 (consolidated up to S.N.B. 2002, c. 1). **7(1) Every medical practitioner** who finds a person to be affected with venereal disease shall immediately post in a sealed envelope to the Director [of the Division of Venereal Disease Control] a report in the prescribed form, which report shall state the age, sex, race, conjugal condition, occupation, an identification number of the person affected, the nature and previous duration of the disease and the probable source of infection.	**Venereal Disease Act**, R.S.N.B. 1973, c. V-2 (consolidated up to S.N.B. 2002, c. 1). **7(1)** Every medical practitioner who finds a person to be affected with venereal disease shall **immediately** post in a sealed envelope to the Director [of the Division of Venereal Disease Control] a report in the prescribed form, which report shall state the age, sex, race, conjugal condition, occupation, an identification number of the person affected, the nature and previous duration of the disease and the probable source of infection. **9** Whenever a person is admitted as a patient of a regional health authority as defined in the *Regional Health Authorities Act* to be treated for venereal disease, the regional health	**Venereal Disease Act**, R.S.N.B. 1973, c. V-2 (consolidated up to S.N.B. 2002, c. 1). **7(1)** Every medical practitioner who finds a person to be affected with venereal disease shall immediately **post in a sealed envelope** to the Director [of the Division of Venereal Disease Control] a report in the prescribed form, which report shall state the age, sex, race, conjugal condition, occupation, an identification number of the person affected, the nature and previous duration of the disease and the probable source of infection.	**Venereal Disease Act**, R.S.N.B. 1973, c. V-2 (consolidated up to S.N.B. 2002, c. 1). **7(1)** Every medical practitioner who finds a person to be affected with venereal disease shall immediately post in a sealed envelope **to the Director [of the Division of Venereal Disease Control]** a report in the prescribed form, which report shall state the age, sex, race, conjugal condition, occupation, an identification number of the person affected, the nature and previous duration of the disease and the probable source of infection.	**Venereal Disease Act**, R.S.N.B. 1973, c. V-2 (consolidated up to S.N.B. 2002, c. 1). **20(1)** A person who violates or fails to comply with any provision of the regulations or subsection 7(1), 7(2), 8(1) or 8(2) or section 9 commits an offence punishable under Part II of the *Provincial Offences Procedure Act* as a category B offence.

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
10(1) When the **Director, or a medical health officer, or a Public Health Nurse** believes or has reason to believe that a person is affected with venereal disease, he may by notice in writing order such person to undergo medical examination by a medical practitioner, or by some particular medical practitioner to be named in the notice, and to procure from that medical practitioner, and produce to him within a time to be specified in the notice, a certificate of that medical practitioner declaring whether such person is or is not affected with venereal disease, and if so affected the form of the venereal disease.	authority shall **immediately** forward to the Director a report on the case in the prescribed form.	**10(1)** When the Director, or a medical health officer, or a Public Health Nurse believes or has reason to believe that a person is affected with venereal disease, he may **by notice in writing** order such person to undergo medical examination by a medical practitioner, or by some particular medical practitioner to be named in the notice, and to procure from that medical practitioner, and produce to him within a time to be specified in the notice, a certificate of that medical practitioner declaring whether such person is or is not affected with venereal disease, and if so affected the form of the venereal disease.		

NEWFOUNDLAND AND LABRADOR

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
Communicable Diseases Act, R.S.N. 1990, c. C-26 (consolidated up to N.L.R. 44/03).	**Communicable Diseases Act**, R.S.N. 1990, c. C-26 (consolidated up to N.L.R. 44/03).	**Communicable Diseases Act**, R.S.N. 1990, c. C-26 (consolidated up to N.L.R. 44/03).	**Communicable Diseases Act,** R.S.N. 1990, c. C-26 (consolidated up to N.L.R. 44/03).	**Communicable Diseases Act**, R.S.N. 1990, c. C-26 (consolidated up to N.L.R. 44/03).
3(1) When **a hotel-keeper, keeper of a boarding house or person in charge of similar premises where 2 or more people live**, knows or is informed by a physician, or has reason to believe, that a person in the hotel, boarding house or premises, has a communicable disease dangerous to the public health, he or she shall immediately give notice to the nearest health officer.	**3(1)** When a hotel-keeper, keeper of a boarding house or person in charge of similar premises where 2 or more people live, knows or is informed by a physician, or has reason to believe, that a person in the hotel, boarding house or premises, has a communicable disease dangerous to the public health, he or she shall **immediately** give notice to the nearest health officer.	**3(2)** The notice shall state the name of the person having or suspected of having the disease, the name of the disease, if known, the name of the hotel-keeper, keeper of a boarding house or person giving notice, and shall, by street number or otherwise, sufficiently designate the house or room in which the person is living.	**3(1)** When a hotel-keeper, keeper of a boarding house or person in charge of similar premises where 2 or more people live, knows or is informed by a physician, or has reason to believe, that a person in the hotel, boarding house or premises, has a communicable disease dangerous to the public health, he or she shall immediately **give notice to the nearest health officer**.	**34** In a case not otherwise specifically provided for in this Act, a person wilfully committing a breach of this Act shall be subject to a penalty not exceeding $100, or in default of payment, to imprisonment for a period not exceeding 30 days, or to both a fine and imprisonment.
4(1) When a **physician** knows, or has reason to believe, that a person is infected with a communicable disease he or she shall within 24 hours give notice to the deputy minister, or to the health officer in whose jurisdiction the person is, and to the hotel-keeper, keeper of a boarding house or tenant within whose house or rooms the person lives.	**4(1)** When a physician knows, or has reason to believe, that a person is infected with a communicable disease he or she shall **within 24 hours** give notice to the deputy minister, or to the health officer in whose jurisdiction the person is, and to the hotel-keeper, keeper of a boarding house or tenant within whose house or rooms the person lives.	**4(2)** The notice to the deputy minister or to the health officer shall, where possible, state the name of the disease, the name, age and sex of the person, and the name of the physician giving the notice, and shall by street and number or otherwise, sufficiently designate the house or room in which the person is living.	**4(1)** When a physician knows, or has reason to believe, that a person is infected with a communicable disease he or she shall within 24 hours **give notice to the deputy minister, or to the health officer in whose jurisdiction the person is**, and to the hotel-keeper, keeper of a boarding house or tenant within whose house or rooms the person lives.	
5(1) Where a **person, being the manager or recognized official head in charge of a hospital or residential institution, or a teacher or instructor of students in a school or college or**	**5(1)** Where a person, being the manager or recognized official head in charge of a hospital or residential institution, or a teacher or instructor of students in a school or college or other seminary of	**5(2)** The notice shall state the name of the person giving notice, the hospital or other institution in which the person is, or, in case the person at the time was attending a school, college or other	**5(1)** Where a person, being the manager or recognized official head in charge of a hospital or residential institution, or a teacher or instructor of students in a school or college or other seminary of	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
other seminary of learning knows or has reason to believe that a person in the hospital or institution, school, college or other seminary of learning has a communicable disease, that person shall immediately give notice to the deputy minister or to the health officer in whose district the hospital or other institution, school, college or seminary of learning is located. **9 A dairyperson or milk vendor supplying milk, cream or butter for use in a city, town or village** shall immediately report to the health officer a case of communicable disease in himself or herself, his or her family or employees. **19 The proprietor, manager or person in charge of a laundry** shall give immediate notice to the health officer of a case of communicable disease appearing on the premises.	learning knows or has reason to believe that a person in the hospital or institution, school, college or other seminary of learning has a communicable disease, that person shall **immediately** give notice to the deputy minister or to the health officer in whose district the hospital or other institution, school, college or seminary of learning is located. **9** A dairyperson or milk vendor supplying milk, cream or butter for use in a city, town or village shall **immediately** report to the health officer a case of communicable disease in himself or herself, his or her family or employees. **19** The proprietor, manager or person in charge of a laundry shall give **immediate** notice to the health officer of a case of communicable disease appearing on the premises.	seminary of learning, the name of the person, and, if not a resident there, the street and number or other information sufficient to designate the house or premises in which the person lives.	learning knows or has reason to believe that a person in the hospital or institution, school, college or other seminary of learning has a communicable disease, that person shall immediately **give notice to the deputy minister or to the health officer in whose district the hospital or other institution, school, college or seminary of learning is located**. **9** A dairyperson or milk vendor supplying milk, cream or butter for use in a city, town or village shall immediately **report to the health officer** a case of communicable disease in himself or herself, his or her family or employees. **19** The proprietor, manager or person in charge of a laundry shall give immediate **notice to the health officer** of a case of communicable disease appearing on the premises.	
Venereal Disease Prevention Act, R.S.N. 1990, c. V-2. **4(1)** It is the duty of (a) a **physician**; (b) a **superintendent or head of a hospital, sanatorium or laboratory**; and	**Venereal Disease Prevention Act**, R.S.N. 1990, c. V-2. **4(2)** The report in the prescribed form shall be completed and forwarded to the minister **within 24 hours after the 1st diagnosis, treatment or knowledge** by or of that physician, head or other	**Venereal Disease Prevention Act**, R.S.N. 1990, c. V-2. **4(2)** The report **in the prescribed form shall be completed and forwarded to the minister** within 24 hours after the 1st diagnosis, treatment or knowledge by or of that physician, head or other	**Venereal Disease Prevention Act**, R.S.N. 1990, c. V-2. **4(1)** It is the duty of (a) a physician; (b) a superintendent or head of a hospital, sanatorium or laboratory; and (c) a person in medical charge of a jail,	

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(c) a **person in medical charge of a jail, lock-up, reformatory, industrial farm, training school, school or college, industrial, female or other refuge, or other similar institution**, to report to the minister a case of venereal disease coming under his or her diagnosis, treatment, care or charge for the 1st time. **8(2)** Where an examination has not been made under this section a **physician in medical charge of a jail, lock-up, reformatory, industrial farm, training school, or industrial, female or other refuge** shall report to a medical health officer the name and place of confinement of a person under his or her charge whom he or she suspects or believes to be infected with venereal disease and the report shall be made within 24 hours after he or she suspects or believes that person to be so infected.	person. **8(2)** Where an examination has not been made under this section a physician in medical charge of a jail, lock-up, reformatory, industrial farm, training school, or industrial, female or other refuge shall report to a medical health officer the name and place of confinement of a person under his or her charge whom he or she suspects or believes to be infected with venereal disease and the report shall be made **within 24 hours after he or she suspects or believes that person to be so infected**.	person.	lock-up, reformatory, industrial farm, training school, school or college, industrial, female or other refuge, or other similar institution, **to report to the minister** a case of venereal disease coming under his or her diagnosis, treatment, care or charge for the 1st time. **8(2)** Where an examination has not been made under this section a physician in medical charge of a jail, lock-up, reformatory, industrial farm, training school, or industrial, female or other refuge **shall report to a medical health officer** the name and place of confinement of a person under his or her charge whom he or she suspects or believes to be infected with venereal disease and the report shall be made within 24 hours after he or she suspects or believes that person to be so infected. **8(3)** A copy or statement of every report made under this section shall be **forwarded to the minister**.	

NORTHWEST TERRITORIES & NUNAVUT

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Disease Registries Act, R.S.N.W.T. 1988 (Supp.), c. 7 (Northwest Territories: consolidated up to S.N.W.T. 2003, c. 21; Nunavut: consolidated up to S.N.W.T. 1998, c. 38). **3** A **health care professional who examines, diagnoses or treats a person in respect of a reportable disease** shall provide the Registrar, on a form approved by the Registrar, with (a) the name, address and profession of the health care professional who performed the examination, diagnosis or treatment; (b) the name, address, sex and age of the person who has the reportable disease; (c) a description of the condition of the person who has the reportable disease and the nature and state of the reportable disease in respect of that person; and (d) any other information that the Registrar considers necessary with respect to (i) the examination, diagnosis or treatment, and (ii) the person who has the reportable disease.		**Disease Registries Act**, R.S.N.W.T. 1988 (Supp.), c. 7 (Northwest Territories: consolidated up to S.N.W.T. 2003, c. 21; Nunavut: consolidated up to S.N.W.T. 1998, c. 38). **3** A health care professional who examines, diagnoses or treats a person in respect of a reportable disease shall provide the Registrar, **on a form approved by the Registrar**, with (a) the name, address and profession of the health care professional who performed the examination, diagnosis or treatment; (b) the name, address, sex and age of the person who has the reportable disease; (c) a description of the condition of the person who has the reportable disease and the nature and state of the reportable disease in respect of that person; and (d) any other information that the Registrar considers necessary with respect to (i) the examination, diagnosis or treatment, and (ii) the person who has the reportable disease.	**Disease Registries Act**, R.S.N.W.T. 1988 (Supp.), c. 7 (Northwest Territories: consolidated up to S.N.W.T. 2003, c. 21; Nunavut: consolidated up to S.N.W.T. 1998, c. 38). **3** A health care professional who examines, diagnoses or treats a person in respect of a reportable disease **shall provide the Registrar**, on a form approved by the Registrar, with (a) the name, address and profession of the health care professional who performed the examination, diagnosis or treatment; (b) the name, address, sex and age of the person who has the reportable disease; (c) a description of the condition of the person who has the reportable disease and the nature and state of the reportable disease in respect of that person; and (d) any other information that the Registrar considers necessary with respect to (i) the examination, diagnosis or treatment, and (ii) the person who has the reportable disease.	**Disease Registries Act**, R.S.N.W.T. 1988 (Supp.), c. 7 (Northwest Territories: consolidated up to S.N.W.T. 2003, c. 21; Nunavut: consolidated up to S.N.W.T. 1998, c. 38). **23** Every person who contravenes this Act is guilty of an offence and liable on summary conviction to a fine not exceeding $500 or to imprisonment for a term not exceeding 30 days or to both.

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Communicable Diseases Regulations, R.R.N.W.T. 1990, c. P-13 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg. 022-2004; Nunavut: consolidated up to Nu. Reg. 015-2003).	**Communicable Diseases Regulations**, R.R.N.W.T. 1990, c. P-13 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg. 022-2004; Nunavut: consolidated up to Nu. Reg. 015-2003).	**Communicable Diseases Regulations**, R.R.N.W.T. 1990, c. P-13 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg. 022-2004; Nunavut: consolidated up to Nu. Reg. 015-2003).	**Communicable Diseases Regulations**, R.R.N.W.T. 1990, c. P-13 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg. 022-2004; Nunavut: consolidated up to Nu. Reg. 015-2003).	
2 Every person who believes or has reason to believe that he or she is infected with a communicable disease (a) shall notify as soon as possible the nearest medical practitioner or nurse or the Chief Medical Health Officer; and (b) shall place himself or herself under the care of, undergo the treatment and follow the course of action prescribed by the medical practitioner, nurse or Chief Medical Health Officer.	**2** Every person who believes or has reason to believe that he or she is infected with a communicable disease (a) shall notify **as soon as possible** the nearest medical practitioner or nurse or the Chief Medical Health Officer; and (b) shall place himself or herself under the care of, undergo the treatment and follow the course of action prescribed by the medical practitioner, nurse or Chief Medical Health Officer.		**2** Every person who believes or has reason to believe that he or she is infected with a communicable disease (a) shall notify as soon as possible the **nearest medical practitioner or nurse or the Chief Medical Health Officer; and** (b) shall place himself or herself under the care of, undergo the treatment and follow the course of action prescribed by the medical practitioner, nurse or Chief Medical Health Officer.	
3 Every person who believes or has reason to believe or to suspect that another person is infected or has died from a communicable disease shall notify the Chief Medical Health Officer of this fact by the quickest means available and provide him or her with any further information that the Chief Medical Health Officer may require.	**3** Every person who believes or has reason to believe or to suspect that another person is infected or has died from a communicable disease shall notify the Chief Medical Health Officer of this fact **by the quickest means available** and provide him or her with any further information that the Chief Medical Health Officer may require.	**3** Every person who believes or has reason to believe or to suspect that another person is infected or has died from a communicable disease shall notify the Chief Medical Health Officer of this fact by the quickest means available and **provide him or her with any further information** that the Chief Medical Health Officer may require.	**3** Every person who believes or has reason to believe or to suspect that another person is infected or has died from a communicable disease **shall notify the Chief Medical Health Officer** of this fact by the quickest means available and provide him or her with any further information that the Chief Medical Health Officer may require.	

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4(1) Where a **medical practitioner or nurse has received a positive test result for one of his or her patients or a medical practitioner, nurse or dentist has reason to believe or suspect that one of his or her patients is infected with a communicable disease**, the medical practitioner, nurse or dentist shall[1] (a) in the case of a disease listed in Part I of Schedule A, (i) immediately notify the Chief Medical Health Officer by telephone, and (ii) within 24 hours, send a written report to the Chief Medical Health Officer in a form approved by the Chief Medical Health Officer; (b) in the case of a disease listed in Part II of Schedule A, within seven days send a written report to the Chief Medical Health Officer in a form approved by the Chief Medical Health Officer; (c) advise the patient to adopt the specific control measures for the communicable disease in question; (d) provide the patient with the necessary information to comply with	**4(1)** Where a medical practitioner or nurse has received a positive test result for one of his or her patients or a medical practitioner, nurse or dentist has reason to believe or suspect that one of his or her patients is infected with a communicable disease, the medical practitioner, nurse or dentist shall[1] (a) in the case of a disease listed in Part I of Schedule A, (i) **immediately** notify the Chief Medical Health Officer by telephone, and (ii) **within 24 hours**, send a written report to the Chief Medical Health Officer in a form approved by the Chief Medical Health Officer; (b) in the case of a disease listed in Part II of Schedule A, **within seven days** send a written report to the Chief Medical Health Officer in a form approved by the Chief Medical Health Officer; (c) advise the patient to adopt the specific control measures for the communicable disease in question; (d) provide the patient with the necessary information to comply with paragraph (c); and	**4(1)** Where a medical practitioner or nurse has received a positive test result for one of his or her patients or a medical practitioner, nurse or dentist has reason to believe or suspect that one of his or her patients is infected with a communicable disease, the medical practitioner, nurse or dentist shall[1] (a) in the case of a disease listed in Part I of Schedule A, (i) immediately notify the Chief Medical Health Officer by **telephone**, and (ii) within 24 hours, send a **written report** to the Chief Medical Health Officer in a form approved by the Chief Medical Health Officer; (b) in the case of a disease listed in Part II of Schedule A, within seven days send a written report to the Chief Medical Health Officer in a form approved by the Chief Medical Health Officer; (c) advise the patient to adopt the specific control measures for the communicable disease in question; (d) provide the patient with the necessary information to comply with paragraph (c); and	**4(1)** Where a medical practitioner or nurse has received a positive test result for one of his or her patients or a medical practitioner, nurse or dentist has reason to believe or suspect that one of his or her patients is infected with a communicable disease, the medical practitioner, nurse or dentist shall[1] (a) in the case of a disease listed in Part I of Schedule A, (i) immediately notify the **Chief Medical Health Officer** by telephone, and (ii) within 24 hours, send a written report **to the Chief Medical Health Officer in a form approved by the Chief Medical Health Officer**; (b) in the case of a disease listed in Part II of Schedule A, within seven days send a written report to the Chief Medical Health Officer in a form approved by the Chief Medical Health Officer; (c) advise the patient to adopt the specific control measures for the communicable disease in question; (d) provide the patient with the necessary information to comply with paragraph (c); and	

[1] Paragraphs 4(1)(a) and (b) : the Nunavut **Communicable Diseases Regulations** state, respectively, “in the case of a disease listed in Item I of Shedule A […]” and “in the case of a disease listed in Item II of Shedule A […]”.

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paragraph (c); and (e) within seven days of giving notice under paragraph (a) or (b), (i) in accordance with guidelines provided by the Chief Medical Health Officer, carry out contact tracing or surveillance of those aspects of the occurrence and spread of the communicable disease that are pertinent to the effective control of the disease, or (ii) request the Chief Medical Health Officer to carry out the contact tracing or surveillance. _____ **Camp Sanitation Regulations**, R.R.N.W.T. 1990, c. P-12 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg. 010-2004). **18** Where a person in a camp is suffering or is suspected of suffering from a communicable disease, **the person who operates the camp** shall (a) when possible, cause that person to be isolated immediately in a suitable building or enclosure and treated until removed to a hospital; (b) cause that person to be removed to a hospital as soon as possible; (c) immediately cause to be taken every precautionary measure to prevent the spread of the disease in the camp; and	(e) within seven days of giving notice under paragraph (a) or (b), (i) in accordance with guidelines provided by the Chief Medical Health Officer, carry out contact tracing or surveillance of those aspects of the occurrence and spread of the communicable disease that are pertinent to the effective control of the disease, or (ii) request the Chief Medical Health Officer to carry out the contact tracing or surveillance.	(e) within seven days of giving notice under paragraph (a) or (b), (i) in accordance with guidelines provided by the Chief Medical Health Officer, carry out contact tracing or surveillance of those aspects of the occurrence and spread of the communicable disease that are pertinent to the effective control of the disease, or (ii) request the Chief Medical Health Officer to carry out the contact tracing or surveillance.	(e) within seven days of giving notice under paragraph (a) or (b), (i) in accordance with guidelines provided by the Chief Medical Health Officer, carry out contact tracing or surveillance of those aspects of the occurrence and spread of the communicable disease that are pertinent to the effective control of the disease, or (ii) request the Chief Medical Health Officer to carry out the contact tracing or surveillance. _____ **Camp Sanitation Regulations**, R.R.N.W.T. 1990, c. P-12 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg. 010-2004). **18** Where a person in a camp is suffering or is suspected of suffering from a communicable disease, the person who operates the camp shall (a) when possible, cause that person to be isolated immediately in a suitable building or enclosure and treated until removed to a hospital; (b) cause that person to be removed to a hospital as soon as possible; (c) immediately cause to be taken every precautionary measure to prevent the spread of the disease in the camp; and	

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(d) notify a Health Officer of the occurrence and of the precautionary measures taken. _____ **Eating or Drinking Places Regulations**, R.R.N.W.T. 1990, c. P-14 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg. 011-2004; Nunavut: consolidated up to Nu. Reg. 094-95). **28 Every employee** who believes or suspects that he or she has a communicable disease or that such disease exists in his or her place of residence shall notify a Health Officer of his or her belief or suspicion without delay and shall refrain afterwards from handling or preparing food or drink until a Health Officer is satisfied that the employee is free from any communicable disease.	 _____ **Eating or Drinking Places Regulations**, R.R.N.W.T. 1990, c. P-14 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg. 011-2004; Nunavut: consolidated up to Nu. Reg. 094-95). **28** Every employee who believes or suspects that he or she has a communicable disease or that such disease exists in his or her place of residence shall notify a Health Officer of his or her belief or suspicion **without delay** and shall refrain afterwards from handling or preparing food or drink until a Health Officer is satisfied that the employee is free from any communicable disease.		(d) notify a Health Officer of the occurrence and of the precautionary measures taken. _____ **Eating or Drinking Places Regulations**, R.R.N.W.T. 1990, c. P-14 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg. 011-2004; Nunavut: consolidated up to Nu. Reg. 094-95). **28** Every employee who believes or suspects that he or she has a communicable disease or that such disease exists in his or her place of residence **shall notify a Health Officer** of his or her belief or suspicion without delay and shall refrain afterwards from handling or preparing food or drink until a Health Officer is satisfied that the employee is free from any communicable disease.	

NOVA SCOTIA

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
Health Act, R.S.N.S. 1989, c. 195 (consolidated up to S.N.S. 2001, c. 5). **64(1)** When a **householder or a physician or other person attending a person** knows or has reason to believe that the person is infected with a notifiable disease other than venereal disease, the householder, physician or person shall within twenty-four hours give notice thereof to the medical health officer of the district where the person lives. **64(1A)** Notwithstanding subsection (1), where the notifiable disease referred to in subsection (1) is HIV infection, the householder, physician or person shall, when giving notice to the medical health officer, follow the procedure prescribed by the regulations. **70(2)** Where a **teacher** has reason to believe that a pupil has or that there exists in the home of any pupil a communicable disease he shall notify the medical health officer and the board of health who shall inquire into the matter and the teacher shall not permit such pupils to attend school until the medical health officer or a duly	**Health Act**, R.S.N.S. 1989, c. 195 (consolidated up to S.N.S. 2001, c. 5). **64(1)** When a householder or a physician or other person attending a person knows or has reason to believe that the person is infected with a notifiable disease other than venereal disease, the householder, physician or person shall **within twenty-four hours** give notice thereof to the medical health officer of the district where the person lives.	**Health Act**, R.S.N.S. 1989, c. 195 (consolidated up to S.N.S. 2001, c. 5). **64(2)** A report under subsection (1) or (1A) shall be made in the first instance **by telephone**, if that is practical, and shall be followed **by a written report**.	**Health Act**, R.S.N.S. 1989, c. 195 (consolidated up to S.N.S. 2001, c. 5). **64(1)** When a householder or a physician or other person attending a person knows or has reason to believe that the person is infected with a notifiable disease other than venereal disease, the householder, physician or person shall within twenty-four hours give notice thereof **to the medical health officer of the district where the person lives**. **70(2)** Where a teacher has reason to believe that a pupil has or that there exists in the home of any pupil a communicable disease he shall notify **the medical health officer and the board of health** who shall inquire into the matter and the teacher shall not permit such pupils to attend school until the medical health officer or a duly	

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qualified medical practitioner certifies that they may attend without danger to the public health. **75(1) Every medical practitioner** shall report to the director of a health unit the name, address and occupation of every person residing within the area of the health unit who is suspected of having had or of having any form of **tuberculosis** whom such medical practitioner has seen professionally and shall furnish such particulars, reports and X-ray reports of the case as the director of the health unit from time to time requires. **75(2) Every radiologist** shall report to the director of the health unit the name and address of every person residing within the area of the health unit who is suspected of having had or of having any form of tuberculosis whom the radiologist has seen professionally or whose X-ray film or films the radiologist has interpreted, and shall furnish such particulars and reports of the case, including X-ray films, as may be required from time to time by the director of the health unit or by the director of tuberculosis control services of the Province. **75(4)** Upon receipt of a report under this Section, **the director of the health**	**75(3)** A report under subsection (1) or (2) shall be furnished **within ten days** after the medical practitioner or radiologist, as the case may be, has knowledge of the case.		qualified medical practitioner certifies that they may attend without danger to the public health **75(1)** Every medical practitioner shall **report to the director of a health unit** the name, address and occupation of every person residing within the area of the health unit who is suspected of having had or of having any form of tuberculosis whom such medical practitioner has seen professionally and shall furnish such particulars, reports and X-ray reports of the case as the director of the health unit from time to time requires. **75(2)** Every radiologist shall report to **the director of the health unit** the name and address of every person residing within the area of the health unit who is suspected of having had or of having any form of tuberculosis whom the radiologist has seen professionally or whose X-ray film or films the radiologist has interpreted, and shall furnish such particulars and reports of the case, including X-ray films, as may be required from time to time by the director of the health unit or by the director of tuberculosis control services of the Province. **75(4)** Upon receipt of a report under this Section, the director of the health	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
unit shall report the case to the board of health and to the medical health officer of the municipality. **92(1) Every medical practitioner and every superintendent or other responsible head of any hospital, laboratory, training school, college, public institution or place of detention** shall maintain a record of all persons suffering from **venereal disease** coming under his treatment or supervision and shall report to the Minister the name and address of every such person specifying the disease with which such person is infected and giving such other information as the Minister may from time to time require. **92(1A)** Notwithstanding subsection (1), where the person is HIV infected, the persons referred to in subsection (1) shall follow the procedure prescribed by the regulations when maintaining the record and reporting to the Minister pursuant to subsection (1). **Communicable Diseases Regulations**, N.S. Reg. 28/1957 (made under the Health Act, consolidated up to N.S. Reg. 79/2003).	**92(2)** The reports required by this Section shall be made on forms provided by the Minister for the purpose and shall be made **within two days** after the existence of such disease has been ascertained. **Communicable Diseases Regulations**, N.S. Reg. 28/1957 (made under the Health Act, consolidated up to N.S. Reg. 79/2003).	**92(2)** The reports required by this Section shall be made **on forms provided by the Minister for the purpose** and shall be made within two days after the existence of such disease has been ascertained. **Communicable Diseases Regulations**, N.S. Reg. 28/1957 (made under the Health Act, consolidated up to N.S. Reg. 79/2003).	unit shall report the case **to the board of health and to the medical health officer of the municipality**. **92(1)** Every medical practitioner and every superintendent or other responsible head of any hospital, laboratory, training school, college, public institution or place of detention shall maintain a record of all persons suffering from venereal disease coming under his treatment or supervision and shall report **to the Minister [of Health]** the name and address of every such person specifying the disease with which such person is infected and giving such other information as the Minister may from time to time require. **Communicable Diseases Regulations**, N.S. Reg. 28/1957 (made under the Health Act, consolidated up to N.S. Reg. 79/2003).	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
2 When **any physician or other person attending any patient** knows or has good reason to believe that such a patient is infected with any of the notifiable diseases other than tuberculosis, or venereal, such physician or other person shall forthwith within 24 hours give notice thereof to the Medical Health Officer and to the local Board of Health of the city, town or municipality in which such patient lives. This report shall be made by telephone if practicable, to be followed by a report in writing, and shall include the full name, age and address of the patient, together with the name of the disease. **3** When **any physician or other person attending any patient** knows or has good reason to believe that such patient is infected with **tuberculosis** of any form, such physician or other person shall forthwith within 48 hours give notice thereof to the Medical Health Officer and the local Board of Health of the city, town or municipality in which such patient lives. This report shall be made by telephone if practicable, to be followed by a report in writing and shall include the full name, age, address and occupation of the patient. **4** When **any physician or other person attending any patient** knows	**2** When any physician or other person attending any patient knows or has good reason to believe that such a patient is infected with any of the notifiable diseases other than tuberculosis, or venereal, such physician or other person shall **forthwith within 24 hours** give notice thereof to the Medical Health Officer and to the local Board of Health of the city, town or municipality in which such patient lives. This report shall be made by telephone if practicable, to be followed by a report in writing, and shall include the full name, age and address of the patient, together with the name of the disease. **3** When any physician or other person attending any patient knows or has good reason to believe that such patient is infected with tuberculosis of any form, such physician or other person shall **forthwith within 48 hours** give notice thereof to the Medical Health Officer and the local Board of Health of the city, town or municipality in which such patient lives. This report shall be made by telephone if practicable, to be followed by a report in writing and shall include the full name, age, address and occupation of the patient.	**2** When any physician or other person attending any patient knows or has good reason to believe that such a patient is infected with any of the notifiable diseases other than tuberculosis, or venereal, such physician or other person shall forthwith within 24 hours give notice thereof to the Medical Health Officer and to the local Board of Health of the city, town or municipality in which such patient lives. This report shall be made **by telephone if practicable, to be followed by a report in writing**, and shall include the full name, age and address of the patient, together with the name of the disease. **3** When any physician or other person attending any patient knows or has good reason to believe that such patient is infected with tuberculosis of any form, such physician or other person shall forthwith within 48 hours give notice thereof to the Medical Health Officer and the local Board of Health of the city, town or municipality in which such patient lives. This report shall be made **by telephone if practicable, to be followed by a report in writing** and shall include the full name, age, address and occupation of the patient.	**2** When any physician or other person attending any patient knows or has good reason to believe that such a patient is infected with any of the notifiable diseases other than tuberculosis, or venereal, such physician or other person shall forthwith within 24 hours give notice thereof **to the Medical Health Officer and to the local Board of Health of the city, town or municipality in which such patient lives**. This report shall be made by telephone if practicable, to be followed by a report in writing, and shall include the full name, age and address of the patient, together with the name of the disease. **3** When any physician or other person attending any patient knows or has good reason to believe that such patient is infected with tuberculosis of any form, such physician or other person shall forthwith within 48 hours give notice thereof **to the Medical Health Officer and the local Board of Health of the city, town or municipality in which such patient lives**. This report shall be made by telephone if practicable, to be followed by a report in writing and shall include the full name, age, address and occupation of the patient.	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
person attending any patient knows or has good reason to believe that such patient is infected with **venereal disease** (chancroid, syphilis, gonorrhoea) such physician or other person shall take action with regard to notifying these diseases [*sic*] as is provided for by the special regulations with regard to venereal disease issued by the Minister of Health. **6** When **any householder** knows or has reason to believe that any person within his family or household has any of the diseases classed as notifiable, he shall at once, within 24 hours, give notice thereof to the Medical Health Officer and to the local Board of Health of the city, town or municipality, in which he resides. **7** It shall be the duty of every **superintendent, foreman, or other person in charge of a labour camp or temporary quarters, or other camp** to report within 24 hours to the Medical Health Officer and the local Board of Health whenever such superintendent or person knows or has reason to believe that any person within such camp or temporary quarters has any of the diseases classed as notifiable by these regulations.	**6** When any householder knows or has reason to believe that any person within his family or household has any of the diseases classed as notifiable, he shall at once, **within 24 hours**, give notice thereof to the Medical Health Officer and to the local Board of Health of the city, town or municipality, in which he resides. **7** It shall be the duty of every superintendent, foreman, or other person in charge of a labour camp or temporary quarters, or other camp to report **within 24 hours** to the Medical Health Officer and the local Board of Health whenever such superintendent or person knows or has reason to believe that any person within such camp or temporary quarters has any of the diseases classed as notifiable by these regulations.		**6** When any householder knows or has reason to believe that any person within his family or household has any of the diseases classed as notifiable, he shall at once, within 24 hours, give notice thereof **to the Medical Health Officer and to the local Board of Health of the city, town or municipality, in which he resides**. **7** It shall be the duty of every superintendent, foreman, or other person in charge of a labour camp or temporary quarters, or other camp to report within 24 hours **to the Medical Health Officer and the local Board of Health** whenever such superintendent or person knows or has reason to believe that any person within such camp or temporary quarters has any of the diseases classed as notifiable by these regulations.	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
10 Every **Medical Health Officer** shall report to the Department of Health upon blanks furnished for the purpose by the department, and at such times and such manner as is provided for, all cases of notifiable disease, that have been reported to him or which may have occurred in his own practice. **31(2)** Should any boat or vessel, not coming under the jurisdiction of the Federal Department of Health, enter any port or place in the Province of Nova Scotia having on board any member or members of the crew, or any passenger or passengers, suffering from or suspected to be suffering from any communicable disease, the fact must be immediately reported **by the master or other person in charge of such boat or vessel** to the Medical Health Officer or the local Board of Health for the district, and no person suffering from or suspected to be suffering from such disease, shall be permitted to land, except under the direction of such Medical Health Officer or local Board of Health.	**10** Every Medical Health Officer shall report to the Department of Health upon blanks furnished for the purpose by the department, and **at such times** and such manner as is provided for, all cases of notifiable disease, that have been reported to him or which may have occurred in his own practice. **31(2)** Should any boat or vessel, not coming under the jurisdiction of the Federal Department of Health, enter any port or place in the Province of Nova Scotia having on board any member or members of the crew, or any passenger or passengers, suffering from or suspected to be suffering from any communicable disease, the fact must be **immediately** reported by the master or other person in charge of such boat or vessel to the Medical Health Officer or the local Board of Health for the district, and no person suffering from or suspected to be suffering from such disease, shall be permitted to land, except under the direction of such Medical Health Officer or local Board of Health.	**10** Every Medical Health Officer shall report to the Department of Health **upon blanks furnished for the purpose by the department**, and at such times and such manner as is provided for, all cases of notifiable disease, that have been reported to him or which may have occurred in his own practice.	**10** Every Medical Health Officer shall report to the **Department of Health** upon blanks furnished for the purpose by the department, and at such times and such manner as is provided for, all cases of notifiable disease, that have been reported to him or which may have occurred in his own practice. **31(2)** Should any boat or vessel, not coming under the jurisdiction of the Federal Department of Health, enter any port or place in the Province of Nova Scotia having on board any member or members of the crew, or any passenger or passengers, suffering from or suspected to be suffering from any communicable disease, the fact must be immediately reported by the master or other person in charge of such boat or vessel **to the Medical Health Officer or the local Board of Health for the district**, and no person suffering from or suspected to be suffering from such disease, shall be permitted to land, except under the direction of such Medical Health Officer or local Board of Health.	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
Tuberculosis Control Regulations, N.S. Reg. 45/1942 (made under the Health Act). **3(1) Every medical practitioner** shall report in writing to the Medical Health Officer on a form to be furnished for the purpose, the name, address and occupation of every person having tuberculosis whom such medical practitioner has visited professionally, together with such particulars of the case as may be required.	**Tuberculosis Control Regulations**, N.S. Reg. 45/1942 (made under the Health Act). **3(3)** The reports before mentioned shall be furnished **within two days after the presence of the disease has been determined**.	**Tuberculosis Control Regulations**, N.S. Reg. 45/1942 (made under the Health Act). **3(1)** Every medical practitioner shall report in writing to the Medical Health Officer **on a form to be furnished** for the purpose, the name, address and occupation of every person having tuberculosis whom such medical practitioner has visited professionally, together with such particulars of the case as may be required.	**Tuberculosis Control Regulations**, N.S. Reg. 45/1942 (made under the Health Act). **3(1)** Every medical practitioner shall report in writing **to the Medical Health Officer** on a form to be furnished for the purpose, the name, address and occupation of every person having tuberculosis whom such medical practitioner has visited professionally, together with such particulars of the case as may be required.	**Tuberculosis Control Regulations**, N.S. Reg. 45/1942 (made under the Health Act). **5** Any physician failing to report his cases of tuberculosis or deliberately making a false report shall be adjudged guilty of an infraction of these regulations. **24** Any person who violates any provision of the regulation shall, unless a penalty is otherwise provided, be liable to a penalty not exceeding twenty dollars, which penalty shall be recovered as instructed in the Health Act.

ONTARIO

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
Health Protection and Promotion Act, R.S.O. 1990, c. H.7 (consolidated up to S.O. 2004, c. 30). **25(1) A physician or a practitioner as defined in subsection (2)** who, while providing professional services to a **person who is not a patient in or an out-patient of a hospital**, forms the opinion that the person has or may have a reportable disease shall, as soon as possible after forming the opinion, report thereon to the medical officer of health of the health unit in which the professional services are provided. **25(2)** In subsection (1), "practitioner" means, (a) a member of the College of Chiropractors of Ontario, (b) a member of the Royal College of Dental Surgeons of Ontario, (c) a member of the College of Nurses of Ontario, (d) a member of the Ontario College of Pharmacists, (e) a member of the College of Optometrists of Ontario, or (f) a person registered as a drugless practitioner under the *Drugless Practitioners Act*.	**Health Protection and Promotion Act**, R.S.O. 1990, c. H.7 (consolidated up to S.O. 2004, c. 30). **25(1)** A physician or a practitioner as defined in subsection (2) who, while providing professional services to a person who is not a patient in or an out-patient of a hospital, forms the opinion that the person has or may have a reportable disease shall, **as soon as possible** after forming the opinion, report thereon to the medical officer of health of the health unit in which the professional services are provided.	**Reports**, R.R.O. 1990, Reg. 569 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 1/05). **1(1)** A report required under section 25, 26 or 27 of the Act shall, with respect to the person to whom the report relates, contain the following information: 1. Name and address in full. 2. Date of birth in full. 3. Sex. 4. Date of onset of symptoms. **1(2)** A person who makes a report under section 25 or 26 or subsection 27 (1) or (2) of the Act and gives the information set out in subsection (1) shall, upon the request of the medical officer of health, give to the medical officer of health such additional information respecting the reportable disease or communicable disease, as the case may be, as the medical officer of health considers necessary. **1(3)** Despite subsection (1), a report under section 25 or 26 of the Act with respect to leprosy shall be made in Form 3.	**Health Protection and Promotion Act**, R.S.O. 1990, c. H.7 (consolidated up to S.O. 2004, c. 30). **25(1)** A physician or a practitioner as defined in subsection (2) who, while providing professional services to a person who is not a patient in or an out-patient of a hospital, forms the opinion that the person has or may have a reportable disease shall, as soon as possible after forming the opinion, report thereon **to the medical officer of health of the health unit** in which the professional services are provided.	**Health Protection and Promotion Act**, R.S.O. 1990, c. H.7 (consolidated up to S.O. 2004, c. 30). **100(1)** Any person who fails to obey an order made under this Act is guilty of an offence. **100(2)** Any person who contravenes a requirement of Part IV to make a report in respect of a reportable disease, a communicable disease or a reportable event following the administration of an immunizing agent is guilty of an offence. **100(3)** Any person who contravenes section 16, 17, 18, 20, 39 or 40, subsection 41 (9), 42 (1), 72 (5), (7) or (8), 82 (13), (14), (15), (16) or (17), 83 (3) or 84 (2), clause 86 (3) (b), subsection 86.2 (3) or section 105 is guilty of an offence. **100(4)** Any person who contravenes a regulation is guilty of an offence.

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
Reports, R.R.O. 1990, Reg. 569 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 1/05). **5** A report under section 25 or 26 of the Act shall contain the following information in addition to the information required under subsection 1 (1): [For the list of required information, see Appendix 4 of this Compendium]. **26** A **physician** who, while providing professional services to a person, forms the opinion that the person is or may be infected with an agent of a communicable disease shall, as soon as possible after forming the opinion, report thereon to the medical officer of health of the health unit in which the professional services are provided. **Reports**, R.R.O. 1990, Reg. 569 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 1/05). **5** A report under section 25 or 26 of the Act shall contain the following information in addition to the information required under subsection 1 (1): [For the list of required information, see Appendix 4 of this Compendium].	**26** A physician who, while providing professional services to a person, forms the opinion that the person is or may be infected with an agent of a communicable disease shall, **as soon as possible** after forming the opinion, report thereon to the medical officer of health of the health unit in which the professional services are provided.	**Reports**, R.R.O. 1990, Reg. 569 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 1/05). **1(1)** A report required under section 25, 26 or 27 of the Act shall, with respect to the person to whom the report relates, contain the following information: 1. Name and address in full. 2. Date of birth in full. 3. Sex. 4. Date of onset of symptoms. **1(2)** A person who makes a report under section 25 or 26 or subsection 27 (1) or (2) of the Act and gives the information set out in subsection (1) shall, upon the request of the medical officer of health, give to the medical officer of health such additional	**26** A physician who, while providing professional services to a person, forms the opinion that the person is or may be infected with an agent of a communicable disease shall, as soon as possible after forming the opinion, report thereon **to the medical officer of health of the health unit** in which the professional services are provided.	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
		information respecting the reportable disease or communicable disease, as the case may be, as the medical officer of health considers necessary. **1(3)** Despite subsection (1), a report under section 25 or 26 of the Act with respect to leprosy shall be made in Form 3.		
27(1) The administrator of a hospital shall report to the medical officer of health of the health unit in which the hospital is located if an **entry in the records** of the hospital in respect of a patient in or an out-patient of the hospital states that the patient or out-patient has or may have a reportable disease or is or may be infected with an agent of a communicable disease. **27(2)** The **superintendent of an institution** shall report to the medical officer of health of the health unit in which the institution is located if an entry in the records of the institution in respect of a person lodged in the institution states that the person has or may have a reportable disease or is or may be infected with an agent of a communicable disease. **27(3)** The administrator or the superintendent shall report to the medical officer of health as soon as	**27(1)** The administrator of a hospital shall report to the medical officer of health of the health unit in which the hospital is located if an entry in the records of the hospital in respect of a patient in or an out-patient of the hospital states that the patient or out-patient has or may have a reportable disease or is or may be infected with an agent of a communicable disease. **27(2)** The superintendent of an institution shall report to the medical officer of health of the health unit in which the institution is located if an entry in the records of the institution in respect of a person lodged in the institution states that the person has or may have a reportable disease or is or may be infected with an agent of a communicable disease. **27(3)** The administrator or the superintendent shall report to the medical officer of health **as soon as**	**Reports**, R.R.O. 1990, Reg. 569 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 1/05). **1(1)** A report required under section 25, 26 or 27 of the Act shall, with respect to the person to whom the report relates, contain the following information: 1. Name and address in full. 2. Date of birth in full. 3. Sex. 4. Date of onset of symptoms.	**27(1)** The administrator of a hospital shall report **to the medical officer of health of the health unit** in which the hospital is located if an entry in the records of the hospital in respect of a patient in or an out-patient of the hospital states that the patient or out-patient has or may have a reportable disease or is or may be infected with an agent of a communicable disease. **27(2)** The superintendent of an institution shall report **to the medical officer of health of the health unit** in which the institution is located if an entry in the records of the institution in respect of a person lodged in the institution states that the person has or may have a reportable disease or is or may be infected with an agent of a communicable disease. **27(3)** The administrator or the superintendent shall report to the **medical officer of health** as soon as	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
possible after the entry is made in the records of the hospital or institution, as the case may be. **28 The principal of a school** who is of the opinion that a **pupil** in the school has or may have a communicable disease shall, as soon as possible after forming the opinion, report thereon to the medical officer of health of the health unit in which the school is located. **29(1)** The **operator of a laboratory** shall report to the medical officer of health of the health unit in which the laboratory is located each case of a **positive laboratory finding** in respect of a reportable disease, as soon as possible after the making of the finding. **29(2)** A report under this section shall state the laboratory findings and shall be made within the time prescribed by the regulations.	**possible** after the entry is made in the records of the hospital or institution, as the case may be. **28** The principal of a school who is of the opinion that a pupil in the school has or may have a communicable disease shall, **as soon as possible** after forming the opinion, report thereon to the medical officer of health of the health unit in which the school is located. **29(1)** The operator of a laboratory shall report to the medical officer of health of the health unit in which the laboratory is located each case of a positive laboratory finding in respect of a reportable disease, **as soon as possible** after the making of the finding. **29(2)** A report under this section shall state the laboratory findings and shall be made within the time prescribed by the regulations.	**Reports**, R.R.O. 1990, Reg. 569 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 1/05). **2** A report required under section 28 of the Act shall, with respect to the pupil to whom the report relates, contain the following information: 1. Name and address in full. 2. Date of birth in full. 3. Sex. 4. Name and address in full of the school that the pupil attends. **Reports**, R.R.O. 1990, Reg. 569 (made under the Health Protection and Promotion Act, consolidated up to O. Reg.1/05). **3** A report made under subsection 29 (1) of the Act shall, with respect to the person to whom the finding was made, be made within twenty-four hours of the making of the finding and shall contain the following information: 1. Name and address in full. 2. Date of birth in full. 3. Sex. 4. Date when the specimen was taken	possible after the entry is made in the records of the hospital or institution, as the case may be. **28** The principal of a school who is of the opinion that a pupil in the school has or may have a communicable disease shall, as soon as possible after forming the opinion, report thereon to the medical officer of health of the health unit in which the school is located. **29 (1)** The operator of a laboratory shall report **to the medical officer of health of the health unit** in which the laboratory is located each case of a positive laboratory finding in respect of a reportable disease, as soon as possible after the making of the finding. **29(2)** A report under this section shall state the laboratory findings and shall be made within the time prescribed by the regulations.	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
		that yielded the positive finding. 5. Name and address in full of the physician or dentist attending the person.		
30 A physician who signs a medical certificate of death in the form prescribed by the regulations under the *Vital Statistics Act* where the cause of death was a reportable disease or a reportable disease was a contributing cause of death shall, as soon as possible after signing the certificate, report thereon to the medical officer of health of the health unit in which the death occurred.	**30** A physician who signs a medical certificate of death in the form prescribed by the regulations under the *Vital Statistics Act* where the cause of death was a reportable disease or a reportable disease was a contributing cause of death shall, **as soon as possible** after signing the certificate, report thereon to the medical officer of health of the health unit in which the death occurred.	**Reports**, R.R.O. 1990, Reg. 569 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 1/05). **4** A report made under section 30 of the Act shall, with respect to the deceased, contain the following information: 1. Name and address in full. 2. Date of birth in full. 3. Date of death in full. 4. Name and address in full of the physician who attended the deceased.	**30** A physician who signs a medical certificate of death in the form prescribed by the regulations under the *Vital Statistics Act* where the cause of death was a reportable disease or a reportable disease was a contributing cause of death shall, as soon as possible after signing the certificate, report thereon **to the medical officer of health of the health unit** in which the death occurred.	
31(1) Every medical officer of health shall report to the Ministry in respect of reportable diseases and in respect of deaths from such diseases that occur in the health unit served by the medical officer of health.	**31(1)** Every medical officer of health shall report **to the Ministry** in respect of reportable diseases and in respect of deaths from such diseases that occur in the health unit served by the medical officer of health.		**31(1)** Every medical officer of health shall report **to the Ministry** in respect of reportable diseases and in respect of deaths from such diseases that occur in the health unit served by the medical officer of health.	
31(2) Every medical officer of health shall report to the Ministry within seven days after receiving a report concerning a reportable event under section 38 that occurs in the health unit served by the medical officer of health.	**31(2)** Every medical officer of health shall report to the Ministry **within seven days** after receiving a report concerning a reportable event under section 38 that occurs in the health unit served by the medical officer of health.		**31(2)** Every medical officer of health shall report to the Ministry within seven days after receiving a report concerning a reportable event under section 38 that occurs in the health unit served by the medical officer of health.	
_____			_____	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
Reports, R.R.O. 1990, Reg. 569 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 1/05). **6(1)** Where a **medical officer of health receives a report made under** section 25, 26, 27 or 28, subsection 29 (2) or section 30 of the Act, he or she shall immediately forward a copy of the report to the Public Health Division of the Ministry in a secure manner. **6(2)** Where a copy of a report referred to in subsection (1) concerns a person who has, (a) amebiasis; (b) chickenpox; (c) epidemic diarrhoea; (d) genital chlamydia trachomatis infections; (e) genital herpes; (f) gonorrhoea, other than gonorrhoea due to penicillinase producing strain of Neisseria gonorrhoeae; (g) giardiasis; (h) influenza; (i) measles; (j) mumps; (k) pertussis; or (l) rubella, the copy shall be forwarded with the name of the person deleted.			**Reports**, R.R.O. 1990, Reg. 569 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 1/05). **6(1)** Where a medical officer of health receives a report made under section 25, 26, 27 or 28, subsection 29 (2) or section 30 of the Act, he or she shall immediately forward a copy of the report to the **Public Health Division of the Ministry** in a secure manner. **6(2)** Where a copy of a report referred to in subsection (1) concerns a person who has, (a) amebiasis; (b) chickenpox; (c) epidemic diarrhoea; (d) genital chlamydia trachomatis infections; (e) genital herpes; (f) gonorrhoea, other than gonorrhoea due to penicillinase producing strain of Neisseria gonorrhoeae; (g) giardiasis; (h) influenza; (i) measles; (j) mumps; (k) pertussis; or (l) rubella, the copy shall be forwarded with the name of the person deleted.	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
Education Act, R.S.O. 1990, c. E.2 (consolidated up to S.O. 2004, c. 31). **265(1)** It is the duty of **a principal of a school, in addition to the principal's duties as a teacher,** […] (k) to report promptly to the board and to the medical officer of health when the principal has reason to suspect the existence of any communicable disease in the school, and of the unsanitary condition of any part of the school building or the school grounds; […]. **General**, R.R.O. 1990, Reg. 637 (made under the Homes for the Aged and Rest Homes Act, consolidated up to O. Reg. 413/04). **25.1(1)** The **municipality, municipalities or board maintaining and operating a home** shall report to the Director in full detail each of the following occurrences in the home: […] 4. A communicable disease outbreak. 5. A death resulting from an accident or an undetermined cause.	**Education Act**, R.S.O. 1990, c. E.2 (consolidated up to S.O. 2004, c. 31). **265(1)** It is the duty of a principal of a school, in addition to the principal's duties as a teacher, […] (k) to report **promptly** to the board and to the medical officer of health when the principal has reason to suspect the existence of any communicable disease in the school, and of the unsanitary condition of any part of the school building or the school grounds; […]. **General**, R.R.O. 1990, Reg. 637 (made under the Homes for the Aged and Rest Homes Act, consolidated up to O. Reg. 413/04). **25.1(1)** The municipality, municipalities or board maintaining and operating a home shall report to the Director in full detail each of the following occurrences in the home: […] 4. A communicable disease outbreak. 5. A death resulting from an accident or an undetermined cause.		**Education Act**, R.S.O. 1990, c. E.2 (consolidated up to S.O. 2004, c. 31). **265(1)** It is the duty of a principal of a school, in addition to the principal's duties as a teacher, […] (k) to report promptly **to the board and to the medical officer of health** when the principal has reason to suspect the existence of any communicable disease in the school, and of the unsanitary condition of any part of the school building or the school grounds; […]. **General**, R.R.O. 1990, Reg. 637 (made under the Homes for the Aged and Rest Homes Act, consolidated up to O. Reg. 413/04). **25.1(1)** The municipality, municipalities or board maintaining and operating a home shall report **to the Director** in full detail each of the following occurrences in the home: […] 4. A communicable disease outbreak. 5. A death resulting from an accident or an undetermined cause.	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
25(2) The municipality, municipalities or board shall make the report promptly after the occurrence in the form provided by the Minister. _____ **Laboratories**, R.R.O. 1990, Reg. 682 (made under the Laboratory and Specimen Collection Centre Licensing Act, consolidated up to O. Reg. 382/04). **9(1) The owner and the operator of a laboratory** shall ensure that the staff of the laboratory, […] (c) report all positive laboratory findings, (i) that indicate the presumptive presence of any communicable disease within the meaning of the *Health Protection and Promotion Act* to the medical officer of health in the area from which the specimen originated within twenty-four hours after the test is conducted, and (ii) in respect of a reportable disease within the meaning of the *Health Protection and Promotion Act* to the medical officer of health in the area in which the laboratory is located within twenty-four hours after the test is	**25(2)** The municipality, municipalities or board shall make the report **promptly after the occurrence** in the form provided by the Minister. _____ **Laboratories**, R.R.O. 1990, Reg. 682 (made under the Laboratory and Specimen Collection Centre Licensing Act, consolidated up to O. Reg. 382/04). **9(1)** The owner and the operator of a laboratory shall ensure that the staff of the laboratory, […] (c) report all positive laboratory findings, (i) that indicate the presumptive presence of any communicable disease within the meaning of the *Health Protection and Promotion Act* to the medical officer of health in the area from which the specimen originated **within twenty-four hours** after the test is conducted, and (ii) in respect of a reportable disease within the meaning of the *Health Protection and Promotion Act* to the medical officer of health in the area in which the laboratory is located **within twenty-four hours** after the test is		**25(2)** The municipality, municipalities or board shall make the report promptly after the occurrence in the form provided by the Minister. _____ **Laboratories**, R.R.O. 1990, Reg. 682 (made under the Laboratory and Specimen Collection Centre Licensing Act, consolidated up to O. Reg. 382/04). **9(1)** The owner and the operator of a laboratory shall ensure that the staff of the laboratory, […] (c) report all positive laboratory findings, (i) that indicate the presumptive presence of any communicable disease within the meaning of the *Health Protection and Promotion Act* to the **medical officer** of health in the area from which the specimen originated within twenty-four hours after the test is conducted, and (ii) in respect of a reportable disease within the meaning of the *Health Protection and Promotion Act* to the medical officer of health in the area in which the laboratory is located within twenty-four hours after the test is	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
conducted; […]. **General**, R.R.O. 1990, Reg. 744 (made under the Mental Hospitals Act, consolidated up to O. Reg. 382/04). **17** No employee found to be suffering from active **tuberculosis** shall be permitted to work in the institution and the **officer-in-charge** shall report the case within twenty-four hours to the medical officer of health of the municipality in which the employee resides and to the medical officer of health in the municipality in which he or she is employed. **18(1)** Where an employee shows evidence of tuberculosis, the **officer-in-charge** shall give to the Workers' Compensation Board and to the Ministry written notice thereof, including a complete report of the medical findings within seven days of the time of diagnosis. **18(2)** Every officer-in-charge shall keep a permanent record of all examinations and tests of every employee of the institution and, if requested, shall send a copy of any record, including the x-ray films, to the Workers' Compensation Board or to the Ministry.	conducted; […]. **General**, R.R.O. 1990, Reg. 744 (made under the Mental Hospitals Act, consolidated up to O. Reg. 382/04). **17** No employee found to be suffering from active tuberculosis shall be permitted to work in the institution and the officer-in-charge shall report the case **within twenty-four hours** to the medical officer of health of the municipality in which the employee resides and to the medical officer of health in the municipality in which he or she is employed. **18(1)** Where an employee shows evidence of tuberculosis, the officer-in-charge shall give to the Workers' Compensation Board and to the Ministry written notice thereof, including a complete report of the medical findings **within seven days of the time of diagnosis**.		conducted; […]. **General**, R.R.O. 1990, Reg. 744 (made under the Mental Hospitals Act, consolidated up to O. Reg. 382/04). **17** No employee found to be suffering from active tuberculosis shall be permitted to work in the institution and the officer-in-charge shall report the case within twenty-four hours to the medical officer of health of the municipality in which the employee resides and **to the medical officer of health in the municipality in which he or she is employed**. **18(1)** Where an employee shows evidence of tuberculosis, the officer-in-charge shall give to the **Workers' Compensation Board** and to the **Ministry** written notice thereof, including a complete report of the medical findings within seven days of the time of diagnosis.	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
18(3) The permanent record of all examinations and tests referred to in subsection (2) shall be kept by the officer-in-charge for three years after the employee ceases to be employed in the institution. **18(4)** Any officer of the Workers' Compensation Board who is authorized by its chair may inspect the medical records of an employee at any time.				
23 A medical practitioner who believes or suspects that a person admitted to an institution is suffering from tuberculosis shall notify the officer-in-charge forthwith.	**23** A medical practitioner who believes or suspects that a person admitted to an institution is suffering from tuberculosis shall notify the officer-in-charge forthwith.		**23** A medical practitioner who believes or suspects that a person admitted to an institution is suffering from tuberculosis shall notify the officer-in-charge forthwith.	
General, R.R.O. 1990, Reg. 937 (made under the Private Hospitals Act, consolidated up to O. Reg. 512/99).	**General**, R.R.O. 1990, Reg. 937 (made under the Private Hospitals Act, consolidated up to O. Reg. 512/99).		**General**, R.R.O. 1990, Reg. 937 (made under the Private Hospitals Act, consolidated up to O. Reg. 512/99).	
27 No employee found to be suffering from active **tuberculosis** shall be permitted to work in the hospital, and the **superintendent** shall report the case within twenty-four hours to the medical officer of health of the municipality in which the employee resides.	**27** No employee found to be suffering from active tuberculosis shall be permitted to work in the hospital, and the superintendent shall report the case **within twenty-four hours** to the medical officer of health of the municipality in which the employee resides.		**27** No employee found to be suffering from active tuberculosis shall be permitted to work in the hospital, and the superintendent shall report the case within twenty-four hours **to the medical officer of health of the municipality in which the employee resides**.	
28 Where any **legally qualified medical practitioner** believes or	**28** Where any legally qualified medical practitioner believes or suspects that		**28** Where any legally qualified medical practitioner believes or suspects that	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
suspects that any **person admitted to the hospital** is suffering from tuberculosis, he or she shall notify the superintendent forthwith. **33** Where an employee shows evidence of tuberculosis, the **superintendent** shall give written notice thereof and a complete report of the medical findings within seven days after the time of diagnosis to the Workers' Compensation Board.	any person admitted to the hospital is suffering from tuberculosis, he or she shall notify the superintendent **forthwith**. **33** Where an employee shows evidence of tuberculosis, the superintendent shall give written notice thereof and a complete report of the medical findings **within seven days** after the time of diagnosis to the Workers' Compensation Board.		any person admitted to the hospital is suffering from tuberculosis, he or she shall notify **the superintendent** forthwith. **33** Where an employee shows evidence of tuberculosis, the superintendent shall give written notice thereof and a complete report of the medical findings within seven days after the time of diagnosis to the Workers' Compensation Board.	
General, R.R.O. 1990, Reg. 832 (made under the Nursing Homes Act, consolidated up to O. Reg. 412/04). **96(1**) A **licensee of a nursing home** shall report to the Director in full detail each of the following occurrences in the home: […] 4. A communicable disease outbreak. 5. A death resulting from an accident or an undetermined cause. **96(2)** The licensee shall make the report promptly after the occurrence in the form provided by the Minister.	**General**, R.R.O. 1990, Reg. 832 (made under the Nursing Homes Act, consolidated up to O. Reg. 412/04). **96(1)** A licensee of a nursing home shall report to the Director in full detail each of the following occurrences in the home: […] 4. A communicable disease outbreak. 5. A death resulting from an accident or an undetermined cause. **96(2)** The licensee shall make the report **promptly** after the occurrence in the form provided by the Minister.	**General**, R.R.O. 1990, Reg. 832 (made under the Nursing Homes Act, consolidated up to O. Reg. 412/04). **96(1)** A licensee of a nursing home shall report to the Director in full detail each of the following occurrences in the home: […] 4. A communicable disease outbreak. 5. A death resulting from an accident or an undetermined cause. **96(2)** The licensee shall make the report promptly after the occurrence **in the form provided by the Minister**.	**General**, R.R.O. 1990, Reg. 832 (made under the Nursing Homes Act, consolidated up to O. Reg. 412/04). **96(1)** A licensee of a nursing home shall report to the **Director** in full detail each of the following occurrences in the home: […] 4. A communicable disease outbreak. 5. A death resulting from an accident or an undetermined cause. **96(2)** The licensee shall make the report promptly after the occurrence in the form provided by the Minister.	
Communicable Diseases - General, R.R.O. 1990, Reg. 557 (made under the Health Protection and Promotion Act,	**Communicable Diseases - General**, R.R.O. 1990, Reg. 557(made under the Health Protection and Promotion Act,	**Communicable Diseases - General**, R.R.O. 1990, Reg. 557(made under the Health Protection and Promotion Act,	**Communicable Diseases - General**, R.R.O. 1990, Reg. 557(made under the Health Protection and Promotion Act,	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
consolidated up to O. Reg. 471/91). **1** The following are requirements that shall be complied with in respect of communicable diseases of the eyes of a new-born child for the purposes of section 33 of the Act: […] 2. **Every physician, public health nurse or other health care professional person who attended at the birth** of the child and who is aware that an eye of the new-born child has become reddened, inflamed or swollen, within two weeks after birth of the child shall report in writing to the medical officer of health, i. the name, age and home address of the child, ii. where the child is located, if not at home, and iii. the conditions of the eye that have been observed.	consolidated up to O. Reg. 471/91).	consolidated up to O. Reg. 471/91). **1** The following are requirements that shall be complied with in respect of communicable diseases of the eyes of a new-born child for the purposes of section 33 of the Act: […] 2. Every physician, public health nurse or other health care professional person who attended at the birth of the child and who is aware that an eye of the new-born child has become reddened, inflamed or swollen, within two weeks after birth of the child shall report **in writing** to the medical officer of health, i. the name, age and home address of the child, ii. where the child is located, if not at home, and iii. the conditions of the eye that have been observed.	consolidated up to O. Reg. 471/91). **1** The following are requirements that shall be complied with in respect of communicable diseases of the eyes of a new-born child for the purposes of section 33 of the Act: […] 2. Every physician, public health nurse or other health care professional person who attended at the birth of the child and who is aware that an eye of the new-born child has become reddened, inflamed or swollen, within two weeks after birth of the child shall report in writing **to the medical officer of health**, i. the name, age and home address of the child, ii. where the child is located, if not at home, and iii. the conditions of the eye that have been observed.	
2(1) A **physician, veterinarian, police officer or any other person who has information concerning any animal bite or other animal contact that may result in rabies in persons** shall as soon as possible notify the medical officer of health and provide the medical officer of health with the information.	**2(1)** A physician, veterinarian, police officer or any other person who has information concerning any animal bite or other animal contact that may result in rabies in persons **shall as soon as possible** notify the medical officer of health and provide the medical officer of health with the information.	**2(1)** A physician, veterinarian, police officer or any other person who has information concerning any animal bite or other animal contact **that may result in rabies in persons** shall as soon as possible notify the medical officer of health and provide the medical officer of health with the information.	**2(1)** A physician, veterinarian, police officer or any other person who has information concerning any animal bite or other animal contact that may result in rabies in persons shall as soon as possible notify **the medical officer of health and provide the medical officer of health** with the information.	
2(2) The owner or the person having the care and custody of an animal,	**2(2)** The owner or the person having the care and custody of an animal,	**2(2) The owner or the person having the care and custody of an animal,**	**2(2)** The owner or the person having the care and custody of an animal,	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
(a) that has bitten or is suspected of having bitten a person; or (b) that is suspected by the medical officer of health of having rabies, shall provide the medical officer of health with such information and assistance with respect to the animal as the medical officer of health requires. **3(1)** A **medical officer of health** who receives information under section 2 and who finds any person has been exposed to a rabid or suspected rabid animal so as to require anti-rabies treatment shall provide information, including details of exposure and treatment, to the Manager of the Disease Control and Epidemiology Service of the Ministry. **3(7)** Where, after a laboratory examination, an animal is found to have been rabid or when there is clinical evidence of rabies**, the medical officer of health** shall so inform, (a) the owner or person who had been caring for the animal; and (b) every person known to have been in contact with the animal during the infective stage of the disease and the person's attending physician. **4(1)** A **director of a laboratory or veterinarian** who knows or suspects that a captive bird or birds or a poultry	(a) that has bitten or is suspected of having bitten a person; or (b) that is suspected by the medical officer of health of having rabies, shall provide the medical officer of health with such information and assistance with respect to the animal as the medical officer of health requires.	(a) that has bitten or is suspected of having bitten a person; or (b) that is suspected by the medical officer of health of having rabies, **shall provide the medical officer of health with such information and assistance with respect to the animal as the medical officer of health requires**.	(a) that has bitten or is suspected of having bitten a person; or (b) that is suspected by the medical officer of health of having rabies, shall provide the medical officer of health with such information and assistance with respect to the animal as the medical officer of health requires. **3(1)** A medical officer of health who receives information under section 2 and who finds any person has been exposed to a rabid or suspected rabid animal so as to require anti-rabies treatment shall provide information, including details of exposure and treatment, **to the Manager of the Disease Control and Epidemiology Service of the Ministry**. **3(7)** Where, after a laboratory examination, an animal is found to have been rabid or when there is clinical evidence of rabies, the medical officer of health shall so inform, (a) **the owner or person who had been caring for the animal**; and (b) **every person known to have been in contact with the animal during the infective stage of the disease and the person's attending physician.** **4(1)** A director of a laboratory or veterinarian who knows or suspects that a captive bird or birds or a poultry flock	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
flock is infected with the agent of psittacosis or ornithosis shall notify the medical officer of health. **5(1) An owner or person having the care and custody of a bird or birds or poultry flock** who is informed by the medical officer of health that the bird or birds or poultry flock is infected or suspected of being infected with the agent of psittacosis or ornithosis shall provide the medical officer of health with information regarding the sources of the bird or birds or poultry flock and any recent distribution of the bird or birds or poultry flock from the premises and shall identify persons who may have become ill as a result of exposure to the bird or birds or poultry flock. _____ **Ontario Schools for the Blind and the Deaf**, R.R.O. 1990, Reg. 296 (made under the Education Act, consolidated up to 323/04). **18** There shall be for each School a **Superintendent** who shall, […] (p) report promptly to the local medical officer of health and the Director any cases of infectious or contagious disease in the School; and […].	 _____ **Ontario Schools for the Blind and the Deaf**, R.R.O. 1990, Reg. 296 (made under the Education Act, consolidated up to 323/04). **18** There shall be for each School a Superintendent who shall, […] (p) report **promptly** to the local medical officer of health and the Director any cases of infectious or contagious disease in the School; and […].		is infected with the agent of psittacosis or ornithosis shall notify **the medical officer of health**. **5(1)** An owner or person having the care and custody of a bird or birds or poultry flock who is informed by the medical officer of health that the bird or birds or poultry flock is infected or suspected of being infected with the agent of psittacosis or ornithosis shall provide **the medical officer of health** with information regarding the sources of the bird or birds or poultry flock and any recent distribution of the bird or birds or poultry flock from the premises and shall identify persons who may have become ill as a result of exposure to the bird or birds or poultry flock. _____ **Ontario Schools for the Blind and the Deaf**, R.R.O. 1990, Reg. 296 (made under the Education Act, consolidated up to 323/04). **18** There shall be for each School a Superintendent who shall, […] (p) report promptly to the **local medical officer of health** and the **Director** any cases of infectious or contagious disease in the School; and […].	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
_____ **General**, R.R.O. 1990, Reg. 69 (made under the Charitable Institutions Act, consolidated up to O. Reg. 414/04). **31.1(1)** An approved corporation maintaining and operating an approved charitable home for the aged shall report to the Director in full detail each of the following occurrences in the home: […] 4. A communicable disease outbreak. 5. A death resulting from an accident or an undetermined cause. **31.1(2)** The approved corporation shall make the report promptly after the occurrence in the form provided by the Minister. _____ **Private Hospitals Act**, R.S.O. 1990, c. P-24 (consolidated up to S.O. 2002, c. 17). **32(1)** The superintendent of a private hospital shall be deemed to be the occupier of the house for the purpose of giving notice under the *Health Protection and Promotion Act* of any patient found or suspected to be	_____ **General**, R.R.O. 1990, Reg. 69 (made under the Charitable Institutions Act, consolidated up to O. Reg. 414/04). **31.1(1)** An approved corporation maintaining and operating an approved charitable home for the aged shall report to the Director in full detail each of the following occurrences in the home: […] 4. A communicable disease outbreak. 5. A death resulting from an accident or an undetermined cause. **31.1(2)** The approved corporation shall make the report **promptly** after the occurrence in the form provided by the Minister.	_____ **General**, R.R.O. 1990, Reg. 69 (made under the Charitable Institutions Act, consolidated up to O. Reg. 414/04). **31.1(1)** An approved corporation maintaining and operating an approved charitable home for the aged shall report **to the Director** in full detail each of the following occurrences in the home: […] 4. A communicable disease outbreak. 5. A death resulting from an accident or an undetermined cause. **31.1(2)** The approved corporation shall make the report promptly after the occurrence **in the form provided by the Minister**.	_____ **General**, R.R.O. 1990, Reg. 69 (made under the Charitable Institutions Act, consolidated up to O. Reg. 414/04). **31.1(1)** An approved corporation maintaining and operating an approved charitable home for the aged shall report **to the Director** in full detail each of the following occurrences in the home: […] 4. A communicable disease outbreak. 5. A death resulting from an accident or an undetermined cause. **31.1(2)** The approved corporation shall make the report promptly after the occurrence in the form provided by the Minister.	

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suffering from any communicable disease. **32(2)** The superintendent of a private hospital shall be deemed to be the occupier thereof for the purpose of giving notice or information under the *Vital Statistics Act* of the death of any person or of the birth of any child in the hospital. _____ **Camps in Unorganized Territory**, R.R.O. 1990, Reg. 554 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 601/91). **1** In this Regulation, […] "**camp**" means a camp in which buildings are used to accommodate five or more employees who are employed in mining work, lumbering work or any other labour work in territory without municipal organization; […]. **4** Every **operator** shall forthwith notify the medical officer of health or public health inspector of an **outbreak** or suspected outbreak of any communicable disease in a camp operated by the operator. _____	 _____ **Camps in Unorganized Territory**, R.R.O. 1990, Reg. 554 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 601/91). **1** In this Regulation, […] "**camp**" means a camp in which buildings are used to accommodate five or more employees who are employed in mining work, lumbering work or any other labour work in territory without municipal organization; […]. **4** Every operator shall **forthwith** notify the medical officer of health or public health inspector of an outbreak or suspected outbreak of any communicable disease in a camp operated by the operator. _____		 _____ **Camps in Unorganized Territory**, R.R.O. 1990, Reg. 554 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 601/91). **1** In this Regulation, […] "**camp**" means a camp in which buildings are used to accommodate five or more employees who are employed in mining work, lumbering work or any other labour work in territory without municipal organization; […]. **4** Every operator shall forthwith notify the **medical officer of health or public health inspector** of an outbreak or suspected outbreak of any communicable disease in a camp operated by the operator. _____	

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Hospital Management, R.R.O. 1990, Reg. 965 (made under the Public Hospitals Act, consolidated up to O. Reg. 332/04). **14(2)** An **attending physician, attending dentist, attending midwife or attending registered nurse in the extended class** who knows or suspects that his or her patient is suffering from an infectious disease or condition shall forthwith notify the administrator and either an infection control officer or an infection control nurse about the patient.	**Hospital Management**, R.R.O. 1990, Reg. 965 (made under the Public Hospitals Act, consolidated up to O. Reg. 332/04). **14(2)** An attending physician, attending dentist, attending midwife or attending registered nurse in the extended class who knows or suspects that his or her patient is suffering from an infectious disease or condition shall **forthwith** notify the administrator and either an infection control officer or an infection control nurse about the patient.		**Hospital Management**, R.R.O. 1990, Reg. 965 (made under the Public Hospitals Act, consolidated up to O. Reg. 332/04). **14(2)** An attending physician, attending dentist, attending midwife or attending registered nurse in the extended class who knows or suspects that his or her patient is suffering from an infectious disease or condition shall forthwith notify **the administrator and either an infection control officer or an infection control nurse about the patient**.	

PRINCE EDWARD ISLAND

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Public Health Act, R.S.P.E.I. 1988, c. P-30 (consolidated up to S.P.E.I. 2003, c. 15). **12(1)** Where a **health officer** knows of the existence in any dwelling of any communicable and notifiable disease which is dangerous to the public health in a school setting, he shall at once notify the principal of the school at which any member of the household is in attendance, and the principal shall prevent further attendance of persons affected until they no longer endanger the public health. **12(2)** Where a **teacher or principal of a school** has a reasonable and probable belief that any pupil has, or that there exists in the house of any pupil, a disease specified in subsection (1), he shall notify a health officer who shall inquire into the matter, and the principal shall prevent the attendance at school of pupils who have the disease in a communicable form. _____ **Notifiable and Communicable Diseases Regulations**, P.E.I. Reg. EC1985-330 (made under the Public	**Public Health Act**, R.S.P.E.I. 1988, c. P-30 (consolidated up to S.P.E.I. 2003, c. 15). **12(1)** Where a health officer knows of the existence in any dwelling of any communicable and notifiable disease which is dangerous to the public health in a school setting, he shall **at once** notify the principal of the school at which any member of the household is in attendance, and the principal shall prevent further attendance of persons affected until they no longer endanger the public health.	_____ **Notifiable and Communicable Diseases Regulations**, P.E.I. Reg. EC1985-330 (made under the Public	**Public Health Act**, R.S.P.E.I. 1988, c. P-30 (consolidated up to S.P.E.I. 2003, c. 15). **12(1)** Where a health officer knows of the existence in any dwelling of any communicable and notifiable disease which is dangerous to the public health in a school setting, he shall at once notify **the principal of the school** at which any member of the household is in attendance, and the principal shall prevent further attendance of persons affected until they no longer endanger the public health. **12(2)** Where a teacher or principal of a school has a reasonable and probable belief that any pupil has, or that there exists in the house of any pupil, a disease specified in subsection (1), he shall notify a health officer who shall inquire into the matter, and the principal shall prevent the attendance at school of pupils who have the disease in a communicable form. _____ **Notifiable and Communicable Diseases Regulations**, P.E.I. Reg. EC1985-330 (made under the Public	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
Health Act, consolidated up to P.E.I. Reg. EC2003-156). **6** A **physician** shall (a) report any occurrence of notifiable or other regulated disease which comes to his attention, in such manner as may be requested by the Chief Health Officer; […]. **7 All persons**, and in particular those holding responsible positions in public-contact settings such as schools, child-care facilities and health-care or residential institutions, who have knowledge of or reasonable grounds for suspecting an instance of or condition associated with a notifiable or regulated disease in such circumstances as to pose risk to the health or others, have an obligation to report the matter to a health officer and to provide such further information as may be requested. **9 Such person as the Chief Health Officer may direct** shall submit a monthly compilation of all reports of notifiable diseases, with such further information as may be required, to the Chief Health Officer or his delegate, and to the appropriate agencies of the Government of Canada for purposes of national disease surveillance.	**9** Such person as the Chief Health Officer may direct shall submit a **monthly compilation** of all reports of notifiable diseases, with such further information as may be required, to the Chief Health Officer or his delegate, and to the appropriate agencies of the Government of Canada for purposes of national disease surveillance.	Health Act, consolidated up to P.E.I. Reg. EC2003-156). **6** A physician shall (a) report any occurrence of notifiable or other regulated disease which comes to his attention, **in such manner as may be requested by the Chief Health Officer**; […]. **7** All persons, and in particular those holding responsible positions in public-contact settings such as schools, child-care facilities and health-care or residential institutions, who have knowledge of or reasonable grounds for suspecting an instance of or condition associated with a notifiable or regulated disease in such circumstances as to pose risk to the health or others, have an obligation to report the matter to a health officer and **to provide such further information as may be requested**. **9** Such person as the Chief Health Officer may direct shall submit a monthly compilation of all reports of notifiable diseases, **with such further information as may be required**, to the Chief Health Officer or his delegate, and to the appropriate agencies of the Government of Canada for purposes of national disease surveillance.	Health Act, consolidated up to P.E.I. Reg. EC2003-156). **7** All persons, and in particular those holding responsible positions in public-contact settings such as schools, child-care facilities and health-care or residential institutions, who have knowledge of or reasonable grounds for suspecting an instance of or condition associated with a notifiable or regulated disease in such circumstances as to pose risk to the health or others, have an obligation to report the matter to a **health officer** and to provide such further information as may be requested. **9** Such person as the Chief Health Officer may direct shall submit a monthly compilation of all reports of notifiable diseases, with such further information as may be required, **to the Chief Health Officer or his delegate, and to the appropriate agencies of the Government of Canada for purposes of national disease surveillance.**	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
12(1) A person holding a responsible position in a public-contact setting such as school, child-care facility, camp or residential institution, shall report any known or suspected case of **nuisance disease** in the facility to the Division of Nursing, Department of Health and Social Services. _____ **Eating Establishments and Licensed Premises Regulations**, P.E.I. Reg. EC1979-16 (made under the Public Health Act, consolidated up to P.E.I. Reg. EC2001-353). **27** Where **an operator knows or has a reason to suspect that an employee is suffering from a communicable disease in a communicable form**, the operator shall immediately notify the Chief Health Officer. _____ **School Act**, R.S.P.E.I. 1988, c. S-2.1 (consolidated up to S.P.E.I. 2000 (2nd), c. 3). **99** The **principal of a school** shall, subject to the Minister's directives and the policies of the school board […] (n) report notifiable, nuisance and regulated diseases to the Chief Health	 _____ **Eating Establishments and Licensed Premises Regulations**, P.E.I. Reg. EC1979-16 (made under the Public Health Act, consolidated up to P.E.I. Reg. EC2001-353). **27** Where an operator knows or has a reason to suspect that an employee is suffering from a communicable disease in a communicable form, the operator shall **immediately** notify the Chief Health Officer.		**12(1)** A person holding a responsible position in a public-contact setting such as school, child-care facility, camp or residential institution, shall report any known or suspected case of nuisance disease in the facility **to the Division of Nursing, Department of Health and Social Services.** _____ **Eating Establishments and Licensed Premises Regulations**, P.E.I. Reg. EC1979-16 (made under the Public Health Act, consolidated up to P.E.I. Reg. EC2001-353). **27** Where an operator knows or has a reason to suspect that an employee is suffering from a communicable disease in a communicable form, the operator shall immediately notify the **Chief Health Officer**. _____ **School Act**, R.S.P.E.I. 1988, c. S-2.1 (consolidated up to S.P.E.I. 2000 (2nd), c. 3). **99** The principal of a school shall, subject to the Minister's directives and the policies of the school board […] (n) report notifiable, nuisance and regulated diseases **to the Chief Health**	

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Officer; […]. **115(2)** A **principal** shall notify the office of the Chief Health Officer of the occurrence of a notifiable, nuisance or regulated disease, where required to do so by the *Public Health Ac*t.			**Officer**; […]. **115(2)** A principal shall notify **the office of the Chief Health Officer** of the occurrence of a notifiable, nuisance or regulated disease, where required to do so by the *Public Health Ac*t.	

QUÉBEC

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
Public Health Act, R.S.Q., c. S-2.2 (consolidated up to S.Q. 2002, c. 69). **82** The following persons are required to make the report in the cases provided for in the regulation of the Minister: 1) any **physician** who diagnoses an intoxication, infection or disease included in the list or who observes the presence of clinical manifestations characteristic of any of those intoxications, infections or diseases in a living or deceased person; 2) any **chief executive officer of a private or public laboratory or of a medical biology department**, where a laboratory analysis conducted in the laboratory or department under his or her authority shows the presence of any reportable intoxications, infections or diseases. **92 Government departments** and bodies and local municipalities must report to the appropriate public health director or to the national public health director any threats to the health of the population that come to their knowledge or any situations which cause them to believe on reasonable grounds that the		**Public Health Act**, R.S.Q., c. S-2.2 (consolidated up to S.Q. 2002, c. 69). **81** The report must indicate the name and address of the person affected and contain any other personal or non-personal information prescribed by regulation of the Minister. The report must be transmitted in the manner, in the form and within the time prescribed in the regulation.	**Public Health Act**, R.S.Q., c. S-2.2 (consolidated up to S.Q. 2002, c. 69).	**Public Health Act**, R.S.Q., c. S-2.2 (consolidated up to S.Q. 2002, c. 69). **138** The following persons are guilty of an offence and are liable to **a fine of $600 to $1,200**: […] 2) any physician or chief executive officer of a public or private laboratory or medical biology department who fails to make a report required under section 82 [reportable intoxications, infections and diseases]; 3) any physician who fails to give a notice required under section 86 [reporting of the refusal of a person to be examined or to submit to the appropriate treatment]; 4) any health professional who fails to give a notice required under section 90 [reporting of the refusal of a person to comply with the prophylactic measures]. **141(1)** Any person who assists or who incites, advises, encourages, allows, authorizes or orders another person to commit an offence under this Act is guilty of an offence. **141(2)** A person convicted of an offence under this section is liable to the same

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
health of the population is threatened. **93(1)** Any **physician** who suspects the presence of a threat to the health of the population must notify the appropriate public health director. **93(2) Health and social services institutions** must report to the appropriate public health director any situation where they believe on reasonable grounds that there exists a threat to the health of the persons who are present in their facilities. **94** The **directors of institutions or establishments constituting work environments or living environments**, such as a business establishment, an educational institution, a childcare centre and other childcare facilities, a house of detention and transition **housing** may report to the appropriate public health director any situation which they have cause to believe constitutes a threat to the health of the persons who are present in those places. A health professional practising in such an institution or establishment may also report such a situation to the public health director. **95(2)** The provisions of this chapter			**93(1)** Any physician who suspects the presence of a threat to the health of the population must notify the **appropriate public health director**. **93(2)** Health and social services institutions must report to the **appropriate public health director** any situation where they believe on reasonable grounds that there exists a threat to the health of the persons who are present in their facilities. **94** The directors of institutions or establishments constituting work environments or living environments, such as a business establishment, an educational institution, a childcare centre and other childcare facilities, a house of detention and transition housing may report to the **appropriate public health director** any situation which they have cause to believe constitutes a threat to the health of the persons who are present in those places. A health professional practising in such an institution or establishment may also report such a situation to the public health director.	penalty as that provided for the offence the person assisted or incited another person to commit.

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shall not be construed as authorizing a government department, a body, a local municipality, a health and social services institution, a physician, the director of an institution or establishment or a health professional to report a threat to the health of the population arising from a sexually transmitted biological agent. _____ **An Act respecting Health services and social services**, R.S.Q., c. S-4.2 (consolidated up to S.Q. 2003, c. 29). **375** The **director** must, without delay, inform Québec's national public health director of any emergency or of any situation posing a threat to the health of the population.	_____ **An Act respecting Health services and social services**, R.S.Q., c. S-4.2 (consolidated up to S.Q. 2003, c. 29). **375** The director must, **without delay**, inform Québec's national public health director of any emergency or of any situation posing a threat to the health of the population.		_____ **An Act respecting Health services and social services**, R.S.Q., c. S-4.2 (consolidated up to S.Q. 2003, c. 29). **375** The director must, without delay, inform **Québec's national public health director** of any emergency or of any situation posing a threat to the health of the population.	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
Minister's Regulation under the Public Health Act, R.Q., c. S-2.2, r.2 (consolidated up to M.O. 2003-011). **1(1)** The following diseases must be reported immediately, by telephone, by any **physician and any chief executive officer of a laboratory or of a department of medical biology** to the national public health director and the public health director in the territory: […][see Appendix 2 for the **list of diseases**]. **1(2)** A written report must also be transmitted to those authorities within 48 hours by the person making the report.	**Minister's Regulation under the Public Health Act,** R.Q., c. S-2.2, r.2 (consolidated up to M.O. 2003-011). **1(1)** The following diseases must be reported **immediately**, by telephone, by any physician and any chief executive officer of a laboratory or of a department of medical biology to the national public health director and the public health director in the territory: […][see Appendix 2 for the list of diseases]. **1(2)** A written report must also be transmitted to those authorities **within 48 hours** by the person making the report.	**Minister's Regulation under the Public Health Act,** R.Q., c. S-2.2, r.2 (consolidated up to M.O. 2003-011). **1(1)** The following diseases must be reported immediately, **by telephone,** by any physician and any chief executive officer of a laboratory or of a department of medical biology to the national public health director and the public health director in the territory: […][see Appendix 2 for the list of diseases]. **1(2)** A **written report** must also be transmitted to those authorities within 48 hours by the person making the report.	**Minister's Regulation under the Public Health Act,** R.Q., c. S-2.2, .r.2 (consolidated up to M.O. 2003-011). **1(1)** The following diseases must be reported immediately, by telephone, by any physician and any chief executive officer of a laboratory or of a department of medical biology **to the national public health director and the public health director in the territory:** […][see Appendix 2 for the list of diseases]. **1(2)** A written report must also be transmitted to **those authorities** within 48 hours by the person making the report.	
2 The following **infections** and **diseases** must be reported by **any physician and**	**2** The following infections and diseases must be reported by any physician and	**2** The following infections and diseases must be reported by any physician and	**8** Subject to the reports that must be made to the national public health director, the laboratories of the Institut national de santé publique du Québec and of the Institut de recherche Robert-Sauvé en santé et en sécurité du travail must, despite the provisions of sections 1, 2 and 5, send their reports to **the public health director in the territory of the place of residence of the person from whom the sample was taken.** **2** The following infections and diseases must be reported by any physician and	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
any chief executive officer of a laboratory or of a department of medical biology to the public health director in the territory, by means of a written report transmitted within 48 hours: […][see Appendix 2 for the list of diseases].	any chief executive officer of a laboratory or of a department of medical biology to the public health director in the territory, by means of a written report transmitted **within 48 hours**: […][see Appendix 2 for the list of diseases].	any chief executive officer of a laboratory or of a department of medical biology to the public health director in the territory, **by means of a written report** transmitted within 48 hours: […][see Appendix 2 for the list of diseases].	any chief executive officer of a laboratory or of a department of medical biology **to the public health director in the territory**, by means of a written report transmitted within 48 hours: […][see Appendix 2 for the list of diseases]. **8** Subject to the reports that must be made to the national public health director, the laboratories of the Institut national de santé publique du Québec and of the Institut de recherche Robert-Sauvé en santé et en sécurité du travail must, despite the provisions of sections 1, 2 and 5, send their reports to **the public health director in the territory of the place of residence of the person from whom the sample was taken.**	
3 The following **intoxications, infections and diseases** must be reported by **any physician** to the public health director in the territory, by means of a written report transmitted within 48 hours: […][see Appendix 2 for the list of diseases]. **4(1) Any physician** who diagnoses a **human immunodeficiency virus infection** or an **acquired immunodeficiency syndrome** in a person who has received blood, blood products, organs or tissues must report the diagnosis to the health director in	**3** The following intoxications, infections and diseases must be reported by any physician to the public health director in the territory, by means of a written report transmitted **within 48 hours**: […][see Appendix 2 for the list of diseases]. **4(1)** Any physician who diagnoses a human immunodeficiency virus infection or an acquired immunodeficiency syndrome in a person who has received blood, blood products, organs or tissues must report the diagnosis to the health director in	**3** The following intoxications, infections and diseases must be reported by any physician to the public health director in the territory, by means of a **written report** transmitted within 48 hours: […][see Appendix 2 for the list of diseases]. **4(1)** Any physician who diagnoses a human immunodeficiency virus infection or an acquired immunodeficiency syndrome in a person who has received blood, blood products, organs or tissues must **report** the diagnosis to the health director in	**3** The following intoxications, infections and diseases must be reported by any physician **to the public health director in the territory**, by means of a written report transmitted within 48 hours: […][see Appendix 2 for the list of diseases]. **4(1)** Any physician who diagnoses a human immunodeficiency virus infection or an acquired immunodeficiency syndrome in a person who has received blood, blood products, organs or tissues must report the diagnosis **to the health director in**	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
the territory, by means of a written report transmitted within 48 hours. **4(2)** The same applies when such a diagnosis is made in respect of a person who has previously donated blood, organs or tissues. **5(1)** The following **intoxications, infections and diseases** must be reported by **any chief executive officer of a laboratory or of a medical biology department** to the public health director in the territory, by means of a written report transmitted within 48 hours: […][see Appendix 2 for the list of diseases]. **6(1)** A **physician** who makes a **report** under this Chapter must provide the following information: […].	the territory, by means of a written report transmitted **within 48 hours**. **4(2)** The same applies when such a diagnosis is made in respect of a person who has previously donated blood, organs or tissues. **5(1)** The following intoxications, infections and diseases must be reported by any chief executive officer of a laboratory or of a medical biology department to the public health director in the territory, by means of a written report transmitted **within 48 hours**: […][see Appendix 2 for the list of diseases].	the territory, by means of **a written report** transmitted within 48 hours. **4(2)** The same applies when such a diagnosis is made in respect of a person who has previously donated blood, organs or tissues. **5(1)** The following intoxications, infections and diseases must be reported by any chief executive officer of a laboratory or of a medical biology department to the public health director in the territory, by means of a **written report** transmitted within 48 hours: […][see Appendix 2 for the list of diseases]. **6(1)** A physician who makes a **report** under this Chapter must provide the following information: 1) **name of the intoxication, infection or disease** being reported ;	**the territory**, by means of a written report transmitted within 48 hours. **4(2)** The same applies when such a diagnosis is made in respect of a person who has previously donated blood, organs or tissues. **5(1)** The following intoxications, infections and diseases must be reported by any chief executive officer of a laboratory or of a medical biology department **to the public health director in the territory**, by means of a written report transmitted within 48 hours: […][see Appendix 2 for the list of diseases]. **8** Subject to the reports that must be made to the national public health director, the laboratories of the Institut national de santé publique du Québec and of the Institut de recherche Robert-Sauvé en santé et en sécurité du travail must, despite the provisions of sections 1, 2 and 5, send their reports to **the public health director in the territory of the place of residence of the person from whom the sample was taken.** **8** Subject to the reports that must be made to the **national public health director**, **the laboratories of the Institut national de santé publique du Québec and of the Institut de recherche Robert-Sauvé en santé et**	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
		2) **name, sex, occupation, date of birth, address with postal code, telephone number and health insurance number of the person affected**; 3) **date of the onset of the disease**; 4) where samples have been taken for laboratory analysis, **the date on which the samples were taken and the name of the laboratories that will analyse them**; 5) **his or her name and professional permit number, and telephone number where he or she can be reached**; 6) in the case of a report of viral hepatitis, babesiosis, brucellosis, Q fever, viral haemorrhagic fever, Creutzfeldt-Jakob disease and its variants, Chagas disease, Lyme disease, Plasmodium infection, rabies, syphillis, tuberculosis, West Nile virus infection, arthropod-borne viral encephalitis or of a report made pursuant to section 4**, all information pertaining to blood, organ or tissue donations made by the person affected and all information pertaining to blood, blood products, organs and tissues received by the person affected**; 7) in the case of a report of syphilis, if it **is primary, secondary, latent of less than or more than one year, congenital, tertiary, or any other form.**	**recherche Robert-Sauvé en santé et en sécurité du travail** must, despite the provisions of sections 1, 2 and 5, send their reports to the public health director in the territory of the place of residence of the person from whom the sample was taken.	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
7(1) A chief executive officer of a laboratory or of a department of medical biology who makes **a report** pursuant to this Chapter must provide the following information: […].		**6(2) The written reports must be dated and signed by the physician.** **7(1)** A chief executive officer of a laboratory or of a department of medical biology who makes a **report** pursuant to this Chapter must provide the following information: 1) **name of the intoxication, infection or disease for which he or she has reported a positive analysis result;** 2) **type of sample, including the site where it was taken, the date on which it was taken, the analyses performed and the results obtained;** 3) **name and permit number of the health professional who requested the analyses;** 4) name, sex, date of birth, address with postal code, telephone number and health insurance number of the person from whom the sample was taken; 5) name of the laboratory or of the department of medical biology, its address, as well as the name of the person signing the report and the telephone numbers at which that person can be reached. **7(2) Written reports must be dated and signed by the chief executive officer or by the person duly authorized to sign such reports** in accordance with the internal	**8** Subject to the reports that must be made to the **national public health director, the laboratories of the Institut national de santé publique du Québec and of the Institut de recherche Robert-Sauvé en santé et en sécurité du travail** must, despite the provisions of sections 1, 2 and 5, send their reports to the public health director in the territory of the place of residence of the person from whom the sample was taken.	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
		management rules of the laboratory or of the department.		

SASKATCHEWAN

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
The Public Health Act, **1994**, S.S. 1994, c. P-37.1 (consolidated up to S.S. 2004, c. 51). **32(1)** The following persons shall report to a medical health officer any cases of **category I communicable diseases** in the circumstances set out in this section: (a) **a physician or nurse** who, while providing professional services to a person, forms the opinion that the person is infected with or is a carrier of a category I communicable disease; (b) the **manager of a medical laboratory** if the existence of a category I communicable disease is found or confirmed by examination of specimens submitted to the medical laboratory; (c) a **teacher or principal of a school** who becomes aware that a pupil is infected with or is a carrier of a category I communicable disease; (d) a **person who operates or manages an establishment in which food is prepared or packaged** for the purposes of sale, or is sold or offered for sale, for human consumption and who determines or suspects that a person in the establishment is infected with, or is a carrier of, a category I communicable	**The Public Health Act, 1994**, S.S. 1994, c. P-37.1 (consolidated up to S.S. 2004, c. 51). **32(2)** A report pursuant to subsection (1) is to be made: (a) in the case of a physician or nurse, **as soon as is practicable**, and in any event **not later than 48 hours after** the opinion is formed; (b) in the case of a manager of a medical laboratory, **not later than 48 hours** after confirmation of the results; (c) in the case of a teacher or principal, **as soon as is practicable**, and in any event **not later than 48 hours** after the teacher or principal becomes aware; and (d) in the case of a person who operates or manages an establishment described in clause (1)(d), **not later than 48 hours** after the person determines or first suspects the fact.	**The Public Health Act, 1994**, S.S. 1994, c. P-37.1 (consolidated up to S.S. 2004, c. 51). **32(3)** A report submitted pursuant to subsection (1) must include : (a) the **name, sex, age, address and telephone number** of the person who has or is suspected to have, or who is or is suspected to be a carrier of, a category I communicable disease; and b) **any prescribed information.**	**The Public Health Act, 1994**, S.S. 1994, c. P-37.1 (consolidated up to S.S. 2004, c. 51). **32(1)** The following persons shall report **to a medical health officer** any cases of category I communicable diseases in the circumstances set out in this section: (a) a physician or nurse who, while providing professional services to a person, forms the opinion that the person is infected with or is a carrier of a category I communicable disease; (b) the manager of a medical laboratory if the existence of a category I communicable disease is found or confirmed by examination of specimens submitted to the medical laboratory; (c) a teacher or principal of a school who becomes aware that a pupil is infected with or is a carrier of a category I communicable disease; (d) a person who operates or manages an establishment in which food is prepared or packaged for the purposes of sale, or is sold or offered for sale, for human consumption and who determines or suspects that a person in the establishment is infected with, or is a carrier of, a category I communicable disease.	**The Public Health Act, 1994**, S.S. 1994, c. P-37.1 (consolidated up to S.S. 2004, c. 51). **61** Every person who contravenes any provision of this Act or a regulation, bylaw or order made pursuant to this Act is guilty of an offence and liable on summary conviction: (a) in the case of an individual: (i) for a first offence: (A) to a fine of not more than $75,000; and (B) to a further fine of not more than $100 for each day during which the offence continues; and (ii) for a second or subsequent offence: (A) to a fine of not more than $100,000; and (B) to a further fine of not more than $200 for each day during which the offence continues; and (b) in the case of a corporation: (i) for a first offence: (A) to a fine of not more than $100,000; and (B) to a further fine of not more than $1,000 for each day during which the offence continues; and (ii) for a second or subsequent

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
disease. **32(4)** In addition to the report required by subsection (1), the **manager of a medical laboratory** shall submit to the medical health officer or the co-ordinator of communicable disease control **a copy of the laboratory report that identifies the disease**.			**32(4)** In addition to the report required by subsection (1), the manager of a medical laboratory shall submit **to the medical health officer** or **the co-ordinator of communicable disease control** a copy of the laboratory report that identifies the disease.	offence: (A) to a fine of not more than $250,000; and (B) to a further fine of not more than $5,000 for each day during which the offence continues.
33(1) Except as provided in the regulations, a person shall consult **a physician or a clinic nurse** with respect **to a category II communicable disease** as soon as is practicable, and in any case not later than 72 hours, after becoming aware or supecting that he or she is infected with that disease or has been exposed to that disease.	**33(1)** Except as provided in the regulations, a person shall consult a physician or a clinic nurse with respect to a category II communicable disease **as soon as is practicable, and in any case not later than 72 hours,** after becoming aware or supecting that he or she is infected with that disease or has been exposed to that disease.	**33(4)** Except as provided in the regulations, a person who is diagnosed by a physician or a clinic nurse as being infected with or being a carrier of a category II communicable disease shall, to the best of his or her ability: (a) answer all questions asked by the physician or clinic nurse; (b) provide the **names, addresses, telephone numbers, age and sex** of all of his or her contacts to the physician or clinic nurse; and (c) on being diagnosed: (i) communicate in the prescribed manner with all of his or her contacts; or (ii) ask the physician or clinic nurse to communicate in the prescribed manner with the personís contacts.		

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
34(1) As soon as is practicable, and in any case not later than 72 hours after forming an opinion that a person is infected with or is a carrier of a **category II communicable disease**, a **physician or clinic nurse** shall: […] (b) ask the person to provide any information that the physician or clinic nurse considers necessary to control the spread of the disease, including **the names, addresses, telephone numbers, age and sex of all of the person's contacts;** (c) begin therapy; and (d) report the prescribed information to a medical health officer in the prescribed manner.	**34(1) As soon as is practicable, and in any case not later than 72 hours** after forming an opinion that a person is infected with or is a carrier of a category II communicable disease, a physician or clinic nurse shall: […] (b) ask the person to provide any information that the physician or clinic nurse considers necessary to control the spread of the disease, including the names, addresses, telephone numbers, age and sex of all of the person's contacts; (c) begin therapy; and (d) report the prescribed information to a medical health officer in the prescribed manner.		**34(1)** As soon as is practicable, and in any case not later than 72 hours after forming an opinion that a person is infected with or is a carrier of a category II communicable disease, a physician or clinic nurse shall: […] (b) ask the person to provide any information that the physician or clinic nurse considers necessary to control the spread of the disease, including the names, addresses, telephone numbers, age and sex of all of the person's contacts; (c) begin therapy; and (d) report the prescribed information **to a medical health officer** in the prescribed manner.	
36(1) Subject to subsection (2), where the existence of a **category II communicable** disease is found or confirmed by examination of specimens submitted to a medical laboratory, the **manager of the medical laboratory** shall, within 48 hours after confirmation of the results, send a copy of the laboratory report that identifies the disease to a medical health officer.	**36(1)** Subject to subsection (2), where the existence of a category II communicable disease is found or confirmed by examination of specimens submitted to a medical laboratory, the manager of the medical laboratory shall, **within 48 hours** after confirmation of the results, send a copy of the laboratory report that identifies the disease to a medical health officer.	**36(3)** A laboratory report mentioned in subsection (1) or (2) must contain the prescribed information.	**36(1)** Subject to subsection (2), where the existence of a category II communicable disease is found or confirmed by examination of specimens submitted to a medical laboratory, the manager of the medical laboratory shall, within 48 hours after confirmation of the results, send a copy of the laboratory report that identifies the disease **to a medical health officer**.	
36(2) Where the existence of a category II communicable disease is found or confirmed by examination of specimens submitted to a medical laboratory that is owned and operated by the Canadian Blood Services, the **manager of the**	**36(2)** Where the existence of a category II communicable disease is found or confirmed by examination of specimens submitted to a medical laboratory that is owned and operated by the Canadian Blood Services, the manager of the		**36(2)** Where the existence of a category II communicable disease is found or confirmed by examination of specimens submitted to a medical laboratory that is owned and operated by the Canadian Blood Services, the manager of the	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
medical laboratory shall, within a prescribed time after confirmation of the results, send a copy of the laboratory report that identifies the disease to a medical health officer. **37 (1)** At prescribed intervals, a **medical health officer** shall submit to **the co-ordinator of communicable disease control** a report of all cases of **category I and category II communicable diseases** reported to the medical health officer. **37 (2)** A report pursuant to subsection (1) must be in the form, and must contain the information, specified by the co-ordinator of communicable disease control.	medical laboratory shall, **within a prescribed time after confirmation of the results**, send a copy of the laboratory report that identifies the disease to a medical health officer. **37(1) At prescribed intervals**, a medical health officer shall submit to the co-ordinator of communicable disease control a report of all cases of category I and category II communicable diseases reported to the medical health officer.	**37(2) A report** pursuant to subsection (1) must be in the form, and must contain the information, specified by the co-ordinator of communicable disease control.	medical laboratory shall, within a prescribed time after confirmation of the results, send a copy of the laboratory report that identifies the disease **to a medical health officer**. **37 (1)** At prescribed intervals, a medical health officer shall submit to the **co-ordinator of communicable disease control** a report of all cases of category I and category II communicable diseases reported to the medical health officer.	
The Disease Control Regulations, R.R.S. 2000, c. P-37.1, Reg.11 (made under The Public Health Act, 1994, consolidated up to S. Reg. 88/2003). **5 (2) An operator of an anonymous test site** shall provide a monthly report of information **to the** co-ordinator in the format approved by the department. **9** Where a designated public health officer becomes aware that a worker, as defined in *The Occupational Health and Safety Act, 1993*, has contracted a	**The Disease Control Regulations,** R.R.S. 2000, c. P-37.1, Reg.11 (made under The Public Health Act, 1994, consolidated up to S. Reg. 88/2003). **5 (2)** An operator of an anonymous test site shall provide a **monthly report** of information to the co-ordinator in the format approved by the department. **9** Where a designated public health officer becomes aware that a worker, as defined in *The Occupational Health and Safety Act, 1993*, has contracted a	**The Disease Control Regulations,** R.R.S. 2000, c. P-37.1, Reg.11 (made under The Public Health Act, 1994, consolidated up to S. Reg. 88/2003). **5 (2)** An operator of an anonymous test site shall provide a monthly **report** of information to the co-ordinator in the format approved by the department. **9** Where a designated public health officer becomes aware that a worker, as defined in *The Occupational Health and Safety Act, 1993*, has contracted a	**The Disease Control Regulations,** R.R.S. 2000, c. P-37.1, Reg.11 (made under The Public Health Act, 1994, consolidated up to S. Reg. 88/2003). **5 (2)** An operator of an anonymous test site shall provide a monthly report of information **to the co-ordinator** in the format approved by the department. **9** Where a designated public health officer becomes aware that a worker, as defined in *The Occupational Health and Safety Act, 1993*, has contracted a	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
category I or category II communicable disease as a result of an occupational exposure, the **designated public health officer**, within 14 days after becoming aware that the worker has contracted the disease, shall notify the director, as defined in that Act, of the following: (a) the name of the disease; (b) the name and address of the place of employment where the disease is believed to have been contracted.	category I or category II communicable disease as a result of an occupational exposure, the designated public health officer, **within 14 days after becoming aware that the worker has contracted the disease**, shall notify the director, as defined in that Act, of the following: (a) the name of the disease; (b) the name and address of the place of employment where the disease is believed to have been contracted.	category I or category II communicable disease as a result of an occupational exposure, the designated public health officer, within 14 days after becoming aware that the worker has contracted the disease, shall **notify** the director, as defined in that Act, of the following: (a) the name of the disease; (b) the name and address of the place of employment where the disease is believed to have been contracted.	category I or category II communicable disease as a result of an occupational exposure, the designated public health officer, within 14 days after becoming aware that the worker has contracted the disease, shall **notify the director**, as defined in that Act, of the following: (a) the name of the disease; (b) the name and address of the place of employment where the disease is believed to have been contracted.	
10(1) Where a **designated public health officer** becomes aware that a person infected with any **communicable disease that is transmissible through blood or a blood product**, or with Creutzfeldt-Jakob disease – classical or new variant, **has donated blood or a blood product within a period in which that infection could have been transmitted, or has received blood or a blood product within a period in which that infection could have been acquired, the designated public health officer** shall notify the medical head of the Canadian Blood Services in Saskatchewan of the following: (a) the name and date of birth of the infected person; (b) the name of the disease; (c) the date of donation or receipt of the blood or blood product; (d) the location of the facility where the	**10(1) Where a designated public health officer becomes aware** that a person infected with any communicable disease that is transmissible through blood or a blood product, or with Creutzfeldt-Jakob disease – classical or new variant, has donated blood or a blood product within a period in which that infection could have been transmitted, or has received blood or a blood product within a period in which that infection could have been acquired, the designated public health officer shall notify the medical head of the Canadian Blood Services in Saskatchewan of the following: (a) the name and date of birth of the infected person; (b) the name of the disease; (c) the date of donation or receipt of the blood or blood product; (d) the location of the facility where the	**10(1)** Where a designated public health officer becomes aware that a person infected with any communicable disease that is transmissible through blood or a blood product, or with Creutzfeldt-Jakob disease – classical or new variant, has donated blood or a blood product within a period in which that infection could have been transmitted, or has received blood or a blood product within a period in which that infection could have been acquired, the designated public health officer shall **notify** the medical head of the Canadian Blood Services in Saskatchewan of the following: (a) **the name and date of birth of the infected person;** **(b) the name of the disease;** **(c) the date of donation or receipt of the blood or blood product;** **(d) the location of the facility where**	**10(1)** Where a designated public health officer becomes aware that a person infected with any communicable disease that is transmissible through blood or a blood product, or with Creutzfeldt-Jakob disease – classical or new variant, has donated blood or a blood product within a period in which that infection could have been transmitted, or has received blood or a blood product within a period in which that infection could have been acquired, the designated public health officer shall **notify the medical head of the Canadian Blood Services in Saskatchewan** of the following: (a) the name and date of birth of the infected person; (b) the name of the disease; (c) the date of donation or receipt of the blood or blood product; (d) the location of the facility where the	

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(d) the location of the facility where the blood or blood product was donated or received; and (e) if the designated public health officer becomes aware of the infection by means of a laboratory report, the information set out in the laboratory report.	blood or blood product was donated or received; and (e) if the designated public health officer becomes aware of the infection by means of a laboratory report, the information set out in the laboratory report.	**the blood or blood product was donated or received; and** **(e) if the designated public health officer becomes aware of the infection by means of a laboratory report, the information set out in the laboratory report.**	blood or blood product was donated or received; and (e) if the designated public health officer becomes aware of the infection by means of a laboratory report, the information set out in the laboratory report.	
10(2) A person may disclose the name of an infected person mentioned in clause (1)(a) only: (a) in the circumstances set out in subsection 65(2) of the Act; or (b) to an employee of a medical laboratory who requires the information for the purposes of determining whether a person infected with a disease mentioned in subsection (1) has donated or received blood or a blood product.	**10(2)** A person may disclose the name of an infected person mentioned in clause (1)(a) only: (a) in the circumstances set out in subsection 65(2) of the Act; or (b) to an employee of a medical laboratory who requires the information for the purposes of determining whether a person infected with a disease mentioned in subsection (1) has donated or received blood or a blood product.	**10(2) A person may disclose the name of an infected person mentioned in clause (1)(a) only:** **(a) in the circumstances set out in subsection 65(2) of the Act; or** **(b) to an employee of a medical laboratory who requires the information for the purposes of determining whether a person infected with a disease mentioned in subsection (1) has donated or received blood or a blood product.**	**10(2)** A person may disclose the name of an infected person mentioned in clause (1)(a) only: (a) in the circumstances set out in subsection 65(2) of the Act; or (b) to an employee of a medical laboratory who requires the information for the purposes of determining whether a person infected with a disease mentioned in subsection (1) has donated or received blood or a blood product.	
11(1) Notwithstanding subsection 33(1) of the Act, a person who becomes aware or suspects that he or she is infected with human immunodeficiency virus or has been exposed to that virus shall consult a **physician or clinic nurse** with respect to that infection or exposure as soon as possible within 30 days after becoming aware of or suspecting that infection or exposure.	**11(1)** Notwithstanding subsection 33(1) of the Act, a person who becomes aware or suspects that he or she is infected with human immunodeficiency virus or has been exposed to that virus shall consult a physician or clinic nurse with respect to that infection or exposure **as soon as possible within 30 days after becoming aware of or suspecting that infection or exposure**.			
14(1) A **physician or clinic nurse** who is required to report information to a		**14(1)** A physician or clinic nurse who is required to report information to a		

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designated public health officer with respect to a person who is infected with or is a carrier of a category I communicable disease or a category II communicable disease shall report that information in accordance with this section.		designated public health officer with respect to a person who is infected with or is a carrier of a category I communicable disease or a category II communicable disease shall report that information in accordance with this section. **14(2)** In the case of category I communicable diseases or category II communicable diseases other than human immunodeficiency virus infection and acquired immune deficiency syndrome, the following information must be reported in the format approved by the department: (a) the name of the disease; (b) the name, telephone number, mailing address, current place of residence, date of birth and gender of the infected person; (c) the names, telephone numbers and addresses of contacts; (d) the risk factors known to be associated with the transmission of the infection to the infected person; (e) the laboratory test results; (f) any other information that the designated public health officer considers necessary to control the communicable disease in question. **14(3)** Subject to section 15, in the case of human immunodeficiency virus infection and acquired immune		

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		deficiency syndrome, the following information must be reported in the format approved by the department: (a) the name of the disease; (b) the name and telephone number of the infected person's physician or clinic nurse; (c) the initials of the first, middle and last names of the infected person; (d) the gender and date of birth of the infected person; (e) the mailing address and place of residence of the infected person; (f) the ethnocultural background of the infected person; (g) the names of other diseases that the infected person has or has had that are diseases indicative of acquired immune deficiency syndrome; (h) the risk factors known to be associated with the transmission of the infection to the infected person. **15(1)** Subsection 14(3) does not apply to information received at an anonymous test site unless the person who has been tested agrees to the collection of the information set out in that subsection and the reporting of it to the designated public health officer. **15(2)** If a person who has been tested at an anonymous test site does not agree to the collection of the information set out in subsection 14(3), the operator of the		

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		anonymous test site shall report the following information in the format approved by the department: (a) the gender of the infected person; (b) the year of birth of the infected person; (c) the risk factors known to be associated with the transmission of the infection of the infected person.		
17(1) For the purposes of subsection 36(2) of the Act, **the manager of a medical laboratory owned and operated by the Canadian Blood Services** shall send a copy of a laboratory report to a designated public health officer within seven days after confirmation of the results of an examination of specimens mentioned in that subsection.	**17(1)** For the purposes of subsection 36(2) of the Act, the manager of a medical laboratory owned and operated by the Canadian Blood Services shall send a copy of a laboratory report to a designated public health officer **within seven days after confirmation of the results** of an examination of specimens mentioned in that subsection.	**17(2)** Subject to subsection (3), a laboratory report mentioned in subsection 36(1) or (2) of the Act must contain the following information: (a) the name, gender and date of birth of the infected person; (b) the name and address of the physician; (c) the date on which the specimen was taken; (d) the test results. **17(3)** Where a laboratory report deals with human immunodeficiency virus infection, a unique identifier must be used instead of the name of the infected person.		
18(1) Subject to subsection (2), reports **by designated public health officers** to the co-ordinator that are required by subsection 37(1) of the Act must be made every two weeks. **18(2)** The co-ordinator may require	**18(1)** Subject to subsection (2), reports by designated public health officers to the co-ordinator that are required by subsection 37(1) of the Act **must be made every two weeks.** **18(2)** The co-ordinator may require	**18(1)** Subject to subsection (2), **reports** by designated public health officers to the co-ordinator that are required by subsection 37(1) of the Act must be made every two weeks. **18(2)** The co-ordinator may require	**18(1)** Subject to subsection (2), reports by designated public health officers **to the co-ordinator** that are required by subsection 37(1) of the Act must be made every two weeks. **18(2)** The co-ordinator may require	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
designated public health officers to submit reports with respect to a particular communicable disease sooner than would otherwise be required pursuant to subsection (1) if, in the opinion of the coordinator, it is necessary for the purpose of determining whether there has been an outbreak of that disease or for management of an outbreak of that disease. **19(1)** In this section, "reportable outbreak" means an outbreak of a **category I communicable disease**, a **category II communicable disease** or a **communicable disease designated by the minister**.	designated public health officers to submit reports with respect to a particular communicable disease sooner than would otherwise be required pursuant to subsection (1) if, in the opinion of the coordinator, it is necessary for the purpose of determining whether there has been an outbreak of that disease or for management of an outbreak of that disease.	designated public health officers to submit reports with respect to a particular communicable disease sooner than would otherwise be required pursuant to subsection (1) if, in the opinion of the coordinator,it is necessary for the purpose of determining whether there has been an outbreak of that disease or for management of an outbreak of that disease.	designated public health officers to submit reports with respect to a particular communicable disease sooner than would otherwise be required pursuant to subsection (1) if, in the opinion of the coordinator, it is necessary for the purpose of determining whether there has been an outbreak of that disease or for management of an outbreak of that disease.	
19(2) Within 24 hours after becoming aware of the occurrence of a reportable outbreak in a hospital approved pursuant to *The Hospital Standards Act*, a facility designated as a hospital or health centre pursuant to *The Regional Health Services Act*, a special-care home as defined in *The Housing and Special-care Homes Act* or a facility designated as a special-care home pursuant to *The Regional Health Services Act*, **the regional health authority or affiliate that operates the hospital, health centre or special-care home** shall report the outbreak to the designated public health officer who	**19(2) Within 24 hours after becoming aware of the occurrence** of a reportable outbreak in a hospital approved pursuant to *The Hospital Standards Act*, a facility designated as a hospital or health centre pursuant to *The Regional Health Services Act*, a special-care home as defined in *The Housing and Special-care Homes Act* or a facility designated as a special-care home pursuant to *The Regional Health Services Act*, the regional health authority or affiliate that operates the hospital, health centre or special-care home shall report the outbreak to the designated public health officer who	**19(2)** Within 24 hours after becoming aware of the occurrence of a reportable outbreak in a hospital approved pursuant to *The Hospital Standards Act*, a facility designated as a hospital or health centre pursuant to *The Regional Health Services Act*, a special-care home as defined in *The Housing and Special-care Homes Act* or a facility designated as a special-care home pursuant to *The Regional Health Services Act*, the regional health authority or affiliate that operates the hospital, health centre or special-care home shall **report** the outbreak to the designated public health officer who	**19(2)** Within 24 hours after becoming aware of the occurrence of a reportable outbreak in a hospital approved pursuant to *The Hospital Standards Act*, a facility designated as a hospital or health centre pursuant to *The Regional Health Services Act*, a special-care home as defined in *The Housing and Special-care Homes Act* or a facility designated as a special-care home pursuant to *The Regional Health Services Act*, the regional health authority or affiliate that operates the hospital, health centre or special-care home shall report the outbreak to the **designated public health officer who**	

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primarily provides communicable disease control services in the health region in which the facility is located. **22(1)** For the purposes of controlling or preventing the spread of communicable diseases, **the co-ordinator or a designated public health officer** may disclose to another designated public health officer or to a person mentioned in subsection (2) **the information set out in clauses 14(2)(a) to (f) with respect to a person who:** (a) **is infected with, or is suspected of being infected with, a communicable disease;** (b) **is a carrier of, or is suspected of being a carrier of, a communicable disease; or** (c) **is a contact of a person described in clause (a) or (b).** **22(2)** Information may be disclosed pursuant to subsection (1) to a person responsible for collecting communicable disease information on behalf of any of the following agencies: (a) a regional health authority; (b) a department or agency of the government of another province or territory of Canada that has responsibility for public health within that province or territory; (c) a department or agency of the Government of Canada that has	primarily provides communicable disease control services in the health region in which the facility is located.	primarily provides communicable disease control services in the health region in which the facility is located.	**primarily provides communicable disease control services in the health region** in which the facility is located. **22(1)** For the purposes of controlling or preventing the spread of communicable diseases, the co-ordinator or a designated public health officer may disclose **to another designated public health officer or to a person mentioned in subsection (2**) the information set out in clauses 14(2)(a) to (f) with respect to a person who: (a) is infected with, or is suspected of being infected with, a communicable disease; (b) is a carrier of, or is suspected of being a carrier of, a communicable disease; or (c) is a contact of a person described in clause (a) or (b). **22(2)** Information may be disclosed pursuant to subsection (1) **to a person responsible for collecting communicable disease information on behalf of any of the following agencies**: (a) **a regional health authority**; (b) **a department or agency of the government of another province or territory of Canada that has responsibility for public health within that province or territory**; (c) **a department or agency of the**	

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responsibility for public health matters.			**Government of Canada that has responsibility for public health matters**.	
22(3) For the purposes of providing **public health services, including controlling or preventing the spread of a vaccine-preventable disease**, **a designated public health officer** may disclose a person's immunization record: (a) to another designated public health officer; or (b) to a medical health officer or similar official of any jurisdiction outside of Saskatchewan.			**22(3)** For the purposes of providing public health services, including controlling or preventing the spread of a vaccine-preventable disease, a designated public health officer may disclose a person's immunization record: (a) **to another designated public health officer**; or (b) **to a medical health officer or similar official of any jurisdiction outside of Saskatchewan.**	
25(1) Where a person is bitten by an animal and there is a possibility of transmission of **rabies,** a **physician or nurse** who attends to the person shall immediately notify the designated public health officer, a veterinarian employed by the Government of Canada or a peace officer, giving details of the biting incident.	**25(1)** Where a person is bitten by an animal and there is a possibility of transmission of rabies, a physician or nurse who attends to the person shall **immediately** notify the designated public health officer, a veterinarian employed by the Government of Canada or a peace officer, giving details of the biting incident.		**25(1)** Where a person is bitten by an animal and there is a possibility of transmission of rabies, a physician or nurse who attends to the person shall immediately notify the **designated public health officer, a veterinarian employed by the Government of Canada or a peace officer,** giving details of the biting incident.	
25(2) A **veterinarian employed by the Government of Canada or a peace officer who receives a report** pursuant to subsection (1) shall notify the designated public health officer as soon as possible, giving the details of the incident.	**25(2)** A veterinarian employed by the Government of Canada or a peace officer who receives a report pursuant to subsection (1) shall notify the designated public health officer **as soon as possible**, giving the details of the incident.		**25(2)** A veterinarian employed by the Government of Canada or a peace officer who receives a report pursuant to subsection (1) shall notify **the designated public health officer** as soon as possible, giving the details of the incident.	

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The Osteopathic Practice Act, R.S.S. 1978, c. O-7 (consolidated up to S.S. 1994 c. P-37.1). **19** The provisions of *The Public Health Act, 1994* imposing certain duties upon physicians with respect to contagious or infectious diseases apply *mutatis mutandis* to every **osteopathic physician** registered under this Act.				
The Naturopathy Act, R.S.S. 1978, c. N-4 (consolidated up to S.S. 1994 c. P-37.1). **18** A **naturopathic practitioner** who has reason to believe that a person whom he is treating has a contagious or infectious disease shall immediately give notice in writing of that fact to the medical health officer of the municipality in which that person resides.	**The Naturopathy Act**, R.S.S. 1978, c. N-4 (consolidated up to S.S. 1994 c. P-37.1). **18** A naturopathic practitioner who has reason to believe that a person whom he is treating has a contagious or infectious disease shall **immediately** give notice in writing of that fact to the medical health officer of the municipality in which that person resides.	**The Naturopathy Act**, R.S.S. 1978, c. N-4 (consolidated up to S.S. 1994 c. P-37.1). **18** A naturopathic practitioner who has reason to believe that a person whom he is treating has a contagious or infectious disease shall immediately give notice **in writing** of that fact to the medical health officer of the municipality in which that person resides.	**The Naturopathy Act**, R.S.S. 1978, c. N-4 (consolidated up to S.S. 1994 c. P-37.1). **18** A naturopathic practitioner who has reason to believe that a person whom he is treating has a contagious or infectious disease shall immediately give notice in writing of that fact to the **medical health officer of the municipality** in which that person resides.	

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		The Public Health Forms Regulations, R.R.S., c. P-37.1, Reg 2. (made under The Public Health Act, 1994). **2** In these regulations, "Act" means *The Public Health Act, 1994*. **3(1)** The forms set out in the Appendix are the forms prescribed for the purposes set out in this section. **3(2)** Form 1 is prescribed for the purposes of subsection 29(3) of the Act. **3(3)** Form 2 is prescribed for the purposes of subsection 29(5) of the Act. **3(4)** Form 3 is prescribed for the purposes of subsection 40(2) of the Act.		
The Private-service Homes Regulations, R.R.S., c. R-21.2, Reg. 2. (made under the Residential Services Act, consolidated up to S. Reg. 75/1988). **25** The **proprietor** shall, when he finds or suspects any person who lives in the home to be suffering from an infectious or communicable disease, immediately notify the minister.	**The Private-service Homes Regulations**, R.R.S., c. R-21.2, Reg. 2. (made under the Residential Services Act, consolidated up to S. Reg. 75/1988). **25** The proprietor shall, when he finds or suspects any person who lives in the home to be suffering from an infectious or communicable disease, **immediately** notify the minister.		**The Private-service Homes Regulations**, R.R.S., c. R-21.2, Reg. 2. (made under the Residential Services Act, consolidated up to S. Reg. 75/1988). **25** The proprietor shall, when he finds or suspects any person who lives in the home to be suffering from an infectious or communicable disease, immediately notify the **minister**.	

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The Child Care Regulations, 2001, R.R.S. c. C-7.3, Reg. 2 (made under the Child Care Act, consolidated up to S. Reg. 54/2004). **25** If a **licensee of a facility** has reason to suspect that a child attending the facility has a category I or category II communicable disease, the licensee must: (a) immediately notify the designated public health officer; and […]. **45(4)** If a **licensee of a centre** has reason to suspect that an employee of the centre has a category I or category II communicable disease, the licensee must: (a) immediately notify the designated public health officer; and […]. **64(6)** If a **licensee of a home or a person residing in a home** has a category I or category II communicable disease, or has reason to suspect that he or she has a category I or category II communicable disease, the licensee must: (a) immediately notify the designated public health officer; and	**The Child Care Regulations, 2001**, R.R.S. c. C-7.3, Reg. 2 (made under the Child Care Act, consolidated up to S. Reg. 54/2004). **25** If a licensee of a facility has reason to suspect that a child attending the facility has a category I or category II communicable disease, the licensee must: (a) **immediately** notify the designated public health officer; and […]. **45(4)** If a licensee of a centre has reason to suspect that an employee of the centre has a category I or category II communicable disease, the licensee must: (a) **immediately** notify the designated public health officer; and […]. **64(6)** If a licensee of a home or a person residing in a home has a category I or category II communicable disease, or has reason to suspect that he or she has a category I or category II communicable disease, the licensee must: (a) immediately notify the designated public health officer; and		**The Child Care Regulations, 2001**, R.R.S. c. C-7.3, Reg. 2 (made under the Child Care Act, consolidated up to S. Reg. 54/2004). **25** If a licensee of a facility has reason to suspect that a child attending the facility has a category I or category II communicable disease, the licensee must: (a) immediately notify the **designated public health officer**; and […]. **45(4)** If a licensee of a centre has reason to suspect that an employee of the centre has a category I or category II communicable disease, the licensee must: (a) immediately notify the **designated public health officer**; and […]. **64(6)** If a licensee of a home or a person residing in a home has a category I or category II communicable disease, or has reason to suspect that he or she has a category I or category II communicable disease, the licensee must: (a) immediately notify the **designated public health officer**; and	

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[…]. **64(7)** If a **licensee of a home** has reason to suspect that an assistant or alternate has a category I or category II communicable disease, the licensee must: […]. _____ **The Dairy Producers Regulations, 1995**, R.R.S., c. A-20.2, Reg. 8 (made under the Animal Products Act, consolidated up to S. Reg. 112/2004). **13** Any **dairy producer** on whose dairy farm any communicable disease that is transmissible through milk occurs, or who suspects that a dairy worker has contracted a communicable disease of that nature or has become a carrier, shall promptly notify the minister.	[…]. **64(7)** If a licensee of a home has reason to suspect that an assistant or alternate has a category I or category II communicable disease, the licensee must: (a) **immediately** notify the designated public health officer; and […]. _____ **The Dairy Producers Regulations, 1995**, R.R.S., c. A-20.2, Reg. 8 (made under the Animal Products Act, consolidated up to S. Reg. 112/2004). **13** Any dairy producer on whose dairy farm any communicable disease that is transmissible through milk occurs, or who suspects that a dairy worker has contracted a communicable disease of that nature or has become a carrier, shall **promptly** notify the minister.		[…]. **64(7)** If a licensee of a home has reason to suspect that an assistant or alternate has a category I or category II communicable disease, the licensee must: (a) immediately notify the **designated public health officer**; and […]. _____ **The Dairy Producers Regulations, 1995**, R.R.S., c. A-20.2, Reg. 8 (made under the Animal Products Act, consolidated up to S. Reg. 112/2004). **13** Any dairy producer on whose dairy farm any communicable disease that is transmissible through milk occurs, or who suspects that a dairy worker has contracted a communicable disease of that nature or has become a carrier, shall promptly notify **the minister**.	

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Public Health and Safety Act, R.S.Y. 2002, c. 176 (consolidated up to S.Y. 1999, c. 20). **16**If a medical health officer suspects on reasonable grounds that there exists a hazard to public health or safety, the **medical health officer** shall notify the prescribed officer of the Department of Health and Social Services, and the mayor or chief administrative officer of the affected municipality. The prescribed officer may, in consultation with representatives of the municipality, direct the investigation to determine whether the hazard exists and what to do about it.			**Public Health and Safety Act**, R.S.Y. 2002, c. 176 (consolidated up to S.Y. 1999, c. 20). **16** If a medical health officer suspects on reasonable grounds that there exists a hazard to public health or safety, the medical health officer shall notify **the prescribed officer of the Department of Health and Social Services, and the mayor or chief administrative officer of the affected municipality**. The prescribed officer may, in consultation with representatives of the municipality, direct the investigation to determine whether the hazard exists and what to do about it.	**Public Health and Safety Act**, R.S.Y. 2002, c. 176 (consolidated up to S.Y. 1999, c. 20). **22** Every person who (a) violates any of the provisions of this Act or the regulations, (b) obstructs a medical health officer or health officer in the exercise of his powers or in the carrying out of his duties under this Act or the regulations, (c) neglects, fails or refuses to comply with an order or direction given to them by a medical health officer or health officer in the exercise of his powers or the carrying out of his duties under this Act or the regulations, (d) without the authority of a medical health officer or health officer removes, alters, or interferes in any way with anything seized or detained under this Act; or e) owns, constructs, operates or maintains any installation, building, place or thing mentioned in this Act or the regulations that does not comply with the requirements thereof, commits an offence and is liable on summary conviction to a fine of up to $5,000 for each day the offense continues or imprisonment for a term

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				not exceeding six months, or both fine and imprisonment.
Education Act, R.S.Y. 2002, c. 61 (consolidated up to S.Y. 1996, c. 13). **168 Every teacher** shall […] (i) report promptly to the principal an apparent outbreak of any contagious or infectious diseases in the school, any unsanitary condition of the school building or surroundings and any other conditions or circumstances that may reasonably threaten the health or safety of students or other employees of the school ; […]. **169 A principal of a school** shall […] (n) report promptly to the director or superintendent and to the Medical Officer of Health an apparent outbreak of any contagious or infectious disease in the school, any unsanitary condition in the school building or surroundings and any other dangerous or unsafe condition in the school, […].	**Education Act**, R.S.Y. 2002, c. 61 (consolidated up to S.Y. 1996, c. 13). **168** Every teacher shall […] (i) report **promptly** to the principal an apparent outbreak of any contagious or infectious diseases in the school, any unsanitary condition of the school building or surroundings and any other conditions or circumstances that may reasonably threaten the health or safety of students or other employees of the school; […]. **169** A principal of a school shall […] (n) report **promptly** to the director or superintendent and to the Medical Officer of Health an apparent outbreak of any contagious or infectious disease in the school, any unsanitary condition in the school building or surroundings and any other dangerous or unsafe condition in the school, […].		**Education Act**, R.S.Y. 2002, c. 61 (consolidated up to S.Y. 1996, c. 13). **168** Every teacher shall […] (i) report promptly **to the principal** an apparent outbreak of any contagious or infectious diseases in the school, any unsanitary condition of the school building or surroundings and any other conditions or circumstances that may reasonably threaten the health or safety of students or other employees of the school; […]. **169** A principal of a school shall […] (n) report promptly **to the director or superintendent and to the Medical Officer of Health** an apparent outbreak of any contagious or infectious disease in the school, any unsanitary condition in the school building or surroundings and any other dangerous or unsafe condition in the school, […].	
Animal Health Act, R.S.Y. 2002, c. 5 (consolidated up to S.Y. 1997, c. 5). **32 An inspector** shall notify, as soon as	**Animal Health Act**, R.S.Y. 2002, c. 5 (consolidated up to S.Y. 1997, c. 5). **32** An inspector shall notify, **as soon as**		**Animal Health Act**, R.S.Y. 2002, c. 5 (consolidated up to S.Y. 1997, c. 5). **32** An inspector shall notify, as soon as	**Animal Health Act**, R.S.Y. 2002, c. 5 (consolidated up to S.Y. 1997, c. 5). **35** A person who contravenes a notice,

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
possible, the medical health officer within the meaning of the *Public Health and Safety Act* of all cases of diseases communicable to humans.	**possible**, the medical health officer within the meaning of the *Public Health and Safety Act* of all cases of diseases communicable to humans.		possible, **the medical health officer** within the meaning of the *Public Health and Safety Act* of all cases of diseases communicable to humans.	order, direction, permit or any requirement of this Act or its regulations commits an offence and is liable, on summary conviction to a fine of (a) $200 to $500 for a first offence, (b) $500 to $1500 for a second offence, (c) $1,000 to $5,000 for a third and each subsequent offence or to imprisonment for a term of not more than 6 months, or to both fine and imprisonment. **36** If an offence is committed or continued on more than one day, the person who committed the offence is liable to be convicted for a separate offence for each day on which the offence is committed or continued.
Communicable Diseases Regulations, Y.O.I.C. 1961/048 (made under the Public Health and Safety Act, consolidated up to Y.O.I.C. 1995/122).	**Communicable Diseases Regulations**, Y.O.I.C. 1961/048 (made under the Public Health and Safety Act, consolidated up to Y.O.I.C. 1995/122).	**Communicable Diseases Regulations,** Y.O.I.C. 1961/048(made under the Public Health and Safety Act, consolidated up to Y.O.I.C. 1995/122).	**Communicable Diseases Regulations,** Y.O.I.C. 1961/048 (made under the Public Health and Safety Act, consolidated up to Y.O.I.C. 1995/122).	
3 Every person who believes or has reason to believe that he is infected with a communicable disease, (a) shall notify as soon as possible the nearest medical practitioner or Medical Health Officer by the quickest means available, […].	**3** Every person who believes or has reason to believe that he is infected with a communicable disease, (a) shall notify **as soon as possible** the nearest medical practitioner or Medical Health Officer **by the quickest means available**, […].	**3** Every person who believes or has reason to believe that he is infected with a communicable disease, (a) shall notify as soon as possible the nearest medical practitioner or Medical Health Officer **by the quickest means available**, […].	**3** Every person who believes or has reason to believe that he is infected with a communicable disease, (a) shall notify as soon as possible **the nearest medical practitioner or Medical Health Officer** by the quickest means available, […].	
4 Every person who believes or has	**4** Every person who believes or has	**4** Every person who believes or has	**4** Every person who believes or has	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
reason to believe or to suspect that another person is infected or has died from a communicable disease shall notify the nearest Medical Health Officer of such fact by the quickest means available and provide him with any further information that such officer may require. **10 Every Medical Health Officer** shall […] (b) forward to the Chief Medical Health Officer on the last day of each week a report of all cases of communicable diseases of which he received notice during the week, together with any further information that such officer may require; except that where a case of cholera, diphtheria, leprosy, plague, poliomyelitis, smallpox, typhoid or paratyphoid fever occurs or is suspected or where there is an unusual outbreak or extension or multiplication of a communicable disease, the **Medical Health Officer** shall report immediately by the quickest means available and thereafter report as often as is necessary to keep the Chief Medical Health Officer informed of the spread of the disease. _____ **Venereal Disease Regulation**, Y.O.I.C. 1958/097 (made under the Public	reason to believe or to suspect that another person is infected or has died from a communicable disease shall notify the nearest Medical Health Officer of such fact **by the quickest means available** and provide him with any further information that such officer may require. **10** Every Medical Health Officer shall […] (b) forward to the Chief Medical Health Officer **on the last day of each week** a report of all cases of communicable diseases of which he received notice during the week, together with any further information that such officer may require; **except** that where a case of cholera, diphtheria, leprosy, plague, poliomyelitis, smallpox, typhoid or paratyphoid fever occurs or is suspected or where there is an unusual outbreak or extension or multiplication of a communicable disease, the Medical Health Officer shall report **immediately** by the quickest means available and thereafter report **as often as is necessary** to keep the Chief Medical Health Officer informed of the spread of the disease.	reason to believe or to suspect that another person is infected or has died from a communicable disease shall notify the nearest Medical Health Officer of such fact **by the quickest means available** and provide him with any further information that such officer may require. **10** Every Medical Health Officer shall […] (b) forward to the Chief Medical Health Officer on the last day of each week a report of all cases of communicable diseases of which he received notice during the week, together with any further information that such officer may require; except that where a case of cholera, diphtheria, leprosy, plague, poliomyelitis, smallpox, typhoid or paratyphoid fever occurs or is suspected or where there is an unusual outbreak or extension or multiplication of a communicable disease, the Medical Health Officer shall report immediately **by the quickest means available** and thereafter report as often as is necessary to keep the Chief Medical Health Officer informed of the spread of the disease.	reason to believe or to suspect that another person is infected or has died from a communicable disease shall notify **the nearest Medical Health Officer** of such fact by the quickest means available and provide him with any further information that such officer may require. **10** Every Medical Health Officer shall […] (b) forward **to the Chief Medical Health Officer** on the last day of each week a report of all cases of communicable diseases of which he received notice during the week, together with any further information that such officer may require; except that where a case of cholera, diphtheria, leprosy, plague, poliomyelitis, smallpox, typhoid or paratyphoid fever occurs or is suspected or where there is an unusual outbreak or extension or multiplication of a communicable disease, the Medical Health Officer shall report immediately by the quickest means available and thereafter report as often as is necessary to keep the Chief Medical Health Officer informed of the spread of the disease. _____ **Venereal Disease Regulation**, Y.O.I.C. 1958/097(made under the Public Health	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
Health and Safety Act). **6** It shall be the duty of: (a) every **physician**; (b) every **superintendent or head of a hospital, sanatorium or laboratory; and** (c) **every person in medical charge of any jail, lock-up, reformatory, industrial farm, training school, school or college, industrial, female or other refuge, or other similar institution**, to report to the Commissioner every case of venereal disease coming under his diagnosis, treatment, care or charge for the first time.			and Safety Act). **6** It shall be the duty of: (a) every physician; (b) every superintendent or head of a hospital, sanatorium or laboratory; and (c) every person in medical charge of any jail, lock-up, reformatory, industrial farm, training school, school or college, industrial, female or other refuge, or other similar institution, to report **to the Commissioner** every case of venereal disease coming under his diagnosis, treatment, care or charge for the first time.	
Embalmers and Embalming Regulations, Y.O.I.C. 1980/102 (made under the Public Health and Safety Act). **11(1)** Within 12 hours after being called to take charge of a body of a person who died while affected by a specified communicable disease the **funeral director** shall report the case to the Chief Medical Officer of Health […].	**Embalmers and Embalming Regulations**, Y.O.I.C. 1980/102 (made under the Public Health and Safety Act). **11(1) Within 12 hours** after being called to take charge of a body of a person who died while affected by a specified communicable disease the funeral director shall report the case to the Chief Medical Officer of Health […].		**Embalmers and Embalming Regulations**, Y.O.I.C. 1980/102 (made under the Public Health and Safety Act). **11(1)** Within 12 hours after being called to take charge of a body of a person who died while affected by a specified communicable disease the funeral director shall report the case **to the Chief Medical Officer of Health** […].	**Embalmers and Embalming Regulations**, Y.O.I.C. 1980/102 (made under the Public Health and Safety Act). **10(1)** Any person who violates any provisions of these Regulations commits an offence and is liable upon conviction to a fine not exceeding $500 and, in the case of a continuing offence, to a fine of $100 for each day during which the violation continues.
Child Care Centre Program Regulation, Y.O.I.C. 1995/087 (made	**Child Care Centre Program Regulation**, Y.O.I.C. 1995/087 (made		**Child Care Centre Program Regulation**, Y.O.I.C. 1995/087 (made	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
under the Child Care Act). **14(1)** The operator must: […] (h) if a communicable disease is discovered in the child care centre, inform all parents and guardians as soon as is reasonably possible but within 24 hours after the communicable disease has been discovered; and […]. _____ **Family Day Home Program Regulation**, Y.O.I.C. 1995/087 (made under the Child Care Act). **12(1) The operator of a family day home program** must: […] (h) if a communicable disease is discovered in the family day home, inform all parents and guardians as soon as is reasonably possible but within 24 hours after the communicable disease has been discovered; and […]. _____ **School Age Program Regulation**, Y.O.I.C. 1995/087 (made under the Child Care Act). **14(1) The operator** must: […]	under the Child Care Act). **14(1)** The operator must: […] (h) if a communicable disease is discovered in the child care centre, inform all parents and guardians as soon as is **reasonably possible but within 24 hours** after the communicable disease has been discovered; and […]. _____ **Family Day Home Program Regulation**, Y.O.I.C. 1995/087 (made under the Child Care Act). **12(1)** The operator of a family day home program must: […] (h) if a communicable disease is discovered in the family day home, inform all parents and **guardians as soon as is reasonably possible but within 24 hours** after the communicable disease has been discovered; and […]. _____ **School Age Program Regulation**, Y.O.I.C. 1995/087 (made under the Child Care Act). **14(1)** The operator must: […]		under the Child Care Act). **14(1)** The operator must: […] (h) if a communicable disease is discovered in the child care centre, inform **all parents and guardians** as soon as is reasonably possible but within 24 hours after the communicable disease has been discovered; and […]. _____ **Family Day Home Program Regulation**, Y.O.I.C. 1995/087 (made under the Child Care Act). **12(1)** The operator of a family day home program must: […] (h) if a communicable disease is discovered in the family day home, inform **all parents and guardians** as soon as is reasonably possible but within 24 hours after the communicable disease has been discovered; and […]. _____ **School Age Program Regulation**, Y.O.I.C. 1995/087 (made under the Child Care Act). **14(1)** The operator must: […]	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
(h) if a communicable disease is discovered, inform all parents and guardians as soon as is reasonably possible but within 24 hours after the communicable disease has been discovered; and […]. _____ **Camp Sanitation Regulations,** Y.O.I.C. 1961/038 (made under the Public Health and Safety Act). **21** Where a person in a camp is suffering or is suspected of suffering from a communicable disease, **the person who operates the camp shall** […] (d) notify a Health Officer of the occurrence and of the precautionary measures taken. _____ **Eating and Drinking Places Regulation,** Y.O.I.C. 1961/001 (made under the Public Health and Safety Act, consolidated up to 1978/182). **30 Every employee** who believes or suspects that he has a communicable disease or that such disease exists in his place of residence, shall notify a Health Officer of his belief or suspicion forthwith and shall refrain thereafter from handling or preparing food or	(h) if a communicable disease is discovered, inform all parents and guardians **as soon as is reasonably possible but within 24 hours** after the communicable disease has been discovered; and […].		(h) if a communicable disease is discovered, inform **all parents and guardians** as soon as is reasonably possible but within 24 hours after the communicable disease has been discovered; and […]. _____ **Camp Sanitation Regulations,** Y.O.I.C. 1961/038 (made under the Public Health and Safety Act). **21** Where a person in a camp is suffering or is suspected of suffering from a communicable disease, the person who operates the camp shall […] (d) notify **a Health Officer** of the occurrence and of the precautionary measures taken. _____ **Eating and Drinking Places Regulation,** Y.O.I.C. 1961/001 (made under the Public Health and Safety Act, consolidated up to 1978/182). **30** Every employee who believes or suspects that he has a communicable disease or that such disease exists in his place of residence, shall notify a Health Officer of his belief or suspicion forthwith and shall refrain thereafter from handling or preparing food or	

Who? What? About whom?	When?	How?	To whom?	Sanctions for omission to report
drink until a Health Officer is satisfied that the said employee is free from any communicable disease. _____ **Trailer Coach Parks Regulation,** Y.O.I.C. 1962/026 (made under the Public Health and Safety Act, consolidated up to Y.O.I.C. 1984/106). **18 The owner of a park** shall report to a Medical Health Officer all known or suspected cases of communicable disease.			drink until a Health Officer is satisfied that the said employee is free from any communicable disease. _____ **Trailer Coach Parks Regulation,** Y.O.I.C. 1962/026 (made under the Public Health and Safety Act, consolidated up to Y.O.I.C. 1984/106). **18** The owner of a park shall report **to a Medical Health Officer** all known or suspected cases of communicable disease.	

Table 2

TRANSFER OF PERSONAL DATA AND INFECTIOUS DISEASES REGISTRY

FEDERAL

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
	Quarantine Act, R.S.C. 1985, c. Q-1 (consolidated up to S.I./2004-24). **5** A quarantine officer may (a) board any conveyance arriving in Canada from a place outside Canada or departing from Canada for a place outside Canada and inspect that conveyance and any goods or cargo found therein; (b) require the person in charge of a conveyance described in paragraph (a) and any person found therein to produce for inspection any records or other documents that, on reasonable grounds, the quarantine officer believes contain any information relating to the enforcement of this Act; […].	**Department of Health Act**, S.C. 1996, c. 8. **4(1)** The powers, duties and functions of the Minister extend to and include all matters over which Parliament has jurisdiction relating to the promotion and preservation of the health of the people of Canada not by law assigned to any other department, board or agency of the Government of Canada. **4(2)** Without restricting the generality of subsection (1), the Minister's powers, duties and functions relating to health include the following matters: (a) the administration of such Acts of Parliament and of orders or regulations of the Government of Canada as are not by law assigned to any other department of the Government of Canada or any minister of that Government relating in any way to the health of the people of Canada; (a.1) the promotion and preservation of the physical, mental and social well-being of the people of Canada; (b) the protection of the people of Canada against risks to health and the spreading of diseases; (c) investigation and research into public health, including the monitoring of diseases; (d) the establishment and control of safety standards and safety information requirements for consumer products and of safety information requirements for products intended for use in the workplace;	

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
		(e) the protection of public health on railways, ships, aircraft and all other methods of transportation, and their ancillary services; (f) the promotion and preservation of the health of the public servants and other employees of the Government of Canada; (g) the enforcement of any rules or regulations made by the International Joint Commission, promulgated pursuant to the treaty between the United States of America and His Majesty, King Edward VII, relating to boundary waters and questions arising between the United States and Canada, in so far as they relate to public health; (h) subject to the *Statistics Act*, the collection, analysis, interpretation, publication and distribution of information relating to public health; and (i) cooperation with provincial authorities with a view to the coordination of efforts made or proposed for preserving and improving public health. **12** Nothing in this Act or the regulations authorizes the Minister or any officer or employee of the Department to exercise any jurisdiction or control over any health authority operating under the laws of any province. **15(1)** Wherever, under any Act of Parliament, any instrument made under an Act of Parliament or any order, contract, lease, licence or other document, any power, duty or function is vested in or may be exercised or performed by any of the persons referred to in subsection (2) in relation to any matter to which the powers, duties and functions of the Minister of Health extend by virtue of this Act, that power, duty or function is vested in or may be	

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
		exercised or performed by the Minister of Health, the Deputy Minister of Health or the appropriate officer of the Department of Health, as the case may be, unless the Governor in Council by order designates another Minister, Deputy Minister or officer of the public service of Canada to exercise that power or perform that duty or function. **15(2)** For the purposes of subsection (1), the persons are (a) the Minister of National Health and Welfare and the Minister of Consumer and Corporate Affairs; (b) the Deputy Minister of National Health and Welfare and the Deputy Minister of Consumer and Corporate Affairs; and (c) any officer of the Department of National Health and Welfare and the Department of Consumer and Corporate Affairs. --- **Indian Act**, R.S.C. 1985, c. I-5 (consolidated up to S.C. 2002, c. 8). **81(1)** The council of a band may make by-laws not inconsistent with this Act or with any regulation made by the Governor in Council or the Minister, for any or all of the following purposes, namely, (a) to provide for the health of residents on the reserve and to prevent the spreading of contagious and **infectious** diseases; […].	

ALBERTA

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
Public Health Act, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003, c. 2). **53(4)** Information obtained by the Chief Medical Officer or by a regional health authority or an employee or agent on its behalf may be disclosed by the Chief Medical Officer or the regional health authority, employee or agent […] (e) to a person or body conducting an investigation or disciplinary proceedings pursuant to legislation governing a profession or occupation that is specified in the regulations when (i) the information is requested by the person or body in accordance with the procedure governing the investigation or disciplinary proceedings, and (ii) the person to whom the information relates consents to the disclosure.	**Public Health Act**, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003, c. 2). **18(1)** Where a medical officer of health reasonably believes that a person has engaged in or is engaging in any activity that is causing or may cause a threat to the health of the public or a class of the public, the medical officer of health may by notice in writing require the person to provide to the medical officer of health within the time specified in the notice any information respecting the activity that is specified in the notice. **18(2)** A person who receives a notice under subsection (1) shall comply with it. **19(1)** Where a medical officer of health knows or has reason to believe (a)that a person suffering from a communicable disease is or may be in or has frequented or may have frequented a public place, or (b) that a public place may be contaminated with a communicable disease, the medical officer of health may by notice in writing to the person in charge of the public place require that person to provide to the medical officer of health within the time specified in the notice any information relating to the public place, the person and the communicable disease that is specified in the notice. **19(2)** A person who receives a notice referred to in	**Public Health Act**, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003, c. 2). **28** A regional health authority shall submit to the Chief Medical Officer a weekly summary in the prescribed form of all cases of communicable disease referred to in section 20 occurring within the health region.	

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
	subsection (1) shall comply with it. **25** Where a medical officer of health receives notification of a suspected case of a communicable disease referred to in section 20(1) that occurs outside the boundaries of the health region, that medical officer of health shall immediately notify the medical officer of health of the regional health authority of the health region in which the case occurred. **31(2)** In conducting an examination pursuant to subsection (1) to determine the existence of a communicable disease, the medical officer of health may require from any person who has knowledge of it the production of any information concerning the disease, including the sources or suspected sources of the disease and the names and addresses of any persons who may have been exposed to or become infected with the disease. **53(1)** Information contained in any file, record, document or paper maintained by the Chief Medical Officer or by a regional health authority or an employee or agent on its behalf that comes into existence through anything done under this Part and that indicates that a person is or was infected with a communicable disease shall be treated as private and confidential in respect of the person to whom the information relates and shall not be published, released or disclosed in any manner that would be detrimental to the personal interest, reputation or privacy of that person. **53(2)** For the purposes of assessing and improving the standards of care furnished to persons suffering		

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
	from communicable diseases, compiling statistics with respect to communicable diseases, conducting research into communicable diseases, or for any reason relating to communicable disease that the Chief Medical Officer considers to be in the interest of protecting the public health, the Chief Medical Officer may require any physician or health practitioner to furnish the Chief Medical Officer with the following information: (a) a report containing the name and address of any patient of that physician or health practitioner who is, was or may have been suffering from a communicable disease and a description of the diagnostic and treatment services provided to the patient; (b) medical or other records, or extracts or copies of them, in respect of that patient and in the possession of the physician or health practitioner. **53(3)** Information obtained by the Chief Medical Officer or by a regional health authority or an employee or agent on its behalf pursuant to this section shall be treated as private and confidential and, subject to subsection (4), shall not be published, released or disclosed in any manner that would be detrimental to the personal interest, reputation or privacy of the patient. **53(4)** Information obtained by the Chief Medical Officer or by a regional health authority or an employee or agent on its behalf may be disclosed by the Chief Medical Officer or the regional health authority, employee or agent (a) to any person when required by law; (a.1) to any person where the Chief Medical Officer, regional health authority, employee or		

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
	agent believes on reasonable grounds that the disclosure will avert or minimize an imminent danger to the health or safety of any person; (b) to the person to whom the information relates or the person's legal representative; (c)in statistical form if the person to whom it relates is not revealed or made identifiable; […] (e) to a person or body conducting an investigation or disciplinary proceedings pursuant to legislation governing a profession or occupation that is specified in the regulations when (i) the information is requested by the person or body in accordance with the procedure governing the investigation or disciplinary proceedings, and (ii) the person to whom the information relates consents to the disclosure. **53(5)** Subsection (1) does not prohibit the disclosure of information (a) to any person when required by law to do so, (a.1) to any person where the Chief Medical Officer, regional health authority, employee or agent believes on reasonable grounds that the disclosure will avert or minimize an imminent danger to the health or safety of any person, (b) to any person with the written consent of the Minister, where in the Minister's opinion it is in the public interest that the information be disclosed to that person, or of the person to whom the information relates or the person's legal representative, or (c) to any person where the disclosure is necessary in the course of the administration of this Part. **54(1)** Where a person		

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
	(a) is prohibited by section 53 from publishing, releasing or disclosing information, or (b) refuses to disclose information that the person is permitted by section 53 to disclose, the person to whom the information relates or the person's legal representative may apply for an order directing the person having the information to release it or a copy of it to the person to whom the information relates or the person's legal representative or to some other person named in the order. **54(2)** An application under subsection (1) (a) shall, if it is made in the course of any action or proceeding to which the person to whom the information relates or the person's legal representative is a party, be made on notice to a judge of the court in which the action or proceeding is taken, and (b) shall, in any other case, be made by way of originating notice to a judge of the Court of Queen's Bench. **54(3)** Where the judge considers it appropriate to do so, the judge may order that the application under subsection (1) be heard in private. **54(4)** In an application under subsection (1), the onus of showing why the order should not be made for the release of the information is on the respondent to the motion. **55** No person shall knowingly release, publish or disclose information contrary to section 53. **56(1)** A person suffering from a communicable disease referred to in section 20(2) shall, on		

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
	request, provide the physician or sexually transmitted diseases clinic responsible for the person's treatment with the names of all persons with whom the person has had sexual contact. **56(2)** Notwithstanding section 53, a physician who is provided with the names of contacts pursuant to subsection (1) shall immediately provide the information to the Chief Medical Officer. **56(3)** Notwithstanding section 53, the Chief Medical Officer may notify a person named as a contact pursuant to subsection (1). **66.1** No action for damages may be commenced against (a) the Minister, (b) a member, employee or agent of a regional health authority, (c) an employee under the administration of the Minister, (d) the Chief Medical Officer, the Deputy Chief Medical Officer, an executive officer or a medical officer of health, (e) a health practitioner, or (f) a teacher, a person in charge of an institution or a medical director of a facility for anything done or not done by that person in good faith while carrying out duties or exercising powers under this or any other enactment. **75** Except for the Alberta Bill of Rights, this Act prevails over any enactment that it conflicts or is inconsistent with, including the Health Information Act, and a regulation under this Act prevails over any other bylaw, rule, order or regulation with		

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
	which it conflicts. _____ **Student Record Regulation**, Alta. Reg. 71/1999 (made under the School Act, consolidated up to Alta. Reg. 178/2004). **5(4)** A board shall, at the written request of a medical officer of health as defined in the Public Health Act or his designate, disclose (a) a student's name, address, date of birth, sex and school, and (b) the name, address and telephone number of the student's parent or guardian, to the medical officer of health or his designate for the purpose of contacting parents or guardians regarding voluntary health programs offered by the regional health authority, including immunization, hearing, vision, speech and dental health programs, and for the purpose of communicable disease control.		

BRITISH COLUMBIA

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
Health Act Communicable Disease Regulation, B.C. Reg. 4/1983 (made under the Health Act, consolidated up to B.C. Reg. 281/2004). **6.1** Where a person voluntarily submits himself to testing or examination for a communicable disease and, as a result of that voluntary test, another person is required to make a report to the medical health officer under section 2 or 3, no person shall disclose or permit to be disclosed to any person other than the medical health officer information contained in the report or the results of an examination or test, without the written consent of the person who so volunteered.	**Health Act Communicable Disease Regulation**, B.C. Reg. 4/1983 (made under the Health Act, consolidated up to B.C. Reg. 281/2004). **12(6)** No person shall disclose the results of an examination, test or interpretation made under subsection (1) or (4) to any person other than a medical health officer, a public health inspector, a public health nurse or a physician. _____ **Venereal Disease Act,** R.S.B.C. 1996, c. 475 (consolidated up to B.C. Reg. 200/1999).. **12(1)** A person who is employed or has been employed in the administration of this Act (a) must preserve secrecy about all matters that come to the person's knowledge in the course of the person's employment, and (b) must not communicate any matter to another person except as authorized by this Act, the *Marriage Act* or by the minister. **12(2)** In addition to the penalties provided for in this Act, a person who defaults in a duty under subsection (1) must forfeit the person's office or be dismissed from the person's employment. **12(3)** In a civil action a person must not be compelled to give oral evidence with reference to matters that have come to the person's knowledge	**Health Act**, R.S.B.C. 1996, c. 179. **3(1)** The Provincial health officer is the senior medical health officer for British Columbia and must advise the minister, and senior members of the ministry, in an independent manner on health issues in British Columbia and on the need for legislation, policies and practices respecting those issues. **3(2)** The Provincial health officer must monitor the health of the people of British Columbia and provide to the people of British Columbia information and analyses on health issues. **3(3)** If the Provincial health officer considers that the interests of the people of British Columbia are best served by making a report to the public on health issues in British Columbia, or on the need for legislation or a change of policy or practice respecting health in British Columbia, the Provincial health officer must make that report in the manner the Provincial health officer considers most appropriate. **3(4)** Each year the Provincial health officer must give the minister a report on the health of the people of British Columbia including, if appropriate, information about the health of the people as measured against population health targets, and the minister must lay the report before the Legislative Assembly as soon as practical.	**Health Act**, R.S.B.C. 1996, c. 179. **10(1)** A health status registry is continued in the ministry. **10(2)** The health status registry may record and classify for statistical or for health research purposes information concerning congenital anomalies, genetic conditions or chronic handicapping conditions of individuals. (***THEREFORE, NOTHING ON INFECTIOUS DISEASE*) _____ **Sanitary Regulation**, B.C. Reg. 142/1959 (made under the Health Act, consolidated up to B.C. Reg. 266/1996). **6** The following shall be the duties for the medical health officer in respect of the district for which he is appointed: […] (h) […] He shall also keep a record of all cases of infectious disease reported to him; […]. _____ **Venereal Disease Act**, R.S.B.C. 1996, c. 475 (consolidated up to B.C. Reg. 200/1999).. **2** Every medical practitioner and every person in charge of a place of detention must

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
	while employed in the administration of this Act. **12(4)** A person must not issue or make available to a person other than a medical practitioner or persons engaged in the administration of this Act all or part of a laboratory report of an examination made to determine the presence or absence of venereal disease. **13(1)** A report, certificate or statement of a medical practitioner or of an agent of the minister given under this Act, in good faith and without negligence, that a person is suffering from venereal disease or suspected of having or having been exposed to venereal disease (a) does not render the medical practitioner or agent liable to action, (b) is not admissible in evidence in proceedings against the medical practitioner or agent, and (c) cannot be made the ground of any prosecution, action or suit against the medical practitioner or agent. **13(2)** All records, reports and certificates made or kept under this Act are absolutely privileged and exempt from production on subpoena issued in a court in a civil action. **14(1)** A person who does any of the following commits an offence: […] (c) publishes or discloses contrary to section 15(3) any proceedings taken under this Act or the regulations;[…]. **14(2)** If no other penalty is prescribed a person who commits an offence under subsection (1) is	**7(1)** The minister must do the following: […] (d) make sanitary investigations and inquiries about the cause of disease, and especially of an epidemic; (e) inquire into the causes of varying rates of mortality and the effect of locality, employment and other circumstances on health; (f) make suggestions as to the prevention and interception of contagious and infectious diseases the minister believes most effective and proper, and as will tend to prevent and limit as far as possible the rise and spread of disease; (g) inquire into the measures that are being taken by local boards for the limitation of any existing dangerous, contagious or infectious disease, through powers conferred on local boards by this or any other Act; (h) if the minister believes it is necessary, advise officers of the government and local boards about public health, and of the means to be adopted to secure it, and of the location, drainage, water supply, disposal of excreta, heating and ventilation of any public institution or building. **26(1)** The council of every city municipality in British Columbia must appoint a medical practitioner to be the medical health officer of the municipality. **26(2)** A medical health officer appointed under subsection (1) must perform the duties provided for in this Act in addition to the duties imposed on the medical health officer under the *Local Government Act* and any resolution or bylaw passed under that Act.	(a) maintain a record of all persons suffering from venereal disease coming under their treatment or supervision, and […].

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	liable on conviction to a penalty of not less than $25 and not more than $100.	**27(1)** Despite section 26, if a regional board has responsibility for the administration of health services in a regional district, it may, subject to the approval of the minister, appoint a medical practitioner to be the medical health officer of the regional district. _____ **Sanitary Regulation**, B.C. Reg. 142/1959 (made under the Health Act, consolidated up to B.C. Reg. 266/1996). **5(1)** Every local board of health shall […] (i) give notice within 24 hours, by telegraph or registered letter, to the Provincial Board of Health of the first case of such dangerous disease within its district; and shall further furnish, every 7 days, or oftener if the Provincial Board of Health so requires, a statement showing the number of new cases developed, the number of those who have died and the number who have recovered or are still sick, […]. **6** The following shall be the duties for the medical health officer in respect of the district for which he is appointed: (a) He shall inform himself, as far as practicable, respecting all influences affecting threatening to affect, injuriously, the public health within the district ; […] (e) On receiving information of the outbreak of any contagious, infectious or epidemic disease of a dangerous character within the district, he shall visit without delay the spot where the outbreak has occurred and inquire into the causes and	

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		circumstances of such outbreak, and in case he is not satisfied that all due precautions are being taken, he shall advise the persons competent to act as to the measures which may appear to him to be requires to prevent the extension of the disease and so far as he may be able, assist in the execution of the same; […] (h) He shall keep a journal, in which […] He shall also keep a record of all cases of infectious disease reported to him ; […]. **8** The following are the duties of the public health inspector in respect to the district for which he is appointed: […] (b) He shall, by inspection of his district, both systematically at certain periods (at least once a year) and at intervals as occasion may require, keep himself informed in regard to the nuisances existing therein that require abatement; such […] (g) He shall give immediate notice to the medical health officer of the occurrence within the district of any contagious, infectious or epidemic disease, and whenever it appears to him that the intervention of such officer is necessary, in consequence of the existence of any nuisance injurious to health, or any overcrowding in a house, he shall forthwith inform the medical health officer thereof; (h) He shall attend to the instructions of the medical health officer with respect to any measures, such as the quarantining or disinfecting of a house or any infected person or thing, or any other measures that may be lawfully taken by a public health officer or inspector for preventing the spread of any contagious, infectious or epidemic of a dangerous character;	

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		(i) He shall enter from day to day, in a book to be provided by the local board, particulars of his inspections and of the action taken by him in the execution of his duties. He shall also keep a book or books so arranged as to form, as far as possible, a continued record of the sanitary condition of each of the premises inspected, or in respect to which any action has been taken, and shall keep any other systematic records required. He shall produce any such book whenever requested by the local board or the medical officer, and give information that he may be able to furnish with respect to any other […] . _____ **Venereal Disease Act**, R.S.B.C. 1996, c. 475 (consolidated up to B.C. Reg. 200/1999).. **17** Case finding, case holding, follow up and epidemiology are the responsibility of municipal health departments and of health units.	

MANITOBA

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	The Public Health Act, C.C.S.M. c. P210 (consolidated up to S.M. 2002, c. 26). **12.1(1)** The chief medical officer of health, or a person designated by the minister, may require any person, organization, government department, government agency or other entity to report information about diseases, the symptoms and incidents of disease, and anything else the chief medical officer of health or designated person considers reasonably necessary to permit an assessment to be made of the threat disease presents to public health. **12.1(2)** The information required under subsection (1) may include personal information and personal health information. **12.1(3)** Any one required to provide information under subsection (1) shall do so. **12.2(1)** For the purpose of preventing, controlling or dealing with a threat to public health, the minister, a person designated by the minister or the chief medical officer of health may provide information to and obtain information from any of the following: (a) a government department or government agency; (b) a municipality, local government district, school division or school district established under *The Public Schools Act*, regional health authority or other local authority established by or under an	**Diseases and Dead Bodies Regulation**, Man. Reg. 338/88R (made under The Public Health Act, consolidated up to Man. Reg. 62/2001). **12(2)** Any person being examined, or any person in an institution or premises being inspected, under subsection (1) shall give to the medical officer of health or anyone delegated by the medical officer of health to make the examination or inspection, all information of which that person has knowledge, including (a) the source of infection or contagion of the disease or the suspected source; (b) the occupation of all persons residing in, working in or visiting, the premises; (c) the facilities available for isolating the person having, or infected by, the disease; and (d) such other information as the medical officer of health or the person making the examination or inspection may require. **19(2)** A medical officer of health shall send to the director [of communicable disease control] by mail, within 24 hours after receipt thereof, (a) every report of a case of a reportable disease received by him or her from a duly qualified medical practitioner; and (b) full information respecting any other case of a reportable disease of which he or she may be aware.	**Diseases and Dead Bodies Regulation**, Man. Reg. 338/88R (made under The Public Health Act, consolidated up to Man. Reg. 62/2001). **19(1)** Every medical officer of health shall keep an accurate record in writing of (a) every case of a reportable disease reported to him or her by a duly qualified medical practitioner; and (b) every other case of a reportable disease (i) otherwise reported to him or her, or (ii) of which he or she has knowledge. **19(2)** A medical officer of health shall send to the director [of communicable disease control] by mail, within 24 hours after receipt thereof, (a) every report of a case of a reportable disease received by him or her from a duly qualified medical practitioner; and (b) full information respecting any other case of a reportable disease of which he or she may be aware. **51** Except where otherwise authorized by law, no person engaged in the administration of this Part shall disclose any health information about an identifiable individual which may come to that person's knowledge in the course of that person's duty, except to other persons engaged in the performance of duties under this Part to the extent necessary to fulfill such duties.

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	other local authority established by or under an enactment; (c) a band as defined in the *Indian Act* (Canada); (d) a department or agency of the government of Canada or of another province or territory of Canada, or the government or agency of the government of a foreign country or of a state, province or territory of a foreign country. **12.2(2)** The information referred to in subsection (1) may include personal information, personal health information and proprietary or confidential business information. **22.1(1)** In addition to the powers under sections 11.1 and 12 and the regulations, when reasonably required to administer or determine compliance with this Act or the regulations in relation to a serious health hazard or a dangerous disease, a medical officer of health may […] (e) require any person to (i) provide information, including personal information, personal health information or proprietary or confidential business information, and (ii) produce any document or record, including a document or record containing personal information, personal health information or proprietary or confidential business information, and the medical officer of health may examine or copy it, or take it to copy or retain as evidence; […]. **22.1(2)** A public health inspector has the same powers as a medical officer of health under subsection (1), except the power to require the production of personal health information or a document or record containing personal health		

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	information. These powers are in addition to the powers that a public health inspector has under sections 11.1 and 13 and the regulations. **22.1(3)** A public health nurse has the same powers as a medical officer of health under subsection (1) in relation to dangerous diseases, if authorized to exercise them by a medical officer of health either verbally or in writing. These powers are in addition to the powers that a public health nurse has under sections 11.1 and 14 and the regulations. **22.1(4)** A medical officer of health, public health inspector or public health nurse exercising a power under subsection (1) may be accompanied by any other person he or she considers necessary, and the other person may exercise any of the powers under subsection (1), as directed by the medical officer of health, public health inspector or public health nurse. **22.1(5)** The owner, occupant or person in charge of a place or premises, and any other person found there, shall (a) give a person exercising a power under subsection (1) all reasonable assistance to enable the person to carry out his or her duties; and (b) provide the person with any information reasonably required. **22.2(3)** An order under this section may require the person to whom it is directed to do anything, or refrain from doing anything, that the medical officer of health reasonably considers necessary to prevent, remedy, mitigate or otherwise deal with the serious health hazard, including the following:		

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	(a) investigate the situation, or undertake tests, examination, analysis, monitoring or recording, and provide the medical officer of health with any information the medical officer of health requires; […].		

NEW BRUNSWICK

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	Public Health Act, S.N.B. 1998, c. P-22.4 (consolidated up to S.N.B. 2002, c. 23). **43(1)** A medical officer of health or a public health inspector may, for the purpose of this Act, for the purpose of ensuring compliance with any provision of this Act or the regulations or for the purpose of exercising a power or carrying out of a duty under this Act or the regulations, do any of the following: […] (b) make inspections, examinations, tests and inquiries; (c) make or require the making of copies or extracts of documents or records related to an examination, inspection, test or inquiry; (d) take or require the taking of samples related to an inspection, examination, test or inquiry; […]. **44(1)** A medical officer of health or public health inspector may remove documents or records from a premises for a purpose mentioned in subsection 43(1) and may make a copy or extract of them or any part of them and shall give a receipt to the occupier for the documents or records so removed. **44(2)** Where documents or records are removed from a premises, they shall be returned to the occupier as soon as possible after the making of the copies or extracts. **44(3)** A copy or extract of any document or record	**General**, N.B. Reg. 1988-200 (made under the Health Act, consolidated up to N.B. Reg. 2004-59). **95** Upon receipt of the notification referred to in subsection 94(3), the district medical health officer (a) if it is necessary to confirm the presence of a notifiable disease, shall cause the matter to be investigated and reported upon, (b) shall cause to be entered in a book, kept for this purpose, the occurrence of each notifiable disease, together with the form provided for reporting the disease, (c) shall forward to the Director of Communicable Disease Control reports of notifiable diseases on the required form at stated intervals in accordance with the instructions on the form, and (d) shall immediately report unusual or epidemic forms of disease to the Director of Communicable Disease Control by telephone or telegraph, together with all pertinent details concerning the outbreak. _____ **Venereal Disease Act**, R.S.N.B. 1973, c. V-2 (consolidated up to S.N.B. 2002, c. 1). **22** All reports to the Director [of the Division of Venereal Disease Control] respecting individual cases of venereal disease shall be considered as confidential information, and be inaccessible to the public.	**General**, N.B. Reg. 1988-200 (made under the Health Act, consolidated up to N.B. Reg. 2004-59). **95** Upon receipt of the notification referred to in subsection 94(3), the district medical health officer (a) if it is necessary to confirm the presence of a notifiable disease, shall cause the matter to be investigated and reported upon, (b) shall cause to be entered in a book, kept for this purpose, the occurrence of each notifiable disease, together with the form provided for reporting the disease, (c) shall forward to the Director of Communicable Disease Control reports of notifiable diseases on the required form at stated intervals in accordance with the instructions on the form, and (d) shall immediately report unusual or epidemic forms of disease to the Director of Communicable Disease Control by telephone or telegraph, together with all pertinent details concerning the outbreak.

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	related to an inspection, examination, test or inquiry and purporting to be certified by a person referred to in subsection 43(1), is admissible in evidence in any action, proceeding or prosecution as proof, in the absence of evidence to the contrary, of the original without proof on the appointment, authority or signature of the person purporting to have certified the copy. **66(1)** Subject to subsection (2), no person shall disclose any information that comes to the person's knowledge in the course of carrying out responsibilities under this Act or the regulations under this Act concerning a person who (a) has or may have a notifiable disease or is or may be infected with an agent of a communicable disease, (b) is or is suspected of being a contact, or (c) is or may be affected by an injury or by a risk factor prescribed by the regulations or has suffered a reportable event prescribed by the regulations. **66(2)** A person may disclose information described in subsection (1) where the disclosure is (a) required for purposes relating to the administration or enforcement of this Act or the regulations, (b) required by law, (b.1) required under section 11.1 of the *Family Services Act*, (c) required to carry out a responsibility imposed or to exercise a power conferred under this Act or the regulations, (d) requested or approved by the person who is the subject of the information or by a parent of or a person who has the lawful custody, care or control		

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	of the person if the person is under the age of sixteen years, (e) ordered by the Minister for the purpose of protecting the health of the public, (f) made to a medical practitioner, nurse practitioner or nurse or in the course of consultation, (g) made to a person who is conducting bona fide research or medical review if the disclosure is made in a manner that ensures the anonymity of the person to whom the information relates, (h) in the case of information pertaining to a person under sixteen years of age, to a parent of or to a person who has the lawful custody, care or control of the person under sixteen years of age, or (i) made in circumstances prescribed in the regulations. _____ **Venereal Disease Act**, R.S.N.B. 1973, c. V-2 (consolidated up to S.N.B. 2002, c. 1). **22** All reports to the Director [of the Division of Venereal Disease Control] respecting individual cases of venereal disease shall be considered as confidential information, and be inaccessible to the public. **23** No action or other proceeding lies against any person in respect of anything done in pursuance of this Act or of the regulations. _____ **Public Health Act**, S.B.N. 1998, c. P-22.4 (consolidated up to S.N.B. 2002, c. 23).		

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	33(1) Subject to subsection (2), a medical officer of health by a written order may require a person to take or refrain from taking any action that is specified in the order in respect of a communicable disease.		

NEWFOUNDLAND AND LABRADOR

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
	Venereal Disease Prevention Act, R.S.N. 1990, c. V-2. **14(1)** A person who publicly or privately, orally or in writing, directly or indirectly, states or intimates that another person has been notified or examined or otherwise dealt with under the provisions of this Act, whether that statement or intimation is or is not true, shall incur a penalty of $200 and in default of payment shall be imprisoned for a period of not more than 6 months. **14(2)** Subsection (1) shall not apply to communication or disclosure made in good faith (a) to the minister; (b) to a medical health officer for his or her information in carrying out the provisions of this Act; (c) to a physician; (d) in the course of consultation for treatment or diagnosis for venereal disease; (e) to the superintendent or head of a public hospital, sanatorium or place of detention; (f) to evidence given in a judicial proceeding of facts relevant to the issue; (g) to a communication authorized or required to be made by this Act or the regulations; (h) by a physician or inspector to an employer in respect of his or her employee within the scope of section 19 of the *Food and Drug Act;* or (i) to the clerk of a person mentioned in this subsection where the communication is necessary		

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	for the keeping of records. **14(3)** Notwithstanding subsection (1), a physician may, for the protection of health, give information concerning the patient to persons residing in the same household. **15** A person engaged in the administration of this Act shall preserve secrecy with regard to all matters which may come to his or her knowledge in the course of that employment and shall not communicate that matter to another person except in the performance of his or her duties under this Act or when instructed to do so by a medical health officer, or the minister. **17(1)** The name of a person infected or suspected to be infected with a venereal disease shall not appear on an account in connection with treatment for it, but the case may be designated by a number or otherwise and it shall be the duty of a person concerned with the administration of this Act to see that secrecy is preserved. **17(2)** A person who contravenes subsection (1) is guilty of an offence and shall incur the penalties provided by section 14.		

NORTHWEST TERRITORIES & NUNAVUT

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
	Disease Registries Act, R.S.N.W.T. 1988 (Supp.), c. 7 (Northwest Territories: consolidated up to S.N.W.T. 2003, c. 21; Nunavut: consolidated up to S.N.W.T. 1998, c. 38). **6(1)** After receiving information from a health care professional under section 3 or 5, the Registrar may request the professional to provide any additional information that the Registrar considers necessary respecting (a) the examination, diagnosis or treatment; and (b) the person who has the disease. **6(2)** The health care professional shall comply with a request of the Registrar made under subsection (1). **7** Where an examination, diagnosis or treatment of a person in respect of a reportable disease or a reportable test takes place in a health facility, the person in charge of the health facility shall, on the request of the Registrar, provide to the Registrar any additional information that the Registrar considers necessary respecting (a) the examination, diagnosis, treatment or test; and (b) the person who has the disease or on whom the test was performed.	**Disease Registries Act**, R.S.N.W.T. 1988 (Supp.), c. 7 (Northwest Territories: consolidated up to S.N.W.T. 2003, c. 21; Nunavut: consolidated up to S.N.W.T. 1998, c. 38). **22** The Minister may appoint a Registrar of Disease Registries.	**Disease Registries Act**, R.S.N.W.T. 1988 (Supp.), c. 7 (Northwest Territories: consolidated up to S.N.W.T. 2003, c. 21; Nunavut: consolidated up to S.N.W.T. 1998, c. 38). **9** The Registrar shall establish and maintain a register for each reportable disease and each reportable test. **14(1)** The Minister, Registrar, Deputy Minister of the department responsible for the administration of this Act, and one or more persons designated by the Minister may review a register. **14(2)** The persons referred to in subsection (1) may use the information contained in a register (a)to prepare accurate estimates on the number of people in the Territories who have a reportable disease; (b) to identify patterns of a reportable disease; (c)to assist in determining ways to reduce the incidence of a reportable disease in the Territories; and (d) to assist in the development of programs and policies designed to improve the health of the residents of the Territories.

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	8 No action or other proceeding for damages lies against a health care professional or person in charge of a health facility in respect of the providing of any information to the Registrar under this Act. **11(1)** The Chief Medical Health Officer appointed under the *Public Health Act* shall provide the Registrar with access to the records of the Chief Medical Health Officer respecting a reportable disease that is a communicable disease. **11(2)** The Registrar may enter information obtained from the records of the Chief Medical Health Officer into the registers. **15** The Registrar may disclose information in a register to a health care professional where, in the opinion of the Registrar, the disclosure is necessary for the treatment of the person who is the subject of the information. _____ **Communicable Diseases Regulations**, R.R.N.W.T. 1990, c. P-13 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg. 022-2004; Nunavut: consolidated up to Nu. Reg. 015-2003). **5** No action or other proceedings in damages lies against a medical practitioner, nurse or dentist or the Chief Medical Health Officer in respect of furnishing information in good faith to any person in the course of carrying out contact tracing or surveillance in accordance with section 4.		

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	19(1) Except where required to do so in the performance of his or her duties, a person engaged in the administration of these regulations shall not communicate any matter respecting any case of venereal disease that may come to his or her knowledge.		

NOVA SCOTIA

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
	Health Act, R.S.N.S. 1989, c. 195 (consolidated up to S.N.S. 2001, c. 5). **96** Every person employed in the administration of this Part shall preserve secrecy with regard to all matters which may come to his knowledge in the course of such employment, and shall not communicate any such matter to any other person except in the performance of his duties under this Act, and in default he shall, in addition to any other penalty, forfeit his office or be dismissed from his employment. _____ **Tuberculosis Control Regulations**, N.S. Reg. 45/1942 (made under the Health Act). **4** The Medical Health Officer shall cause all reports made in accordance with the preceding Section to be entered in a register kept for the purpose. Such register shall not be open to inspection by any person other than health authorities or officials, nor shall the name or identity of any person mentioned in any such report be divulged, except as may be necessary in the interest of the public health.	**Communicable Diseases Regulations**, N.S. Reg. 28/1957 (made under the Health Act, consolidated up to N.S. Reg. 79/2003). **9** Every Medical Health Officer shall record in a register to be supplied for the purpose, every case of a notifiable disease reported to him by any householder, or by any physician or other person attending any patient, including as well, any such case that may have occurred in his own practice, together with the name, address, occupation and such other particulars of the case as may be required. **10** Every Medical Health Officer shall report to the Department of Health upon blanks furnished for the purpose by the department, and at such times and such manner as is provided for, all cases of notifiable disease, that have been reported to him or which may have occurred in his own practice. _____ **Tuberculosis Control Regulations**, N.S. Reg. 45/1942 (made under the Health Act). **4** The Medical Health Officer shall cause all reports made in accordance with the preceding Section to be entered in a register kept for the purpose. Such register shall not be open to inspection by any person other than health authorities or officials, nor shall the name or	**Communicable Diseases Regulations**, N.S. Reg. 28/1957 (made under the Health Act, consolidated up to N.S. Reg. 79/2003). **9** Every Medical Health Officer shall record in a register to be supplied for the purpose, every case of a notifiable disease reported to him by any householder, or by any physician or other person attending any patient, including as well, any such case that may have occurred in his own practice, together with the name, address, occupation and such other particulars of the case as may be required. **10** Every Medical Health Officer shall report to the Department of Health upon blanks furnished for the purpose by the department, and at such times and such manner as is provided for, all cases of notifiable disease, that have been reported to him or which may have occurred in his own practice. _____ **Tuberculosis Control Regulations**, N.S. Reg. 45/1942 (made under the Health Act). **4** The Medical Health Officer shall cause all reports made in accordance with the preceding Section to be entered in a register kept for the purpose. Such register shall not be open to inspection by any person other than health

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		identity of any person mentioned in any such report be divulged, except as may be necessary in the interest of the public health.	authorities or officials, nor shall the name or identity of any person mentioned in any such report be divulged, except as may be necessary in the interest of the public health.

ONTARIO

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
	Health Protection and Promotion Act, R.S.O. 1990, c. H.7 (consolidated up to S.O. 2004, c. 30). **22.1(12)** An analyst who receives a sample of blood for analysis under clause (4) (c), (a) shall ensure that the sample is not used for any purpose other than the analysis and the reporting of results described in that clause; (b) shall not release the sample to any person other than for the purpose of that clause or the retention of the sample by a person acting on behalf of the analyst as long as no person other than the analyst has access to the sample; (c) shall not disclose the results to any person other than in accordance with that clause. **22.1(13)** The results of the analysis are not admissible in evidence in a criminal proceeding. **32(1)** A medical officer of health may transmit to another medical officer of health or to the proper public health official in another jurisdiction any information in respect of a person in relation to whom a report in respect of a reportable disease has been made under this Act. **32(2)** Where the person in respect of whom a report is made under this Part to a medical officer of health does not reside in the health unit served by the medical officer of health, the medical officer of health shall transmit the report to the medical	**Reports**, R.R.O. 1990, Reg. 569 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 1/05). **6(1)** Where a medical officer of health receives a report made under section 25, 26, 27 or 28, subsection 29 (2) or section 30 of the Act, he or she shall immediately forward a copy of the report to the Public Health Division of the Ministry in a secure manner.	

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	officer of health serving the health unit in which the person resides. **39(1)** No person shall disclose to any other person the name of or any other information that will or is likely to identify a person in respect of whom an application, order, certificate or report is made in respect of a communicable disease, a reportable disease, a virulent disease or a reportable event following the administration of an immunizing agent. **39(2)** Subsection (1) does not apply, (a) in respect of an application by a medical officer of health to the Ontario Court of Justice that is heard in public at the request of the person who is the subject of the application; (b) where the disclosure is made with the consent of the person in respect of whom the application, order, certificate or report is made; (c) where the disclosure is made for the purposes of public health administration; (d) in connection with the administration of or a proceeding under this Act, the *Regulated Health Professions Act, 1991*, a health profession Act as defined in subsection 1 (1) of that Act, the *Public Hospitals Act*, the *Health Insurance Act*, the *Canada Health Act* or the *Criminal Code* (Canada), or regulations made thereunder; or (e) to prevent the reporting of information under section 72 of the *Child and Family Services Act* in respect of a child who is or may be in need of protection. **91.1(1)** A medical officer of health may, subject to any conditions that may be prescribed in the regulations, directly or indirectly collect personal		

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	information for the purposes of this Act or for purposes related to administration of a public health program or service that is prescribed in the regulations. **91.1(2)** A medical officer of health may use or retain personal information, subject to any conditions that are prescribed in the regulations, for the purposes of this Act or for purposes related to the administration of a public health program or service that is prescribed in the regulations. **91.1(3)** A medical officer of health may disclose personal information to another medical officer of health if any conditions that are prescribed in the regulations have been met and if the disclosure is necessary for the purposes of this Act or for purposes related to administration of a public health program or service that is prescribed in the regulations. **91.1(4)** A medical officer of health shall not disclose the information if, in his or her opinion, the disclosure is not necessary for a purpose mentioned in subsection (3). **91.1(5)** Before disclosing personal information obtained under this section, a medical officer of health shall delete from it all names and identifying numbers, symbols or other particulars assigned to individuals unless, (a) disclosure of the names or other identifying information is necessary for the purposes described in subsection (3); or (b) disclosure of the names or other identifying information is otherwise authorized under the		

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	Freedom of Information and Protection of Privacy Act or the *Municipal Freedom of Information and Protection of Privacy Act*. **91.1(6)** The Minister may make regulations prescribing anything that may be prescribed for the purposes of this section. **95(4**) No action or other proceeding shall be instituted against a person for making a report in good faith in respect of a communicable disease or a reportable disease in accordance with Part IV.		

PRINCE EDWARD ISLAND

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School Act, R.S.P.E.I. 1988, c. S-2.1 (consolidated up to S.P.E.I. 2000 (2nd), c. 3). **115(4)** School board employees and trustees shall maintain confidentiality respecting students reported or excluded under this section.	**Notifiable and Communicable Diseases Regulations**, P.E.I. Reg. EC1985-330 (made under the Public Health Act, consolidated up to P.E.I. Reg. EC2003-156). **4** A person who is, or is suspected of being, infected with a regulated disease, including a suspected carrier or contact, shall (a) when himself suspecting infection or when so informed by a physician or health officer, place himself under the care of a physician or direction of a health officer; (b) submit to such diagnostic examination, treatment and control measures as may be directed by the physician, Chief Health Officer or his delegate; and (c) identify any contact, and provide such other relevant information as may be required, to the physician Chief Health Officer or his delegate. **9** Such person as the Chief Health Officer may direct shall submit a monthly compilation of all reports of notifiable diseases, with such further information as may be required, to the Chief Health Officer or his delegate, and to the appropriate agencies of the Government of Canada for purposes of national disease surveillance. _____ **School Act**, R.S.P.E.I. 1988, c. S-2.1 (consolidated up to S.P.E.I. 2000 (2nd), c. 3).	**Notifiable and Communicable Diseases Regulations**, P.E.I. Reg. EC330-85 (made under the Public Health Act, consolidated up to P.E.I. Reg. EC2003-156). **2** The Chief Health Officer […] (b) shall be the final medical authority on all matters pertaining to regulated disease control; […] (d) shall be responsible for the monitoring of notifiable diseases and may prescribe procedures, including frequency and form, for the reporting thereof; […].	

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	115(4) School board employees and trustees shall maintain confidentiality respecting students reported or excluded under this section.		

QUÉBEC

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Public Health Act, R.S.Q., c. S-2.2 (consolidated up to S.Q. 2002, c. 69). **49(1)** The Minister may, for the purposes of clinical preventive care or the protection of the health of the population, make regulations establishing registries in which personal information on certain health services or health care received by the population is recorded. **49(2)** The regulations shall specify the services or care that must be recorded in the registries, the personal information that must be furnished, in what circumstances and by what health professionals, and who will have access to such personal information and for what purposes. **49(3)** The regulations shall provide that the consent of the person receiving the services or care is required both for the recording of the information in the registry and for allowing third persons to have access to the information, and the regulations must enable a person to remove all or part of the information that relates to him or her from a registry. **49(4)** The regulations may, however, provide for the recording of certain information in a registry or allow access to certain information without the consent of the person to whom the information relates, where the refusal of that person could endanger the health of other persons. In such a	**Public Health Act**, R.S.Q., c. S-2.2 (consolidated up to S.Q. 2002, c. 69). **36(1)** The proposed surveillance plans must be submitted to the ethics committee for an opinion. **36(2)** Where a surveillance plan provides for the communication of personal information which is within the purview of the Commission d'accès à l'information under the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1) or where the Commission must examine a mandate conferred by the Minister under section 34 of this Act, a copy of the opinion of the ethics committee must be forwarded to the Commission. **38** The Minister and the public health directors may require physicians, public or private medical laboratories, health and social services institutions, any government department or any body to provide them with the information necessary for a surveillance plan, in a form that does not allow the persons to whom the information relates to be identified but that enables such information to be obtained for each area served by a health and social services institution operating a local community service centre, each municipality, each borough or each ward. **49(1)** The Minister may, for the purposes of clinical preventive care or the protection of the health of the	**Public Health Act**, R.S.Q., c. S-2.2 (consolidated up to S.Q. 2002, c. 69). **2(3)** For the purposes of this Act, the public health authorities include the Minister of Health and Social Services, the national public health director appointed under the Act respecting the Ministère de la Santé et des Services sociaux (chapter M-19.2) and the public health directors appointed under the Act respecting health services and social services (chapter S-4.2) or the Act respecting health services and social services for Cree Native persons (chapter S-5). **44** The Minister shall establish and maintain, in particular for the purposes of ongoing surveillance of the health status of the population, a system for the collection of sociological and health-related personal or non-personal information on births, stillbirths and deaths; the mechanics of the system shall be fixed by regulation. **47** The Minister may establish and maintain, in particular for the purposes of ongoing surveillance of the health status of the population, systems for the collection of data and personal and non-personal information on the prevalence, incidence and distribution of health problems having significant impacts on premature mortality and on morbidity and disability; the particulars of the system shall be fixed by regulation.	**Public Health Act**, R.S.Q., c. S-2.2 (consolidated up to S.Q. 2002, c. 69). **47** The Minister may establish and maintain, in particular for the purposes of ongoing surveillance of the health status of the population, systems for the collection of data and personal and non-personal information on the prevalence, incidence and distribution of health problems having significant impacts on premature mortality and on morbidity and disability; the particulars of the system shall be fixed by regulation. **49(1)** The Minister may, for the purposes of clinical preventive care or the protection of the health of the population, make regulations establishing registries in which personal information on certain health services or health care received by the population is recorded. **49(2)** The regulations shall specify the services or care that must be recorded in the registries, the personal information that must be furnished, in what circumstances and by what health professionals, and who will have access to such personal information and for what purposes. **49(3)** The regulations shall provide that the consent of the person receiving the services or care is required both for the recording of the information in the registry and for allowing third persons to have access to the information, and the regulations must

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case, the person concerned may not require the removal of the information that relates to him or her from the registry. **132(1)** A public health director and the persons exercising their functions for the public health department may not communicate the information referred to in section 131 except pursuant to an order of the Court or of a coroner in the exercise of a coroner's functions, or with the consent of the persons to whom the information relates. **132(2)** They may, however, communicate any information necessary in the following cases and circumstances and subject to the following conditions: 1) to the resources of a health or social services institution that have been mobilized by a public health director under section 97 or to a peace officer acting at the request of the director; 2) to the public health director of another region if a real or apprehended health threat is likely to affect the population of that director's region; 3) to the national public health director where the situation is such that it could entail the application of Division II or Division III of Chapter XI or require that certain information be communicated or disclosed with the authorization of the national public health director in accordance with section 133; 4) to a government department, a local municipality, a body, a health and social services institution or to the national public health director or the Minister, for the purposes of their	population, make regulations establishing registries in which personal information on certain health services or health care received by the population is recorded. **49(2)** The regulations shall specify the services or care that must be recorded in the registries, the personal information that must be furnished, in what circumstances and by what health professionals, and who will have access to such personal information and for what purposes. **49(3)** The regulations shall provide that the consent of the person receiving the services or care is required both for the recording of the information in the registry and for allowing third persons to have access to the information, and the regulations must enable a person to remove all or part of the information that relates to him or her from a registry. **49(4)** The regulations may, however, provide for the recording of certain information in a registry or allow access to certain information without the consent of the person to whom the information relates, where the refusal of that person could endanger the health of other persons. In such a case, the person concerned may not require the removal of the information that relates to him or her from the registry. **67(1)** Access to personal information contained in the registry shall be granted to persons applying therefore to the extent and for the purposes hereinafter described: 1) to a vaccinated person, as regards information that relates to the person;	**49(1)** The Minister may, for the purposes of clinical preventive care or the protection of the health of the population, make regulations establishing registries in which personal information on certain health services or health care received by the population is recorded.	enable a person to remove all or part of the information that relates to him or her from a registry. **49(4)** The regulations may, however, provide for the recording of certain information in a registry or allow access to certain information without the consent of the person to whom the information relates, where the refusal of that person could endanger the health of other persons. In such a case, the person concerned may not require the removal of the information that relates to him or her from the registry. **50(1)** Draft regulations establishing the registries provided for in section 49 must be submitted to the Commission d'accès à l'information for an opinion. Should the Commission give an unfavourable opinion, the draft regulations may not be adopted by the Minister except with the approval of the Government. **50(2)** The opinion of the Commission and the approval of the Government must be tabled in the National Assembly […]. **52** The Minister may personally assume the management of the data collection systems or the registries established under this chapter or entrust the management of the systems and registries to another public body pursuant to an agreement.

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intervention in any situation described in section 98, 99 or 107. **132(3)** Subject to the first two paragraphs, access to such information in all other circumstances is subject to the provisions of sections 17 to 28 of the Act respecting health services and social services (chapter S-4.2), with the necessary modifications.	that relates to the person; 2) to a vaccinator who verifies the vaccination history of a person before administering a vaccine, provided the person receiving the vaccine has consented thereto; 3) to the national public health director, where the director has been informed that a particular lot of vaccine provides inadequate protection and he or she considers that the persons who have received the vaccine must be traced; 4) to a public health director having received an unusual clinical manifestation report pursuant to section 69, for the epidemiological investigation of that case in the region and of any similar case that may occur in respect of that type of vaccine; 5) to a public health director who, within the scope of an epidemiological investigation, wishes to assess the vaccination status of persons who may have been in contact with a communicable infectious agent; 6) to institutions operating a local community service centre for the purposes of interventions promoting vaccination in respect of the persons in their territories who have given prior consent to such access being granted or, on the same conditions, to the appropriate public health director, where an agreement has been signed between the director and such an institution whereby such promotional activities are carried out by the public health department. **67(2)** [not yet in force]Subject to the first paragraph, access to such information in all other circumstances is subject to the provisions of sections 17 to 28 of the Act respecting health services and social services (chapter S-4.2), with the		

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	necessary modifications. **95(1)** Reporting a situation under this chapter [reporting to public health authorities] does not authorize the person making the report to disclose personal or confidential information unless, after evaluating the situation, the public health authority concerned requires such information in the exercise of the powers provided for in chapter XI [Powers of public health authorities and the government in the event of a threat to the health of the population]. **95(2)** The provisions of this chapter shall not be construed as authorizing a government department, a body, a local municipality, a health and social services institution, a physician, the director of an institution or establishment or a health professional to report a threat to the health of the population arising from a sexually transmitted biological agent. **100** Subject to section 98, a public health director may, where required within the scope of an epidemiological investigation, […] 8) order any person, any government department or any body to immediately communicate to the public health director or give the public health director immediate access to any document or any information in their possession, even if the information is personal information or the document or information is confidential;[…]. **123(1)** Notwithstanding any provision to the contrary, while the public health emergency is in effect, the Government or the Minister, if he or she has been so empowered, may, without delay and without further formality, to protect the health of the		

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	population, […] 3) order any person, government department or body to communicate or give to the Government or the Minister immediate access to any document or information held, even personal or confidential information or a confidential document; […]. **123(2)** The Government, the Minister or another person may not be prosecuted by reason of an act performed in good faith in or in relation to the exercise of those powers. **131(1)** The regional council and the regional boards shall ensure that all personal and confidential information obtained by public health directors in the exercise of their functions under Chapters VIII [reportable intoxications, infections and diseases], IX [compulsory treatment and prophylactic measures for certain contagious diseases or infections] and XI [powers of the public health authority and the government in the event of a threat to the health of the population] is kept by the public health department in such manner as to preserve its confidentiality and that the persons having access to the information in the exercise of their functions undertake under oath not to disclose or communicate the information without being duly authorized to do so. **131(2)** Such confidentiality undertaking shall be periodically renewed. **131(3)** The regional council and the regional boards must do likewise in respect of the reports received under section 69.		

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	132(1) A public health director and the persons exercising their functions for the public health department may not communicate the information referred to in section 131 except pursuant to an order of the Court or of a coroner in the exercise of a coroner's functions, or with the consent of the persons to whom the information relates. **132(2)** They may, however, communicate any information necessary in the following cases and circumstances and subject to the following conditions: 1) to the resources of a health or social services institution that have been mobilized by a public health director under section 97 or to a peace officer acting at the request of the director; 2) to the public health director of another region if a real or apprehended health threat is likely to affect the population of that director's region; 3) to the national public health director where the situation is such that it could entail the application of Division II or Division III of Chapter XI or require that certain information be communicated or disclosed with the authorization of the national public health director in accordance with section 133; 4) to a government department, a local municipality, a body, a health and social services institution or to the national public health director or the Minister, for the purposes of their intervention in any situation described in section 98, 99 or 107. **132(3)** Subject to the first two paragraphs, access to such information in all other circumstances is subject to the provisions of sections 17 to 28 of the Act respecting health services and social services		

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	(chapter S-4.2), with the necessary modifications. **133(1)** Notwithstanding section 132, the national public health director may authorize the communication or disclosure, subject to the conditions specified by the national public health director, of personal or confidential information received by the national public health director from a public health director if the national public health director believes on reasonable grounds that the health of the population is threatened and that the circumstances require such communication or disclosure to protect the health of the population. **134** The provisions of sections 131, 132 and 133 apply, with the necessary modifications, to personal and confidential information obtained by the Minister or the national public health director in the exercise of their functions under this chapter or Chapters VIII [reportable intoxications, infections and diseases] and XI [powers of public health authorities and the government in the event of a threat to the health of the population]. **135** For the purposes of the communication or transmission of information or documents and for the exercise of the rights of access provided for in section 98, paragraph 8 of section 100 or subparagraph 3 of the first paragraph of section 123, the public health authorities have the powers of a commissioner appointed under the Act respecting public inquiry commissions (chapter C-37), except the power to impose imprisonment. **139** Any person who, within the scope of application of Chapter XI [powers of public health		

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	authorities and the government in the event of a threat to the health of the population], impedes or hinders the Minister, the national public health director, a public health director or a person authorized to act on their behalf, refuses to obey an order they are entitled to give, refuses to give access to or communicate the information or documents they are entitled to require, or conceals or destroys documents or other things relevant to the exercise of their functions is guilty of an offence and is liable to a fine of $1,000 to $6,000. **141(1)** Any person who assists or who incites, advises, encourages, allows, authorizes or orders another person to commit an offence under this Act is guilty of an offence. **141(2)** A person convicted of an offence under this section is liable to the same penalty as that provided for the offence the person assisted or incited another person to commit. --- **Minister's Regulation under the Public Health Act,** R.Q. S-2.2, r. 2 (made under the Public Health Act, consolidated up to M.O. 2003-011). **10** The Laboratoire de santé publique du Québec must transmit any confirmed positive laboratory analysis result showing the presence of the human immunodeficiency virus to the person designated by the national public health director and provide that person with the following information for the purposes of the ongoing surveillance of the health status of the population : 1) name and permit number of the health professional who requested the analysis ; and		

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	2) if it is available, the patient's health insurance number. **11(1)** To ensure the confidentiality of information, the person designated by the national public health director must verify in the Laboratoire de santé publique du Québec's records whether a similar laboratory result has already been transmitted for the same person. **11(2)** The person performs that verification by encrypting the patient's health insurance number. If the number is already encrypted, the information system indicates “Déjà déclaré” on the file, and no additional steps are taken. **11(3)** Where the health insurance number has not been provided, the person designated by the national public health director must contact the health professional who requested the analysis to obtain the health insurance number, and then proceed with the verification described in the preceding paragraph. **13** Once the information has been obtained, the person designated by the national public health director must record it in a file maintained for the ongoing surveillance of the health status to ensure that the information cannot be associated with the person's health insurance number.		

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	14(1) Any physician who diagnoses acquired immunodeficiency syndrome in a person must send the following information regarding that person to the person designated by the national public health director for the purposes of the ongoing surveillance of the health status of the population : 1) date of birth1; 2) sex; 3) place of residence and first 3 characters of the postal code; 4) vital status; 5) ethno-cultural origin, country of birth and, where applicable, date of arrival in Canada; 6) indicator diseases of AIDS that have been diagnosed, diagnostic procedure used and dates of the diagnoses; 7) risk factors associated with acquiring the human immunodeficiency virus (HIV); 8) results of the anti-HIV serological tests that have been done, including confirmatory tests known for the HIV infection, with the corresponding dates; and 9) other relevant laboratory data available at the time of the diagnosis. **14(2)** The physician must also include with the information the number the physician has assigned to the patient as a reference number, the physician's professional permit number, the telephone numbers at which he or she can be reached and the date on which the information was sent.		

SASKATCHEWAN

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The Disease Control Regulations, R.R.S. 2000, c. P-37.1, Reg.11 (made under The Public Health Act, 1994, consolidated up to S. Reg. 88/2003). **15(1)** Subsection 14(3) does not apply to information received at an anonymous test site unless the person who has been tested agrees to the collection of the information set out in that subsection and the reporting of it to the designated public health officer. **15(2)** If a person who has been tested at an anonymous test site does not agree to the collection of the information set out in subsection 14(3), the operator of the anonymous test site shall report the following information in the format approved by the department: (a) the gender of the infected person; (b) the year of birth of the infected person; (c) the risk factors known to be associated with the transmission of the infection of the infected person.	**The Public Health Act, 1994**, S.S. 1994, c. P-37.1 (consolidated up to S.S. 2004, c. 51). **38(2)** Without limiting the generality of subsection (1), an order pursuant to subsection (1) may: […] (e) require a person who is or who is probably infected to submit to an assessment of the person's condition by: (i) being tested and examined by a physician or a clinic nurse; and (ii) permitting the taking of specimens of body tissues, blood and other fluids for laboratory examination; […] (k) require an infected person to desist from any occupation or activity that may spread the disease; (k.l) require a person with knowledge of the names of members of a group to disclose to a medical health officer the names of individual members of that group who are suspected by a medical health officer of: (i) having been in contact with a person infected with a communicable disease; or (ii) having been infected with a communicable disease; […]. _____ **The Disease Control Regulations,** R.R.S. 2000, P-37.1, Reg.11 (made under The Public Health	**The Public Health Act, 1994**, S.S. 1994, c. P-37.1 (consolidated up to S.S. 2004, c. 51). **37(1)** At prescribed intervals, a medical health officer shall submit to the co-ordinator of communicable disease control a report of all cases of category I and category II communicable diseases reported to the medical health officer. **37(2)** A report pursuant to subsection (1) must be in the form, and must contain the information, specified by the co-ordinator of communicable disease control.	

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	Act, 1994, consolidated up to S. Reg. 88/2003). **13** If a designated public health officer receives a report pursuant to Part IV of the Act with respect to an individual whose place of residence is outside of the jurisdictional area of the local authority for which the designated public health officer primarily provides services, the designated public health officer shall, within 72 hours after receiving the report, provide a copy of the report to the designated public health officer who primarily provides communicable disease control services to the local authority in whose jurisdictional area the individual's place of residence is situated. **14(2)** In the case of category I communicable diseases or category II communicable diseases other than human immunodeficiency virus infection and acquired immune deficiency syndrome, the following information must be reported in the format approved by the department: (a) the name of the disease; (b) the name, telephone number, mailing address, current place of residence, date of birth and gender of the infected person; (c) the names, telephone numbers and addresses of contacts; (d) the risk factors known to be associated with the transmission of the infection to the infected person; (e) the laboratory test results; (f) any other information that the designated public health officer considers necessary to control the communicable disease in question. **16** If requested to do so by a designated public health officer, a physician or clinic nurse shall		

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	disclose orally to the designated public health officer the name of a person infected with human immunodeficiency virus unless the person was diagnosed at an anonymous test site. **22(1)** For the purposes of controlling or preventing the spread of communicable diseases, the co-ordinator or a designated public health officer may disclose to another designated public health officer or to a person mentioned in subsection (2) the information set out in clauses 14(2)(a) to (f) with respect to a person who: (a) is infected with, or is suspected of being infected with, a communicable disease; (b) is a carrier of, or is suspected of being a carrier of, a communicable disease; or (c) is a contact of a person described in clause (a) or (b). **22(2)** Information may be disclosed pursuant to subsection (1) to a person responsible for collecting communicable disease information on behalf of any of the following agencies: (a) a regional health authority; (b) a department or agency of the government of another province or territory of Canada that has responsibility for public health within that province or territory; (c) a department or agency of the Government of Canada that has responsibility for public health matters. **22(3)** For the purposes of providing public health services, including controlling or preventing the spread of a vaccine-preventable disease, a designated public health officer may disclose a person's immunization record:		

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	(a) to another designated public health officer; or (b) to a medical health officer or similar official of any jurisdiction outside of Saskatchewan. _____ **The Public Health Act, 1994**, S.S. 1994, c. P-37.1 (consolidated up to S.S. 2004, c. 51). **45(2)** An order pursuant to this section may: […] (g) require any person who, in the opinion of the minister or medical health officer, is likely to have information that is necessary to decrease or eliminate the serious public health threat to disclose that information to the minister or a medical health officer; […]. **46(1)** [In a case of epidemic only] For the purpose of carrying out this Act according to its intent, the Lieutenant Governor in Council may make regulations: […] (w) prescribing a coding system for laboratory requisitions and reports involving category II communicable diseases to ensure confidentiality of the information contained in the reports and otherwise governing the confidentiality of information with respect to persons who may have been infected with or exposed to a category II communicable disease; […]. **65(1)** Subject to subsection (2), no person shall disclose any information that comes to the person's knowledge in the course of carrying out		

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	responsibilities pursuant to this Act, the regulations or bylaws made pursuant to this Act concerning a person who: (a) is infected with or is suspected to be infected with a communicable disease; (b) is a carrier of or is suspected to be a carrier of a communicable disease; (c) is a contact of a person mentioned in clause (a) or (b); or (d) has or has had a non-communicable disease or an injury. **65(2)** A person may disclose information described in subsection (1) where the disclosure: (a) is required: (i) to administer this Act, the regulations or bylaws made pursuant to this Act; (ii) to carry out a responsibility imposed or to exercise a power conferred by this Act, the regulations or bylaws made pursuant to this Act; or (iii) by law; (b) is requested or approved by the person who is the subject of the information; (c) is ordered by the minister for the purpose of protecting the public health; or (d) is made: (i) to a physician or nurse or in the course of consultation; (ii) to a person who is conducting bona fide research or medical review if the disclosure is made in a manner that ensures the anonymity of the information; (iii) between solicitor and client; (iv) in the case of information pertaining to a child under 14 years of age, to a parent of the child or to a person who stands *in loco parentis* to the child;		

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
	or (v) in circumstances prescribed in the regulations. **67(1)** No person who is subpoenaed or otherwise compelled to give evidence in a legal proceeding is required or allowed to answer any question or to produce any document that reveals information that is made confidential by this Act unless the judge or other person presiding over the proceeding first examines the information, with the public excluded, to determine whether the information should be disclosed. **67(2)** In making a ruling pursuant to subsection (1), the judge or other person presiding over the proceeding shall consider the relevance to the proceeding of the information to be disclosed and the invasion of privacy of the person who is the subject of the information. **68(2)** No action lies or shall be instituted against a person who, in good faith, makes a report or provides information to any other person in accordance with this Act, the regulations or bylaws made pursuant to this Act. **69** The Crown is bound by this Act.		

YUKON

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
	Communicable Diseases Regulations, Y.O.I.C. 1961/048 (made under the Public Health and Safety Act, consolidated up to Y.O.I.C. 1995/122). **20(1)** Except when required to do so in the performance of his duties a person engaged in the administration of these regulations shall not communicate any matter respecting any case of venereal disease that may come to his knowledge. _____ **Venereal Disease Regulation**, Y.O.I.C. 1958/097 (made under the Public Health and Safety Act). **15** No person shall issue or make available to any person other than a physician or such persons as are engaged in the administration of these regulations any laboratory report either in whole or in part of an examination made to determine the presence or absence of venereal disease. **18** The name of any person infected or suspected to be infected with any venereal disease shall not appear on any account in connection with treatment therefor, but the case may be designated by a number or otherwise, and it shall be the duty of every Medical Health Officer to see that secrecy is preserved. _____ **Public Health and Safety Act**, R.S.Y. 2002, c. 176 (consolidated up to S.Y. 1999, c. 20).	**Communicable Diseases Regulations,** Y.O.I.C. 1961/048 (made under the Public Health and Safety Act, consolidated up to Y.O.I.C. 1995/122). **10** Every Medical Health Officer shall (a) keep a register of all cases of communicable diseases of which he is notified, and […].	**Communicable Diseases Regulations,** Y.O.I.C. 1961/048 (made under the Public Health and Safety Act, consolidated up to Y.O.I.C. 1995/122). **10** Every Medical Health Officer shall (a) keep a register of all cases of communicable diseases of which he is notified, and […].

Consent / Notification for infectious disease communication	Access to infectious data by Public Health Authority and Immunity / Sanctions	Identification of Public Health Authority	Registry
	22 Every person who (a) violates any of the provisions of this Act or the regulations; […] commits an offence and is liable on summary conviction to a fine of up to $5,000 for each day the offence continues or imprisonment for a term not exceeding six months, or both fine and imprisonment.		

Table 3

INFECTIOUS DISEASE MANAGEMENT

FEDERAL

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
Quarantine Act, R.S.C. 1985, c. Q-1 (consolidated up to S.I./2004-24). **8(1)** Where a quarantine officer believes on reasonable grounds that a person arriving in Canada from a place outside Canada or departing from Canada for a place outside Canada (a) is ill, (b) may have or may be the carrier of an infectious or contagious disease, (c) is infested with insects that may be carriers of an infectious or contagious disease, or (d) has recently been in close proximity to a person who may have or may be the carrier of an infectious or contagious disease or who is infested with insects that may be carriers of such a disease, the quarantine officer may request the person arriving in or departing from Canada to undergo a medical examination immediately. _____ **Quarantine Regulations**, C.R.C., c. 1368 (made under the Quarantine Act, consolidated up to S.O.R./2004-31). **7** The person in charge of a conveyance arriving in Canada or departing from Canada shall, when required by a quarantine officer, arrange for all persons on board the conveyance to be presented for inspection to the quarantine officer in an orderly manner.	**Quarantine Act**, R.S.C. 1985, c. Q-1 (consolidated up to S.I./2004-24). **5** A quarantine officer may (a) board any conveyance arriving in Canada from a place outside Canada or departing from Canada for a place outside Canada and inspect that conveyance and any goods or cargo found therein; (b) require the person in charge of a conveyance described in paragraph (a) and any person found therein to produce for inspection any records or other documents that, on reasonable grounds, the quarantine officer believes contain any information relating to the enforcement of this Act; […]. **7(1)** Where a quarantine officer finds a conveyance described in paragraph 5(a) to be infested with carriers, or contaminated by causative agents, of an infectious or contagious disease or a dangerous disease, the quarantine officer may order the person in charge of that conveyance (a) to cleanse in prescribed manner the conveyance and any goods or cargo found therein, or (b) to remove immediately from Canada the conveyance and any goods or cargo found therein, at the expense of the owner of the conveyance. **7(2**) Where the person in charge of a conveyance referred to in subsection (1) refuses to obey an	**Quarantine Act,** R.S.C. 1985, c. Q-1 (consolidated up to S.I./2004-24). **8(4)** A quarantine officer shall not permit a person to proceed directly to a destination in Canada pursuant to subsection (2) unless that person […] (b) submits to being vaccinated against the infectious or contagious disease, or (c) signs the undertaking described in paragraph (a) and submits to being vaccinated pursuant to paragraph (b), as, in the opinion of the quarantine officer, the circumstances require. **10** Notwithstanding anything in this Act or the regulations, a person described in subsection 8(2) shall not be requested to submit to being vaccinated against any infectious or contagious disease if (a) it is apparent to the quarantine officer that the person should not be vaccinated; or (b) the quarantine officer has been informed that there are medical reasons for the person not being vaccinated and is of the opinion that the person should not be vaccinated. _____ **Quarantine Regulations**, C.R.C., c. 1368 (made under the Quarantine Act, consolidated up to S.O.R./2004-31). **9(1)** Subject to subsection (2), any person arriving	**Quarantine Act**, R.S.C. 1985, c. Q-1 (consolidated up to S.I./2004-24). **8(2)** Where (a) a person is requested to undergo a medical examination pursuant to subsection (1) and refuses to do so, […] (c) a person arriving in Canada from a place outside Canada is unable to produce, as required by the regulations, evidence satisfactory to a quarantine officer of immunization to an infectious or contagious disease, or (d) a quarantine officer believes on reasonable grounds that a person at a harbour, airport or port of entry into Canada has been in close proximity to a person described in subsection (1) who is arriving in or departing from Canada, the quarantine officer may, subject to subsection (3) and section 9, detain that person for a period not exceeding the incubation period prescribed for that disease or may, subject to subsection (4), permit that person to proceed directly to the destination in Canada of that person. **8(3)** A person detained by a quarantine officer pursuant to subsection (2) shall be detained in a quarantine station, hospital or other place having suitable quarantine facilities or, in the case of a person arriving in Canada from a place outside Canada on a vessel, on that vessel.

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
7(1) If a quarantine officer believes it is reasonably necessary to preserve public health, the officer shall require the person in charge of a conveyance that is arriving in or departing from Canada to distribute health information and questionnaires to all persons on board or intending to board the conveyance before its arrival or departure, as the case may be. **13** A quarantine officer shall, upon being notified pursuant to subsection 12(1) or section 14, instruct the person in charge of the vessel (a) to proceed to his port of destination; or (b) when, and in which quarantine area, the vessel shall be subjected to quarantine inspection. **16(1)** Every person in charge of a vessel arriving at a port referred to in subsection 12(3) shall, as soon as possible, (a) communicate with the quarantine officer at the quarantine station designated for that port, or with the nearest collector of customs; and (b) when required by a quarantine officer, complete and deliver to the quarantine officer at the quarantine station designated for that port, or to the nearest collector of customs, a declaration of health in respect of that vessel, substantially in accordance with a model of the Maritime Declaration of Health referred to as Appendix 5 in Article 90 of the *International Health Regulations* adopted by the Twenty-Second World Health Assembly of the United Nations on July 25, 1969. **23** A quarantine officer may board any conveyance arriving at any land port of entry into	referred to in subsection (1) refuses to obey an order of a quarantine officer made pursuant to that subsection, the quarantine officer may direct that the conveyance and any goods or cargo found therein be cleansed in prescribed manner by another person at the expense of the owner of that conveyance. **7(3)** A quarantine officer may detain any conveyance until the costs of any cleansing, ordered or directed by the officer, of that conveyance or of any goods or cargo found therein have been paid. **8(2)** Where (a) a person is requested to undergo a medical examination pursuant to subsection (1) and refuses to do so, (b) a quarantine officer suspects that a person who has undergone the medical examination referred to in subsection (1) has an infectious or contagious disease, (c) a person arriving in Canada from a place outside Canada is unable to produce, as required by the regulations, evidence satisfactory to a quarantine officer of immunization to an infectious or contagious disease, or (d) a quarantine officer believes on reasonable grounds that a person at a harbour, airport or port of entry into Canada has been in close proximity to a person described in subsection (1) who is arriving in or departing from Canada, the quarantine officer may, subject to subsection (3) and section 9, detain that person for a period not exceeding the incubation period prescribed for that disease or may, subject to subsection (4),	in Canada from a place outside Canada shall, when required by a quarantine officer, produce evidence satisfactory to the officer that such person has had, or has been vaccinated against, smallpox within the three years immediately preceding his arrival in Canada. **9(2)** Subsection (1) does not apply where (a) the person arriving in Canada has come directly to Canada from, or has during the 14 days immediately prior to his entry into Canada been continually present in, any place listed in subsection (3) and there is no case or suspected case of smallpox in such place; and (b) there is no case or suspected case of smallpox on board the conveyance bringing such person to Canada. **9(3**) Paragraph (2)(a) applies in respect of the following places: **35 countries or places are listed.* **10** Any person arriving in Canada (a) within the incubation period for cholera from a place outside Canada that, in the opinion of a quarantine officer, is infected or suspected of being infected with cholera, or (b) on board a conveyance in which, in the opinion of a quarantine officer, there is a case, a carrier, a suspected case or a suspected carrier of cholera shall, when required by a quarantine officer, produce evidence satisfactory to the officer that such person has been vaccinated against cholera within the six months immediately preceding his arrival in Canada.	**9** A person detained by a quarantine officer pursuant to subsection 8(2) (a) shall be informed immediately by the quarantine officer of the reason for his detention and of his right to appeal it; and (b) may appeal his detention to the Deputy Minister of Health or such other person as the Deputy Minister may designate, who may allow the appeal, dismiss it or make such order with respect to the detention or the release of the detained person as a quarantine officer may make pursuant to subsection 8(2). **13(1)** Where a quarantine officer determines that a person arriving in Canada from a place outside Canada or departing from Canada for a place outside Canada has an infectious or contagious disease, the quarantine officer may detain that person in a quarantine station, hospital or other place having suitable quarantine facilities or, in the case of a person arriving in Canada on a vessel, on that vessel until the quarantine officer is satisfied that that person is not capable of infecting any other person with that disease. **13(2)** Where a quarantine officer determines that a person who is being detained pursuant to subsection 8(2) has an infectious or contagious disease, the quarantine officer may continue to detain that person until the quarantine officer is satisfied that that person is not capable of infecting any other person with that disease. **16** Where a person described in paragraph 8(2)(d) or who arrives, or is in charge of a conveyance

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
Canada from a place outside Canada for quarantine inspection and may require any person found in such conveyance to undergo quarantine inspection. _____ **Immigration and Refugee Protection Act,** S.C. 2001, c. 27 (consolidated up to S.C. 2003, c. 22). **15(1)** An officer is authorized to proceed with an examination where a person makes an application to the officer in accordance with this Act. **15(2)** In the case of a foreign national referred to in subsection 9(1), an examination of whether the foreign national complies with the applicable selection criteria shall be conducted solely on the basis of documents delivered by the province indicating that the competent authority of the province is of the opinion that the foreign national complies with the province's selection criteria. **15(3)** An officer may board and inspect any means of transportation bringing persons to Canada, examine any person carried by that means of transportation and any record or document respecting that person, seize and remove the record or document to obtain copies or extracts and hold the means of transportation until the inspection and examination are completed. **15(4)** The officer shall conduct the examination in accordance with any instructions that the Minister may give.	permit that person to proceed directly to the destination in Canada of that person. **8(4)** A quarantine officer shall not permit a person to proceed directly to a destination in Canada pursuant to subsection (2) unless that person (a) signs an undertaking in prescribed form that he will forthwith on arrival at his destination report to and place himself under the surveillance of the medical officer of health for the area in which his destination is located for a period, not exceeding the incubation period prescribed for the infectious or contagious disease, fixed by the quarantine officer and stated in the undertaking, (b) submits to being vaccinated against the infectious or contagious disease, or (c) signs the undertaking described in paragraph (a) and submits to being vaccinated pursuant to paragraph (b), as, in the opinion of the quarantine officer, the circumstances require. **15** Where a quarantine officer believes on reasonable grounds that a person arriving in Canada from a place outside Canada is infested with vermin or insects that may be carriers or causative agents of an infectious or contagious disease, the quarantine officer may disinfest that person and the clothing and baggage of that person _____ **Quarantine Regulations**, C.R.C., c. 1368 (made under the Quarantine Act, consolidated up to S.O.R./2004-31).	**11** Any person arriving in Canada (a) from a place outside Canada that, in the opinion of a quarantine officer, is infected or suspected of being infected with yellow fever, or (b) on board a conveyance in which, in the opinion of a quarantine officer, (i) there are vectors of yellow fever, or (ii) there is a case or suspected case of yellow fever, and proceeding to an area where vectors of yellow fever are present within the incubation period for that disease shall, when required by a quarantine officer, produce evidence satisfactory to the officer that such person has been vaccinated against yellow fever within the 10 years immediately preceding his arrival in Canada. **16(2)** A declaration of health delivered pursuant to paragraph (1)(b) shall contain the information requested therein and shall also indicate whether there are any persons on board the vessel who have not been vaccinated against smallpox within the immediately preceding three years and, if so, the names of those persons.	that arrives, in Canada from a place outside Canada passes or departs from a quarantine station or quarantine area without being authorized by a quarantine officer to do so, a quarantine officer may order that person to (a) return or return that conveyance, as the case may be, immediately to that quarantine station or quarantine area; or (b) proceed immediately to the quarantine station nearest that person. **17** No person shall obstruct, or knowingly make any false or misleading statement either orally or in writing to, a quarantine officer engaged in exercising his powers or carrying out his duties under this Act or the regulations. **18** Except with the authority of a quarantine officer, (a) no person detained by a quarantine officer shall leave the place in which the person is detained; and (b) no person shall remove or interfere in any way with any thing detained by a quarantine officer. **19** Every peace officer shall, when required by a quarantine officer, provide such assistance as the quarantine officer may require to enforce this Act and the regulations. **22(1)** Subject to subsection (2), every person who (a) contravenes any provision of this Act or any regulation made under this Act, (b) fails to comply with any order of a quarantine officer made under this Act, or (c) having signed an undertaking described in

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
16(1) A person who makes an application must answer truthfully all questions put to them for the purpose of the examination and must produce a visa and all relevant evidence and documents that the officer reasonably requires. **16(2)** In the case of a foreign national, (a) the relevant evidence referred to in subsection (1) includes photographic and fingerprint evidence; and (b) the foreign national must submit to a medical examination on request. _____ **Immigration and Refugee Protection Regulations,** S.O.R./2002-227 (made under the Immigration and Refugee Act, consolidated up to S.O.R./2004-59). **29** For the purposes of paragraph 16(2)(b) of the Act, a medical examination includes any or all of the following: (a) physical examination; (b) mental examination; (c) review of past medical history; (d) laboratory test; (e) diagnostic test; and (f) medical assessment of records respecting the applicant. _____ **Immigration and Refugee Protection Act**, S.C. 2001, c. 27 (consolidated up to S.C. 2003, c. 22).	**13** A quarantine officer shall, upon being notified pursuant to subsection 12(1) or section 14, instruct the person in charge of the vessel (a) to proceed to his port of destination; or (b) when, and in which quarantine area, the vessel shall be subjected to quarantine inspection. **16(1)** Every person in charge of a vessel arriving at a port referred to in subsection 12(3) shall, as soon as possible, (a) communicate with the quarantine officer at the quarantine station designated for that port, or with the nearest collector of customs; and (b) when required by a quarantine officer, complete and deliver to the quarantine officer at the quarantine station designated for that port, or to the nearest collector of customs, a declaration of health in respect of that vessel, substantially in accordance with a model of the Maritime Declaration of Health referred to as Appendix 5 in Article 90 of the *International Health Regulations* adopted by the Twenty-Second World Health Assembly of the United Nations on July 25, 1969. **19(1)** Where a person in charge of any aircraft arriving in Canada from a place outside Canada wishes to land at any of the airports listed in subsection (2), (a) he shall, prior to arrival, except in the case of emergency or other circumstances in which it is impossible to communicate with the airport send by radio to the quarantine officer at such airport information concerning (i) any illness among the persons on board the aircraft, other than air sickness, or resulting from		paragraph 8(4)(a) or 11(4)(a) fails to comply therewith, is guilty of an offence punishable on summary conviction. **22(2)** Every person who, while in charge of any conveyance, (a) contravenes any provision of this Act or any regulation made under this Act, or (b) fails to comply with any order of a quarantine officer made under this Act, is guilty of an indictable offence and liable on conviction to a fine not exceeding two thousand dollars or to imprisonment for a term not exceeding one year or to both. **23** Where, pursuant to subsection 8(2) or 11(2), a quarantine officer detains a person who is not a resident of Canada, the owner of the conveyance that brought the person to Canada shall pay (a) the cost of treatment and maintenance of the person during the detention; and (b) the cost of removing the person out of Canada. _____ **National Defence Act**, R.S.C. 1985, c. N-5 (consolidated up to S.C. 2003, c.22). **126** Every person who, on receiving an order to submit to inoculation, re-inoculation, vaccination, re-vaccination, other immunization procedures, immunity tests, blood examination or treatment against any infectious disease, wilfully and without reasonable excuse disobeys that order is guilty of an offence and on conviction is liable to imprisonment for less than two years or to less punishment

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
16(3) An officer may require or obtain from a permanent resident or a foreign national who is arrested, detained or subject to a removal order, any evidence -- photographic, fingerprint or otherwise -- that may be used to establish their identity or compliance with this Act. **18(1)** Every person seeking to enter Canada must appear for an examination to determine whether that person has a right to enter Canada or is or may become authorized to enter and remain in Canada. **18(2)** Subsection (1) also applies to persons who, without leaving Canada, seek to leave an area at an airport that is reserved for passengers who are in transit or who are waiting to depart Canada. **19(1)** Every Canadian citizen within the meaning of the *Citizenship Act* and every person registered as an Indian under the *Indian Act* has the right to enter and remain in Canada in accordance with this Act, and an officer shall allow the person to enter Canada if satisfied following an examination on their entry that the person is a citizen or registered Indian. **19(2)** An officer shall allow a permanent resident to enter Canada if satisfied following an examination on their entry that they have that status. _____ **Immigration and Refugee Protection Regulations,** S.O.R./2002-227 (made under the Immigration and Refugee Act, consolidated up to	aircraft, other than air sickness, or resulting from any accident that might have occurred during the flight, with details of such illness including the existence of fever, skin rash, headache, backache, jaundice, diarrhea, vomiting, chills or abnormal behaviour, or (ii) the death of any person on board the aircraft during the flight; and (b) he may, where no illness described in subparagraph (a) (i) has become apparent and no death has occurred during the flight, send by radio to the quarantine officer at such airport a message that all on board appear to be healthy. […]. **20(1)** Where a quarantine officer has received information pursuant to section 19, he shall, upon the arrival of an aircraft in the quarantine area, (a) grant permission to the person in charge of the aircraft to disembark all persons and transfer them to a place designated by the quarantine officer for quarantine inspection and to commence ground operations; or (b) order the aircraft to remain in quarantine, in the ramp area, for quarantine inspection, in which case no one may disembark and no ground operations may commence until the quarantine officer has given his permission. _____ **Immigration and Refugee Protection Act,** S.C. 2001, c. 27 (consolidated up to S.C. 2003, c. 22). **38(1)** A foreign national is inadmissible on health grounds if their health condition (a) is likely to be a danger to public health;		punishment. _____ **Immigration and Refugee Protection Act,** S.C. 2001, c. 27 (consolidated up to S.C. 2003, c. 22). **54** The Immigration Division is the competent Division of the Board with respect to the review of reasons for detention under this Division. **55(1)** An officer may issue a warrant for the arrest and detention of a permanent resident or a foreign national who the officer has reasonable grounds to believe is inadmissible and is a danger to the public or is unlikely to appear for examination, an admissibility hearing or removal from Canada. **55(2)** An officer may, without a warrant, arrest and detain a foreign national, other than a protected person, (a) who the officer has reasonable grounds to believe is inadmissible and is a danger to the public or is unlikely to appear for examination, an admissibility hearing, removal from Canada, or at a proceeding that could lead to the making of a removal order by the Minister under subsection 44(2); or (b) if the officer is not satisfied of the identity of the foreign national in the course of any procedure under this Act. **55(3)** A permanent resident or a foreign national may, on entry into Canada, be detained if an officer (a) considers it necessary to do so in order for the

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
S.O.R./2004-59). **30(1)** For the purposes of paragraph 16(2)(b) of the Act, the following foreign nationals are requested to submit, and must submit, to a medical examination: (a) foreign nationals who are applying for a permanent resident visa or applying to remain in Canada as a permanent resident as well as their family members, whether accompanying or not; (b) foreign nationals who are seeking to work in Canada in an occupation in which the protection of public health is essential; (c) foreign nationals who (i) are seeking entry into Canada or applying for renewal of their work or study permit or authorization to remain in Canada as a temporary resident for a period in excess of six consecutive months, including an actual or proposed period of absence from Canada of less than 14 days, and (ii) have resided or sojourned for a period of six consecutive months, at any time during the one-year period immediately preceding the date they sought entry or made their application, in an area that the Minister determines, after consultation with the Minister of Health, has a higher incidence of serious communicable disease than Canada; (d) foreign nationals who an officer, or the Immigration Division, has reasonable grounds to believe are inadmissible under subsection 38(1) of the Act; and (e) persons who claim refugee protection in Canada.	(b) is likely to be a danger to public safety; or (c) might reasonably be expected to cause excessive demand on health or social services. **38(2)** Paragraph (1)(c) does not apply in the case of a foreign national who (a) has been determined to be a member of the family class and to be the spouse, common-law partner or child of a sponsor within the meaning of the regulations; (b) has applied for a permanent resident visa as a Convention refugee or a person in similar circumstances; (c) is a protected person; or (d) is, where prescribed by the regulations, the spouse, common-law partner, child or other family member of a foreign national referred to in any of paragraphs (a) to (c). _____ **Immigration and Refugee Protection Regulations,** S.O.R./2002-227 (made under the Immigration and Refugee Act, consolidated up to S.O.R./2004-59). **31** Before concluding whether a foreign national's health condition is likely to be a danger to public health, an officer who is assessing the foreign national's health condition shall consider (a) any report made by a health practitioner or medical laboratory with respect to the foreign national; (b) the communicability of any disease that the foreign national is affected by or carries; and (c) the impact that the disease could have on other		examination to be completed; or (b) has reasonable grounds to suspect that the permanent resident or the foreign national is inadmissible on grounds of security or for violating human or international rights. **55(4)** If a permanent resident or a foreign national is taken into detention, an officer shall without delay give notice to the Immigration Division.

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
30(2) Subsection (1) does not apply to (a) a person described in paragraph 186(b) who is entering or is in Canada to carry out official duties, unless they seek to engage or continue in secondary employment in Canada; (b) a family member of a person described in paragraph 186(b), unless that family member seeks to engage or continue in employment in Canada; (c) a member of the armed forces of a country that is a designated state for the purposes of the *Visiting Forces Act*, who is entering or is in Canada to carry out official duties, other than a person who has been designated as a civilian component of those armed forces, unless that member seeks to engage or continue in secondary employment in Canada; (d) a family member of a protected person, if the family member is not included in the protected person's application to remain in Canada as a permanent resident; and (e) a non-accompanying family member of a foreign national who has applied for refugee protection outside Canada. **30(3)** Every foreign national who has undergone a medical examination under subsection (1) is requested to submit, and must submit, to a new medical examination before entering Canada if, after being authorized to enter and remain in Canada, they have resided or stayed for a period in excess of six months in an area that the Minister determines, after consultation with the Minister of Health, has a higher incidence of serious communicable disease than Canada.	persons living in Canada. **32** In addition to the conditions that are imposed on a foreign national who makes an application as a member of a class, an officer may impose, vary or cancel the following conditions in respect of any foreign national who is requested to and must submit to a medical examination under subsection 16(2) of the Act or section 30 of these Regulations: (a) to report at the specified times and places for medical examination, surveillance or treatment; and (b) to provide proof, at the specified times and places, of compliance with the conditions imposed. **33** Before concluding whether a foreign national's health condition is likely to be a danger to public safety, an officer who is assessing the foreign national's health condition shall consider (a) any reports made by a health practitioner or medical laboratory with respect to the foreign national; and (b) the risk of a sudden incapacity or of unpredictable or violent behaviour of the foreign national that would create a danger to the health or safety of persons living in Canada.		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
30(4) Every foreign national referred to in subsection (1) who seeks to enter Canada must hold a medical certificate that indicates that they are not inadmissible on health grounds and that is based on the last medical examination to which they were required to submit under that subsection within the previous 12 months.			

ALBERTA

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
Public Health Act, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003, c. 2). **20(1)** Every person who knows or has reason to believe that the person is or may be infected with a communicable disease prescribed in the regulations for the purposes of this subsection shall immediately consult a physician to determine whether the person is infected or not, and if the person is found to be infected, shall submit to the treatment directed and comply with any other conditions prescribed by the physician until the physician is satisfied that the person is not infectious. **20(2)** Every person who knows or has reason to believe that the person is or may be infected with a sexually transmitted disease prescribed in the regulations for the purposes of this subsection shall immediately consult a physician or attend a sexually transmitted diseases clinic to determine whether the person is infected or not, and if the person is found to be infected, shall submit to the treatment directed and comply with any other conditions prescribed by a physician until the physician is satisfied that the person is not infectious. **20(3)** A person is subject to the duties imposed under subsections (1) and (2) with respect to minor children under the person's custody, care or	**Public Health Act**, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003, c. 2). **15.1(1)** Notwithstanding anything in this Act, the Minister may, on the advice of the Chief Medical Officer, by order, make any provision of this Act or the regulations applicable in respect of a particular disease if the Minister is satisfied that the disease presents a serious threat to public health. **15.1(2)** The Regulations Act does not apply in respect of an order referred to in subsection (1). **18(1)** Where a medical officer of health reasonably believes that a person has engaged in or is engaging in any activity that is causing or may cause a threat to the health of the public or a class of the public, the medical officer of health may by notice in writing require the person to provide to the medical officer of health within the time specified in the notice any information respecting the activity that is specified in the notice. **18(2)** A person who receives a notice under subsection (1) shall comply with it. **19(1)** Where a medical officer of health (a)knows of or has reason to suspect the existence of, or the threat of the existence of, a public health	**Public Health Act**, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003, c. 2). **38(1)** Where the Lieutenant and Governor in Council is satisfied that a communicable disease referred to in section 20(1) has become or may become epidemic, […] the Lieutenant Governor in Council may do any or all of the following: […] (c) […] order the immunization or re-immunization of persons who are not then immunized against the disease or who do not have sufficient other evidence of immunity to the disease. **38(3)** Where a person refuses to be immunized pursuant to an order of the Lieutenant Governor in Council, the person shall be subject to this Part with respect to the disease concerned as if the person were proven to be infected with that disease. **66(1)** The Lieutenant Governor in Council may make regulations […] (g) respecting the standards and methods of distribution of vaccine and vaccination to be provided; (h) respecting the immunization of persons pursuant to section 38(1)(c); (i) respecting the immunization of children attending or wishing to attend a day care facility	**Public Health Act**, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003, c. 2). **73(1)** A person who contravenes this Act, the regulations, an order under section 62 or an order of a medical officer of health or physician under Part 3 is guilty of an offence. **73(2)** A person who contravenes an order under section 62 or an order of a medical officer of health or physician under Part 3 is liable to a fine of not more than $100 for each day the contravention continues. **73(3**) A person who contravenes this Act or the regulations is, if no penalty in respect of that offence is prescribed elsewhere in this Act, liable to a fine of not more than $2000 in the case of a first offence and $5000 in the case of a subsequent offence. **73(4)** Where a person is convicted of an offence under this Act, the judge, in addition to any other penalty the judge may impose, may order the person to comply with the provision of this Act or the regulations or the order for the contravention of which the person was convicted.

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control. **29(1)** A medical officer of health who knows of or has reason to suspect the existence of a communicable disease or a public health emergency within the boundaries of the health region in which the medical officer of health has jurisdiction may initiate an investigation to determine whether any action is necessary to protect the public health. **31(1)** Where a medical officer of health knows or has reason to believe that a person may be infected with a communicable disease referred to in section 20, that person shall, at the request of the medical officer of health, submit to any examinations necessary to determine whether the person is infected with the disease. **40(1)** A certificate is authority […] (b) for a physician to conduct an examination on that person in the manner prescribed in the regulations and to detain the person at the facility for the period required to obtain the result of the examination, [in case of refusal][…]. **47(1)** Any person who has reasonable and probable grounds to believe that a person (a) is infected with a disease prescribed in the regulations for the purpose of this section, and (b) refuses or neglects (i) to submit (A) to a medical examination for the purpose of ascertaining whether the person is infected with the disease, or […] is necessary to render the person non-infectious,	emergency, and (b)has reason to believe that a person has information relevant to the public health emergency that will assist the medical officer of health in carrying out duties and exercising powers under section 29 in respect of the public health emergency, the medical officer of health or an executive officer or community health nurse designated for that purpose by the medical officer of health may, by notice in writing, require the person who has the information to provide the information that is specified in the notice to the medical officer of health, executive officer or community health nurse. **19(2)** A person who receives a notice referred to in subsection (1) shall comply with it. **20(1)** Every person who knows or has reason to believe that the person is or may be infected with a communicable disease prescribed in the regulations for the purposes of this subsection shall immediately consult a physician to determine whether the person is infected or not, and if the person is found to be infected, shall submit to the treatment directed and comply with any other conditions prescribed by the physician until the physician is satisfied that the person is not infectious. **20(2)** Every person who knows or has reason to believe that the person is or may be infected with a sexually transmitted disease prescribed in the regulations for the purposes of this subsection shall immediately consult a physician or attend a	within the meaning of the Social Care Facilities Licensing Act; […]. --- **Adoption Regulation**, Alta. Reg. 187/2004 (made under the Child, Youth and Family Enhancement Act). Form 7 : POST-PLACEMENT ASSESSMENT 1 Name of applicant Name of child (birthdate) 2 Assessment Information I, (name), (position) a qualified person under the Child, Youth and Family Enhancement Act, have assessed the adjustment of the applicant(s) and the child to the placement of the child in the home of the applicant(s) and report as follows: 1. Describe the child's physical, mental and emotional level of development. 2. Describe the child's contact with any health professionals and the child's immunization program. […]. --- **Child Care Regulation**, Alta. Reg. 180/2000 (made under the Social Care Facilities Licensing Act, consolidated up to Alta. Reg. 146/2004). **23(1)** A licence holder must keep in the day care facility, in respect of each child, up-to-date records that comply with subsection (2) and must ensure that those records are available for inspection by a director at all times and by the child's parent when practicable.	

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or (ii) to comply with any other conditions that have been prescribed by a physician as being necessary to mitigate the disease or limit its spread to others, may bring an information under oath before a provincial court judge. _____ **Operation of Approved Hospitals Regulation**, Alta. Reg. 247/1990 (made under the Hospitals Act, consolidated up to Alta. Reg. 251/2001). **9(5)** Before a person is accepted for admission to an auxiliary hospital, a report shall be provided indicating a recent negative chest x-ray for tuberculosis. **9(6)** Candidates for admission to auxiliary hospitals who are reported to have active tuberculosis shall be referred to the Minister for assessment. **9(7)** Candidates for admission to auxiliary hospitals who are reported to have inactive tuberculosis and who do not possess documentation to substantiate that their disease is inactive shall be referred to the Minister for assessment before admission may be approved. **24** A sample of blood shall be taken from each newborn immediately after delivery and forwarded to a Provincial Laboratory for a serological test for syphilis. _____	sexually transmitted diseases clinic to determine whether the person is infected or not, and if the person is found to be infected, shall submit to the treatment directed and comply with any other conditions prescribed by a physician until the physician is satisfied that the person is not infectious. **20(3)** A person is subject to the duties imposed under subsections (1) and (2) with respect to minor children under the person's custody, care or control. **21** During a period in which a person or a minor under the person's custody, care or control is required by section 20 to submit to treatment or to comply with conditions, that person shall immediately notify the consulting physician, the clinic or the medical officer of health of the regional health authority of any change in the person's address or the address of the minor, as the case may be. **24** Where examination of a specimen at a laboratory indicates the existence or possible existence of a communicable disease prescribed in the regulations for the purposes of this section, the director of the laboratory conducting the examination shall ensure that a sample, together with a description of the type of examination that was carried out, is provided to the Provincial Laboratory of Public Health in accordance with the regulations. **29(2)** Where the investigation confirms the presence of a communicable disease, the medical	**23(2)** The records must include […] (j) written confirmation of the child's immunization and any other health information provided by a parent. _____ **Student Record Regulation**, Alta. Reg. 71/1999 (made under the School Act, consolidated up to Alta Reg. 178/2004). **5(4)** A board shall, at the written request of a medical officer of health as defined in the Public Health Act or his designate, disclose (a) a student's name, address, date of birth, sex and school, and (b) the name, address and telephone number of the student's parent or guardian, to the medical officer of health or his designate for the purpose of contacting parents or guardians regarding voluntary health programs offered by the regional health authority, including immunization, hearing, vision, speech and dental health programs, and for the purpose of communicable disease control. _____ **Communicable Diseases Regulation,** Alta. Reg. 238/1985, Schedule 4 (Special Measures) (made under the Public Health Act , consolidated up to Alta. Reg. 206/2001). ** See Appendix 4 of this Compendium for the complete list of communicable diseases for which treatment and management measures, such as immunization, are specified.*	

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	officer of health (a) shall carry out the measures that the medical officer of health is required by this Act and the regulations to carry out, and (b) may do any or all of the following: (i) take whatever steps the medical officer of health considers necessary (A) to suppress the disease in those who may already have been infected with it, (B) to protect those who have not already been exposed to the disease, (C) to break the chain of transmission and prevent spread of the disease, and (D) to remove the source of infection; (ii) by order (A) prohibit a person from attending a school, (B) prohibit a person from engaging in the person's occupation, or (C) prohibit a person from having contact with other persons or any class of persons for any period and subject to any conditions that the medical officer of health considers appropriate, where the medical officer of health determines that the person's engaging in that activity could transmit an infectious agent; (iii) issue written orders for the decontamination or destruction of any bedding, clothing or other articles that have been contaminated or that the medical officer of health reasonably suspects have been contaminated. **29(3)** A medical officer of health shall forthwith notify the Chief Medical Officer of any action taken under subsection (2)(b) or of the existence of a public health emergency.	**Diphtheria:** **5(2)** The medical officer of health shall ensure that a single swab is taken from the nose, throat and lesions of all household, school and other close contacts of a case or carrier and shall determine their immunization status. **5(3)** The medical officer of health may require the operator of a day care centre to provide him with immunization records in his possession relating to the children attending the day care centre. **Measles:** **6** The medical officer of health may require the operator of a day care centre to provide him with immunization records in his possession relating to the children attending the day care centre. **Mumps:** **5(2)** The medical officer of health may require the operator of a day care centre to provide him with immunization records in his possession relating to the children attending the day care centre. **Poliomyelitis** **5(1)** All known contacts are subject to surveillance during the incubation period and the medical officer of health shall ensure that they are offered oral polio vaccine or immune globulin as appropriate. **5(2)** If the medical officer of health reasonably	

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	29(4) The jurisdiction of a medical officer of health extends to any person who is known or suspected to be (a)infected with a communicable disease, illness or health condition, (b)a carrier, (c)a contact, (d)susceptible to and at risk of contact with a communicable disease, illness or health condition, or (e)exposed to a chemical agent or radioactive material, whether or not that person resides within the boundaries of the health region. **30(1)** Where a medical officer of health knows or has reason to believe that (a)a person suffering from a communicable disease referred to in section 20 may be found in any place, or (b)that any place may be contaminated with such a communicable disease, the medical officer of health may enter that place without a warrant for the purpose of conducting an examination to determine the existence of the communicable disease. **30(2)** Where a medical officer of health is conducting an examination pursuant to subsection (1), the medical officer of health may (a)order the detention of any person, and (b)order the closure of the place, including any business that is carried on in it, until the medical officer of health has completed the investigation, but not for a period of more than 24 hours.	believes that wild poliovirus is implicated and that at least 2 cases are associated by time and place, he shall ensure that an immunization program using oral polio vaccine is implemented. **5(3)** The medical officer of health may require the operator of a day care centre to provide him with immunization records in his possession relating to the children attending the day care centre. **Rubella (Including Congenital Rubella Syndrome):** **5(4)** The medical officer of health may require the operator of a day care centre to provide him with immunization records in his possession relating to the children attending the day care centre. **5(5)** All staff of day care facilities and persons with face to face contact with patients in a health care facility shall ensure that they are immunized against Rubella. _____ **Operation of Approved Hospitals Regulation**, Alta. Reg. 247/1990 (made under the Hospitals Act, consolidated up to Alta. Reg. 251/2001). **17(1)** Every hospital shall develop and maintain a program of health examinations for its staff based on the minimum considered necessary by its medical staff for the protection of both staff and patients. **17(2)** Notwithstanding subsection (1), the	

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	30(3) When the medical officer of health is not able to complete the investigation within 24 hours, the medical officer of health may make an application to a provincial court judge for an order to extend the period of detention or closure under subsection (2) for an additional period of not more than 7 days, and the judge may make the order accordingly. **33(1)** Where a person infected with a communicable disease requires isolation or quarantine as prescribed in the regulations, the person shall be isolated or quarantined in a hospital or other place approved for the purpose by a medical officer of health. **33(2)** No person who is suffering from a communicable disease for which isolation or quarantine is required under the regulations shall remain or be permitted to remain in any public place, other than a hospital or other place approved under subsection (1), unless the medical officer of health is satisfied that the presence of the person in the public place would involve no risk to the public health. **33(3)** Where a person is isolated or quarantined in (a) a social care facility, (b) a food handling establishment, or (c) living accommodation attached to a social care facility or food handling establishment, the medical officer of health may, by notice to the owner of the social care facility or food handling establishment, order the owner not to operate or permit the operation of the social care facility or	provincial smallpox vaccination policy for "at risk" personnel shall be followed.	

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	food handling establishment until decontamination of the social care facility or food handling establishment is completed. **33(4)** Where a person is isolated or quarantined in a place under circumstances that require terminal decontamination, the medical officer of health may, by notice to the owner of the place, order the owner to refuse entry to the place to any person other than (a) an executive officer, (b) a medical officer of health, or (c) a person with the consent of an executive officer or a medical officer of health until decontamination is completed. **34(1)** When a person is isolated or quarantined, the medical officer of health shall ensure that the person is provided with all supplies and services necessary for the person's health and subsistence. **34(2)** The medical officer of health shall ensure that any person providing supplies or services pursuant to this section takes adequate precaution to avoid contracting the communicable disease. **35** No person shall (a) remove anything from a place in respect of which decontamination is required, or (b) give, lend, sell or offer for sale anything that has been exposed to contamination until decontamination has been completed to the satisfaction of the medical officer of health. **36** A person transporting another person who that person knows or has reason to believe is suffering		

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	from a communicable disease requiring isolation or quarantine under the regulations shall inform the medical officer of health of the regional health authority of the health region in which the person is being transported and comply with any conditions respecting the transportation that are prescribed by the medical officer of health. **37(1)** When a medical officer of health is of the opinion that (a) a communicable disease is in epidemic form, and (b) hospital facilities within the area are inadequate to provide the necessary isolation or quarantine facilities, the medical officer of health shall immediately inform the Minister. **37(2)** On the recommendation of the Minister, the Lieutenant Governor in Council (a) may order a board of an approved hospital as defined in the Hospitals Act to provide isolation or quarantine accommodation in the amount and manner prescribed in the order, and (b) may order the owner of a facility to provide isolation or quarantine accommodation in the amount and manner prescribed in the order. **37(3)** Where an order is made pursuant to subsection (2)(b), any reasonable expense incurred by the owner of a facility in compliance with the order is the responsibility of the Crown in right of Alberta. **38(1)** Where the Lieutenant Governor in Council is satisfied that a communicable disease referred		

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	to in section 20(1) has become or may become epidemic or that a public health emergency exists, the Lieutenant Governor in Council may do any or all of the following: (a) order the closure of any public place; (b) subject to the Legislative Assembly Act and the Senatorial Selection Act, order the postponement of any intended election for a period not exceeding 3 months; (c) in the case of a communicable disease, order the immunization or re-immunization of persons who are not then immunized against the disease or who do not have sufficient other evidence of immunity to the disease. **38(2)** Where an election is postponed under subsection (1), the order shall name a date for holding the nominations or polling, or both of them, and nothing in the order adversely affects or invalidates anything done or the status of any person during the period of time between the date of the order and the completion of the election. **38(3)** Where a person refuses to be immunized pursuant to an order of the Lieutenant Governor in Council, the person shall be subject to this Part with respect to the disease concerned as if the person were proven to be infected with that disease. **39(1)** Where a physician, community health nurse, midwife or nurse practitioner knows or has reason to believe that a person (a) is infected with a disease prescribed in the regulations for the purposes of this section, and (b) refuses or neglects		

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	(i) to submit (A) to a medical examination for the purpose of ascertaining whether the person is infected with that disease, or (B) to medical, surgical or other remedial treatment that has been prescribed by a physician and that is necessary to render the person non-infectious, or (ii) to comply with any other conditions that have been prescribed by a physician as being necessary to mitigate the disease or limit its spread to others, the physician, community health nurse, midwife or nurse practitioner shall immediately notify the medical officer of health in the prescribed form. **39(2)** Where the medical officer of health is satisfied as to the sufficiency of the evidence that the person may be infected, the medical officer of health shall issue a certificate in the prescribed form. **39(3)** A certificate pursuant to subsection (2) must be issued within 72 hours of the date of service of the notification pursuant to subsection (1). **39(4)** Where the physician referred to in subsection (1) is a medical officer of health in the health region in which the alleged infected person is located, the physician may issue the certificate referred to in subsection (2). **39(5)** A person in respect of whom a certificate is issued may apply by originating notice to a judge of the Court of Queen's Bench at any time for cancellation of the certificate.		

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	39(6) The originating notice shall be served on (a) the medical officer of health who issued the certificate, and (b) the chief executive officer of the facility in which the applicant is detained, if the applicant is under detention at the time of the application, not less than 2 days before the motion is returnable. **39(7)** Notwithstanding subsection (6), a judge of the Court, on the ex parte application of the person referred to in subsection (5), may dispense with the service of the originating notice under subsection (6) or authorize the giving of a shorter period of notice. **39(8)** Where the judge considers it appropriate to do so, the judge may order that the application under subsection (5) be heard in private. **39(9)** The judge may grant or refuse the order applied for and may make any other order the judge considers appropriate. **40(1)** A certificate is authority (a) for any peace officer to apprehend the person named in it and convey the person to any facility specified by the medical officer of health within 7 days from the date the certificate is issued, […] (c) for any physician to treat or prescribe treatment for that person in order to render that person non-infectious, with or without the consent of the person, and to detain the person for that purpose, and (d) for a physician to prescribe any other conditions necessary to mitigate the disease or limit its spread to others.		

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	40(2) The medical director of, or in the medical director's absence the attending physician at, a facility to which a person is conveyed under subsection (1) shall ensure that the person is examined under that section within 24 hours after the person's arrival at the facility. **40(3)** Where a person is detained pursuant to a certificate, the medical director of the facility in which the person is detained shall forthwith (a) inform the person or the person's guardian, if any, of the reason for the issuance of the certificate, (b) advise the person or the person's guardian, if any, that the person has a right to retain and instruct counsel without delay, and (c) give the person or the person's guardian, if any, a copy of section 39. **41(1)** Subject to subsection (2), a person who is detained in a facility pursuant to a certificate shall be released not later than 7 days after the date the person is admitted to the facility pursuant to the certificate, unless an isolation order is issued under section 44. **41(2)** A person who is detained in a facility pursuant to a certificate shall be released forthwith if the physician who examines the person certifies (a) that there is no evidence of active disease, or (b) that, although there is evidence of active disease, the physician is satisfied that the person will comply with the treatment and any other conditions ordered by the physician in a manner		

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	that will ensure the protection of the public health. **42** Where a person is released pursuant to section 41, the physician who examined the patient or the medical director of the facility shall, on the release of the patient, forthwith notify the medical officer of health who issued the certificate of the circumstances of the release. **43(1)** Where a person is released pursuant to section 41(2)(b), the person shall comply with the treatment and any other conditions that are prescribed by any physician assigned by the medical director of the facility. **43(2)** Where a person who has been required to submit to treatment or comply with conditions following the person's release fails to undergo treatment or comply with the conditions, a medical officer of health may issue an order in the prescribed form to a peace officer or other person to apprehend that person and return that person to the facility. **43(3)** On receipt of an order under subsection (2), a peace officer or other person is empowered to arrest without warrant the person named in it and return that person to the facility. **43(4)** Sections 41 and 42 and subsections (1), (2) and (3) apply to a person who is arrested and returned to a facility under subsection (3). **44(1)** Where one physician supported by a laboratory report demonstrating evidence of an infectious agent certifies or 2 physicians certify		

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	that a person is infected with an organism that produces a disease prescribed in the regulations for the purposes of this section and that the person refuses or neglects (a) to submit to medical, surgical or other remedial treatment, or (b) to comply with any other conditions that have been prescribed by a physician as being necessary to mitigate that disease or to limit its spread to others, the physician or physicians shall each issue an isolation order in the prescribed form. **44(2)** Subsection (1) applies whether or not there is a certificate in existence in respect of the person who is the subject of the isolation order or orders. **44(3)** A physician issuing an isolation order shall forthwith send a copy of the isolation order to the Chief Medical Officer. **45(1)** Where isolation is ordered pursuant to section 44 the order or orders are sufficient authority with or without the consent of the person named in them to observe, examine, care for, treat, obtain biological specimens from, control and detain the person named in them in a facility until the person is released under section 46. **45(2)** A person in respect of whom isolation is ordered under section 44 shall be re-examined by a physician at least once every 7 days to ascertain whether the person may be released under section 46. **46(1)** Where, after separate examinations by each		

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	of them, 2 physicians are of the opinion that a person in respect of whom isolation has been ordered under section 44 (a) is not infectious, or (b) will comply with the conditions of the person's discharge, the 2 physicians shall issue an order in the prescribed form cancelling the isolation order. **46(2)** Immediately on issuing an order cancelling an isolation order, the physicians who signed the order shall send a copy of it to the Chief Medical Officer. **47(1)** Any person who has reasonable and probable grounds to believe that a person (a) is infected with a disease prescribed in the regulations for the purpose of this section, and (b) refuses or neglects (i) to submit (A) to a medical examination for the purpose of ascertaining whether the person is infected with the disease, or (B) to medical, surgical or other remedial treatment that has been prescribed by a physician and that is necessary to render the person non-infectious, or (ii) to comply with any other conditions that have been prescribed by a physician as being necessary to mitigate the disease or limit its spread to others, may bring an information under oath before a provincial court judge. **47(2)** Where an information is brought before a provincial court judge under subsection (1) and the judge is satisfied that the person with respect to whom the information is brought should be		

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	examined in the interests of the person's own health or the health of others and that the examination cannot reasonably be arranged in any other way, the judge may issue a warrant in the prescribed form to apprehend that person for the purpose of the examination. **47(3)** A warrant under this section may be directed to any peace officer and shall name or otherwise describe the person with respect to whom the warrant is issued. **47(4)** Where a peace officer apprehends a person pursuant to a warrant under this section, the person is deemed to be a person in respect of whom a certificate has been issued under section 39. **48** Where a person is detained pursuant to an isolation order or orders, the medical director of the facility in which the person is detained shall forthwith (a) inform the person or the person's guardian, if any, of the reason for the issuance of the isolation order or orders, (b) advise the person or the person's guardian, if any, that the person has a right to retain and instruct counsel without delay, and (c) give the person or the person's guardian, if any, a copy of section 49. **56(1)** A person suffering from a communicable disease referred to in section 20 (2) shall, on request, provide the physician or sexually transmitted diseases clinic responsible for the person’s treatment with the names of all persons		

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	with whom the person has had sexual contact. **56(2)** Notwithstanding section 53, a physician who is provided with the names of contacts pursuant to subsection (1) shall immediately provide the information to the Chief Medical Officer. _____ **Communicable Diseases Regulation**, Alta. Reg. 238/1985 (made under the Public Health Act, consolidated up to Alta. Reg. 206/2001). **4** In any dispute as to the diagnosis of a disease in respect of which action may be taken under section 39(1) of the Act, the medical officer of health's decision as to the diagnosis of the disease is final, subject only to a review by the Director. **7** A medical officer of health may, in exercising his powers and carrying out his duties under the Act and this Regulation, use the assistance of community health nurses and inspectors. **8(1)** A medical officer of health shall, in accordance with Schedule 4, investigate all occurrences of notifiable diseases to establish the cause, the mode of transmission and the probable source and to identify others who may be at risk. **8(2)** In addition to the specific provisions of Schedule 4, (a) a medical officer of health shall take whatever steps are reasonably possible (i) to suppress disease in those who may already		

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	have been infected with a communicable disease, (ii) to protect those who have not already been exposed, (iii) to break the chain of transmission and prevent spread of the disease, and (iv) to remove the source of infection, (b) where a medical officer of health determines that a person engaged in any occupation involving the preparation or handling of food to be consumed by persons other than persons who are members of his immediate family could transmit an infectious agent in the course of his employment, the medical officer of health may by order prohibit that person from engaging in the occupation for any period and subject to any conditions that the medical officer of health considers appropriate, and (c) a medical officer of health may issue written orders for the decontamination or destruction of any bedding, clothing or other articles that have been contaminated or he reasonably suspects have been contaminated. **9(1)** Where a medical officer of health receives a notification under section 33(1) of the Act from the operator of a day care facility, he may by order require the operator to notify the parents or guardians of other children attending the facility that their children may have been exposed to the communicable disease. **9(2)** A local board shall offer advice and assistance to day care facilities to minimize the spread of communicable diseases to children attending that facility, to staff caring for the children or to family or similar contacts of the		

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	children. ** See Appendix 4 of this Compendium for a list of communicable diseases along with investigation of contacts and source of infection, isolation procedures, quarantine and special measures.* _____ **Operation of Approved Hospitals Regulation**, Alta. Reg. 247/1990 (made under the Hospitals Act, consolidated up to Alta. Reg. 251/2001). **16** Hospital by-laws or rules under them or service contracts, if any, must make provision for the following: […] (i) establishment and function of an infection control committee and procedure for handling infections in the hospital and the methods of isolation; […].		

BRITISH COLUMBIA

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Health Act, R.S.B.C. 1996, c. 179 (consolidated up to B.C. Reg. 317/2004)..	**Health Act,** R.S.B.C. 1996, c. 179 (consolidated up to B.C. Reg. 317/2004)..	**Health Act**, R.S.B.C. 1996, c. 179 (consolidated up to B.C. Reg. 317/2004)..	**Health Act,** R.S.B.C. 1996, c. 179 (consolidated up to B.C. Reg. 317/2004)..
11(1) If a medical health officer has reasonable grounds to believe that (a) a person has a reportable communicable disease or is infected with an agent that is capable of causing a reportable communicable disease, and (b) the person is likely to willfully, carelessly or because of mental incompetence, expose others to the disease or the agent, the medical health officer may order the person to do one or more of the following: […] (d) take or continue medical tests or treatment for the purpose of identifying or controlling the disease or agent; […]. _____ **Health Act Communicable Disease Regulation**, B.C. Reg. 4/1983 (made under the Health Act, consolidated up to B.C. Reg. 281/2004).	**11(1)** If a medical health officer has reasonable grounds to believe that (a) a person has a reportable communicable disease or is infected with an agent that is capable of causing a reportable communicable disease, and (b) the person is likely to willfully, carelessly or because of mental incompetence, expose others to the disease or the agent, the medical health officer may order the person to do one or more of the following: (c) comply with reasonable conditions the medical health officer considers desirable for preventing the exposure of other persons to the disease or agent; (d) take or continue medical tests or treatment for the purpose of identifying or controlling the disease or agent; (e) place himself or herself in isolation, modified isolation or quarantine as set out in the order.	**8(1)** The Lieutenant Governor in Council may make regulations for the prevention, treatment, mitigation and suppression of disease and regulations respecting the following matters: […] (m) the vaccination of all children born or residing in British Columbia; (n) the vaccination of all persons entering or residing in British Columbia not already vaccinated, or not sufficiently protected by previous vaccination; (o) the supply and quality of vaccine matter; […].	**6(1)** No action for damages lies or may be brought against the Provincial health officer because of anything done or omitted in good faith (a) in the performance or purported performance of any duty under this Act, or (b) in the exercise or purported exercise of any power under this Act. [C.f. 4 (1)]
12(1) Where a medical health officer knows or suspects that a person is infected with a reportable communicable disease, he may, by notice, direct that person to (a) undergo medical examinations by a physician designated by the medical health officer, (b) permit the collection of specimens of his blood, spinal fluid, sputum, stool, urine, gastric	**11(2)** Despite any other provision of this Act or of another enactment, an information charging a person with contravention of an order made under subsection (1) may only be laid (a) by a medical health officer, a deputy medical health officer or an assistant medical health officer, and	**13** A regulation made by the Lieutenant Governor in Council that requires the vaccination or revaccination of all persons who reside in the jurisdiction of a health officer is deemed not to apply to a person who (a) makes an affidavit before a Provincial Court judge or any other person authorized to take declarations under the *Election Act* to the effect that the person conscientiously believes that the vaccination would be prejudicial to his or her health or to the health of his or her child, as the case may be, or for conscientious reasons objects to vaccinations and (b) delivers or transmits by registered mail to the health officer of the district in which he or she resides a certificate by the Provincial Court judge or other official person before whom the oath or	**34.1(1)** No action for damages lies or may be brought against a health officer, a medical health officer, a public health inspector or a person acting under section 33 (4) because of anything done or omitted (a) in the performance or intended performance of any duty under this Act, or (b) in the exercise or intended exercise of any power under this Act, unless the person was acting in bad faith. **34.1(2)** Subsection (1) does not absolve a person from vicarious liability arising out of an act or omission of a person referred to in that subsection for which the first person would be vicariously liable if this section were not in force. **103** A person who (a) in any manner, prevents or obstructs the minister or a member of the local board, a health officer, a public health inspector or any person

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washings or exudate, (c) have X-rays taken as required by the medical health officer for examination and interpretation to determine if he is so infected, and […]. **12(2)** The medical health officer shall give the notice (a) by delivering it in person or by an authorized representative, or (b) by registered mail. **12(3)** The medical health officer shall send a copy of the notice to the Provincial health officer. **12(4)** On the request of the medical health officer, a person shall send or cause to be sent (a) a specimen of blood, spinal fluid, sputum, stool, urine, gastric washings, exudate or other bodily discharge, collected for the diagnosis or control of a reportable communicable disease, to the Division of Laboratories, Ministry of Health, for examination and testing, and (b) X-rays, made for the diagnosis or control of tuberculosis, to the Division of Tuberculosis Control, Ministry of Health, for examination and interpretation. **12(5)** A laboratory report from the Division of Laboratories, or an X-ray report from the Division of Tuberculosis Control, shall be evidence of the results of the examination and tests performed by the Division of Laboratories or the interpretation of the X-ray by the Division of Tuberculosis Control.	(b) with the prior approval of the Provincial health officer. **11(4)** If the Provincial Court finds that the person charged under subsection (2) (a) has a reportable communicable disease or is infected with an agent that is capable of causing a reportable communicable disease, (b) is likely to willfully, carelessly or because of mental incompetence, expose others to the disease or agent, and (c) has contravened the order of the medical health officer referred to in subsection (1), the court may, in addition to any other penalty provided by this Act, order one or more of the following: (d) that the order of the medical health officer is confirmed or varied in accordance with subsection (1) and that the person comply with the order; (e) that the person be detained in a place prescribed by the Lieutenant Governor in Council for detentions under this section until in the opinion of the Provincial health officer the person no longer has the reportable communicable disease or agent, but an order or combination of orders for isolation, modified isolation, quarantine or detention must not exceed a period of one year. *(See schedule E of the Communicable disease regulation to find the designated hospitals). **11(5)** Despite subsection (4), the health officer may at any time, either before or after the expiry of the period of detention, testing, treatment, isolation, modified isolation or quarantine ordered	or other official person before whom the oath or declaration was taken of the conscientious objection referred to in paragraph (a). --- **Occupational Health and Safety Regulation**, B.C. Reg. 296/1997 (made under the Workers Compensation Act, consolidated up to B.C. Reg. 348/2003). **6.39** Vaccination against hepatitis B virus must be made available at no cost to the worker, upon request, for all workers who have, or who may have, occupational exposure to hepatitis B virus. --- **Child Care Licensing Regulation**, B.C. Reg. 319/1989 (made under the Community Care and Assisted Living Act, consolidated up to B.C. Reg. 457/2004). **16** The licensee must […] (b) require each employee, as a condition of employment, to comply with the Province's immunization and tuberculosis control programs, and (c) keep records respecting each employee's compliance with and participation in the programs referred to in paragraph (b) and, on request, make the records available to the medical health officer. **21 (1)** The licensee must maintain at the community care facility current records showing	officer, a public health inspector or any person authorized by the minister or by a member of the local board from entering any premises subject to this Act and inspecting anything in the premises, or (b) obstructs or impedes any of the persons referred to in paragraph (a) in the performance of their duties in carrying out the provisions of this Act is liable on conviction to a fine not exceeding $2 000 or to imprisonment for a term not exceeding 6 months, or to both, and each day the offence continues constitutes a separate offence. **104(1)** A person who contravenes this Act or a regulation, bylaw, order, direction or permit under this Act commits an offence. **104(2)** Unless a lower penalty is specified by regulation or this Act, a person who commits an offence under subsection (1) is liable on conviction to the following: (a) in the case of an offence that is not a continuing offence, a fine of not more than $200 000 or imprisonment for not longer than 12 months, or both; (b) in the case of a continuing offence, a fine of not more than $200 000 for each day the offence is continued or imprisonment for not longer than 12 months, or both. **104.1(1)** If a person is convicted of an offence under this Act, in addition to any punishment imposed, the court may, having regard to the nature of the offence and the circumstances surrounding its commission, make an order

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--- **Venereal Disease Act**, R.S.B.C. 1996, c. 475 (consolidated up to B.C. Reg. 200/1999). **5(1)** If a medical health officer has reasonable grounds to believe that a person is or may be infected with venereal disease or has been exposed or may have been exposed to infection (a) the medical health officer may give the person notice in writing in the prescribed form directing the person to submit to an examination by a medical practitioner designated by the medical health officer, and (b) the designated medical practitioner must sign and send to the medical health officer within the time specified in the notice a report or certificate certifying that the person is or is not infected with a venereal disease. **5(4)** A medical health officer may do any of the acts referred to in subsection (2) or (3) with respect to any person who has been examined by a medical practitioner within the previous year and has been certified by that medical practitioner to be infected with venereal disease at the time of examination. **5(5)** A medical health officer may require a person who the officer believes is or may be infected with a venereal disease or has been exposed or may have been exposed to infection to undergo more than one examination in order to determine the presence or absence of the infection or the effectiveness of treatment.	under subsection (4), apply to the Provincial Court for an extension of that period and the court may extend that period for a further period not exceeding one year, after which the health officer may make further applications for extension of the period of detention, testing, treatment, isolation, modified isolation or quarantine. **11(6)** In an inquiry under this section, a certificate or laboratory report as to the result of any test made in a laboratory approved by the minister is proof in the absence of evidence to the contrary of the facts stated in the certificate or report. **11(7)** This section does not apply to a communicable disease that is a venereal disease as defined by the *Venereal Disease Act*, and section 6 of that Act applies to that communicable disease. **79** The health officers of a municipality, or the local board of a municipality or health district, or any committee of them, may (a) isolate any person who has smallpox or any other disease dangerous to public health, and (b) cause to be posted up on or near the door of any house or dwelling in which the person is a notice stating that the disease is in the house or dwelling. **81** A householder in whose dwelling there occurs any contagious or infectious disease must not permit (a) any person suffering from the disease, or (b) any infected clothing or other property, to be removed from the house, without the	the following information in respect of each person in care: (a) name, sex, date of birth, medical insurance plan number and immunization record; […]. --- **Adult Care Regulation**, B.C. Reg. 536/1980 (made under the Community Care and Assisted Living Act, consolidated up to B.C. Reg. 457/2004). **4(3)** The licensee shall (a) require that all persons being admitted to a licensed community care facility comply with the immunization program of the ministry and participate in its tuberculosis control program […]. **6.2** The licensee must do all of the following: (a) require each employee, as a condition of employment, unless otherwise authorized by the medical health officer, (i) to submit a medical certificate before beginning employment and at any other times required by the medical health officer, certifying that the person is medically capable of carrying out assigned duties, and (ii) to comply with the immunization program of the Ministry of Health and participate in its tuberculosis control program; (b) record each employee's compliance with and participation in the program referred to in	containing one or more of the following prohibitions, directions or requirements: […]. **105(1)** If a person has been convicted of an offence under this Act, or under any regulation or bylaw enacted or in force under this Act, and the offence is in the nature of an omission or neglect, or is in respect of the existence of a nuisance, health hazard or unsanitary condition which it is the person's duty to remove, or is in respect of the erection or construction of anything contrary to the provisions of this Act, or of any regulation or bylaw enacted or enforced under this Act, then, if the proper authority in that behalf gives reasonable notice to the person to make good the omission or neglect, or to remove the nuisance, health hazard or unsanitary condition, or to remove the thing which has been erected or constructed contrary to this Act, or to the regulation or bylaw, and default is made with respect to the notice, the person offending may be convicted for the default, and is liable to the same punishment as was, or might have been, imposed for the original offence, and so on from time to time, as often as after another conviction a new notice is given and the default continues. **106** If a contravention of this Act or of a regulation or order under this Act should be abated, restrained, enjoined or prevented in the interest of the public health, the Supreme Court may grant injunctive relief on application by the minister or a local board, union board, metropolitan board of health, regional board referred to in section 27, health officer, medical health officer or public health inspector.

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5(6) If a person has been named as a source or contact of venereal disease or is believed by the medical health officer to be a source or contact of the venereal disease, the medical health officer may proceed in the manner described in this section. **5(7)** If in the opinion of a medical health officer the clinical findings and history of a person indicate that the person is or may be infected with venereal disease, the medical health officer may, whether or not laboratory findings indicate the presence of venereal disease, proceed in the manner described in this section. **7** If a medical practitioner in medical charge of a place of detention has reason to believe that a person under the medical practitioner's charge is or may be infected with a venereal disease or has been or may have been exposed to infection with a venereal disease, the medical practitioner must have that person undergo any examination necessary to ascertain whether or not the person is infected with a venereal disease. **8** If a medical health officer believes that a person under arrest or in custody, whether awaiting trial or serving a sentence, is or may be infected or has been exposed or may have been exposed to infection with venereal disease, the medical practitioner may (a) cause that person to undergo any examination necessary to ascertain whether or not the person is infected with a venereal disease, and (b) direct that person to remain in custody until	consent of the local board or of the medical health officer, and the local board or medical health officer must specify the conditions of the removal. **82(1)** A person who is sick with any contagious or infectious disease must not be removed at any time except by permission and under direction and supervision of the local board or medical health officer or attending physician. **82(2)** An occupant of any house in which there exists any contagious or infectious disease, except typhoid fever, must not change his or her residence to any other place without the consent of the local board or of the medical health officer or attending physician, who must in either case specify conditions as aforesaid. **84** If smallpox, scarlet fever, diphtheria, cholera or any other contagious or infectious disease dangerous to public health is found to exist in any municipality, health district or rural area, the health officers or local board must (a) use all possible care to prevent the spreading of the infection or contagion, and (b) give public notice of infected places by those means that in their judgment are most effective for the common safety. **85** A person affected with smallpox, scarlet fever, diphtheria or cholera, and a person who has access to any person affected with any of those diseases, must not mingle with the general public until the regulations made under this Act in that behalf and the sanitary precautions as may be specified by the local board have been complied	paragraph (a) (ii) and, on request of the medical health officer, make records available to the medical health officer.	**107** In any prosecution for any violation of sections 80 and 83, the burden of proof that the notice required to be given by those sections was given lies on the defence, and it is not necessary to a conviction for the prosecution to prove the nondelivery of the notice to all the persons to whom the notice could have been given. --- **Venereal Disease Act**, R.S.B.C. 1996, c. 475 (consolidated up to B.C. Reg. 200/1999).. **13(1)** A report, certificate or statement of a medical practitioner or of an agent of the minister given under this Act, in good faith and without negligence, that a person is suffering from venereal disease or suspected of having or having been exposed to venereal disease (a) does not render the medical practitioner or agent liable to action, (b) is not admissible in evidence in proceedings against the medical practitioner or agent, and (c) cannot be made the ground of any prosecution, action or suit against the medical practitioner or agent. **13(2)** All records, reports and certificates made or kept under this Act are absolutely privileged and exempt from production on subpoena issued in a court in a civil action. **14(1)** A person who does any of the following commits an offence: (a) wilfully neglects or disobeys an order or

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the results of the examination are known.	with. **86(1)** If there is reason to suspect that a person who has smallpox, diphtheria, scarlet fever, cholera or typhoid fever is in or on any railway car, steamboat, sailing vessel or other public conveyance, the medical health officer, if there is one, or any member of the local board, or any person authorized in that behalf by the minister or the local board, either generally or for the special purpose, may enter the conveyance and cause the person to be removed from it and may detain the conveyance until it is properly disinfected, or the officer or member may, if he or she thinks fit, remain on or in the conveyance, with any assistance he or she may require, for the purpose of disinfecting it. **86(2)** The authority of the officer or member as a health officer continues in respect of the person and conveyance, even though the conveyance is taken into another jurisdiction. **87** If a person coming from abroad, or residing in a municipality, or health district or rural area in British Columbia, is infected, or lately before his or her arrival has been infected with or exposed to any of the said diseases, the health officers or local board where the person is may make effective provision in the manner which to them seems best for public safety, by removing the person to a separate house, or by otherwise isolating the person if it can be done without danger to his or her health, and by providing nurses and other assistance and necessaries for the person at the person's own cost and charge, or at		direction given by a medical health officer or the minister under this Act or the regulations; (b) hinders, delays or obstructs a medical health officer, peace officer or other person acting in the performance of duties under this Act; (c) publishes or discloses contrary to section 15(3) any proceedings taken under this Act or the regulations; (d) fails to comply with this Act or the regulations. **14(2)** If no other penalty is prescribed a person who commits an offence under subsection (1) is liable on conviction to a penalty of not less than $25 and not more than $100. **14(3)** A medical practitioner who fails to report as required by section 4 commits an offence and is liable on conviction to a penalty of not less than $25 and not more than $100. **14(4)** A person who without reasonable excuse, the proof of which is on the person, fails to comply with a direction made to the person under section 5 (1) commits an offence and is liable on conviction to imprisonment for not less than 7 days and not more than 12 months.

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	the cost of his or her parents or other person or persons liable for his or her support, if able to pay it, or if the other person or persons are unable to pay it, then at the cost and charge of the local board, or in a rural area at the cost of the government, to be paid, with the approval of the Minister of Finance and Corporate Relations, out of money voted by the Legislature available for the purposes of this Act. **88(1)** A person recovering from any of the said diseases, or a nurse who has been in attendance on any person suffering from any such disease, must not leave the premises where the person suffering from the disease is, at any time, until they have received from the attending physician or medical health officer a certificate that in his or her opinion they have taken precautions as to their persons, clothing and all other things that they propose to take from the premises necessary to ensure the immunity from infection of other persons with whom they may come in contact, and further complied with any regulations made under this Act in that behalf. **88(2)** A person referred to in subsection (1) must not expose himself or herself in any public place, shop, street, inn or public conveyance without having first obtained the certificate and complied with the regulations. **89** A person referred to in section 88 must adopt, for the disinfection and disposal of excreta and for the destruction and disinfection of utensils, bedding, clothing and other things that have been exposed to infection, measures prescribed under		

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	this Act or specified by the medical health officer, or in the event of no measures having been prescribed under this Act or specified by the medical health officer, then measures required by the attending physician. **90** The owner or person in charge of any conveyance who has conveyed in it any infected person must not, after the entry of an infected person into his or her conveyance, allow any other person to enter until he or she has sufficiently disinfected it under the direction of the local board, or under the supervision of the medical health officer or public health inspector. **91** A person must not give, lend, transmit, sell or expose any bedding, clothing or other article likely to convey any of the aforesaid diseases without having first complied with the regulations made under this Act as to disinfection and otherwise in that behalf. **92(1**) A local board may provide a proper place or portable furnace, with all necessary apparatus and attendance, for the disinfection of bedding, clothing or other articles that have become infected. **92(2)** A local board may cause the articles referred to in subsection (1) to be disinfected free of charge, or may make reasonable charges for the disinfecting of the articles, as may be provided by bylaw in municipalities, or, if there is no such bylaw, and in rural areas, by regulations made under this Act.		

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	93 A local board may direct the destruction of any bedding, clothing or other articles that have been exposed to infection, and compensation may be given for the articles by the proper authority. **94(1)** A person must not let or hire any house or room in a house in which a case of smallpox, cholera, scarlatina, diphtheria, whooping cough, measles, glanders or other contagious or infectious diseases has recently existed, without having caused the house and premises used in connection with it to be disinfected to the satisfaction of the medical health officer, or, if there is no medical health officer, of the local board. **94(2)** For the purposes of this section, the keeper of an inn or house for the reception of lodgers is deemed to let for hire part of a house to any person admitted as a guest into the inn or house. **95** A person who lets for hire, or shows for the purpose of letting for hire, any house or part of a house, on being questioned by any person negotiating for the hire of the house or part of a house as to the fact of there previously having been in it any person suffering from any infectious disorder, or any animal or thing infected by any infectious disorder, must not knowingly make a false answer to the questions. **96(1)** A municipality may establish or erect and maintain one or more hospitals for the reception of persons having smallpox or any other infectious or contagious disease that may be dangerous to public health.		

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	96(2) Any 2 or more municipalities may join in establishing, erecting or maintaining a hospital described in subsection (1). **96(3)** A hospital described in subsection (1) must not be erected by one municipality within the limits of another municipality without first obtaining the consent of the other municipality to the proposed erection. **97** If a hospital is established under section 96, the physician attending the hospital, or the sick in it, the nurses, other employees and all persons who approach or come within the limits of the hospital, and all furniture and other articles used or brought there, are subject to the regulations made under this Act. _____ **Health Act Communicable Disease Regulation**, B.C. Reg. 4/1983 (made under the Health Act, consolidated up to B.C. Reg. 281/2004). **5** Where a physician, who knows or suspects that a person is infected with a reportable communicable disease, orders isolation or quarantine under this regulation, he shall immediately notify the medical health officer of the action taken. **6** The medical health officer shall verify all reports that a person is infected with a reportable communicable disease before ordering or continuing isolation, quarantine or any other		

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	control measures respecting that person. **7** The medical health officer or a physician may order a person, whom he knows or suspects to be suffering from a reportable communicable disease, to be placed in strict or modified isolation. **8** The medical health officer or a physician may order a susceptible person, who is a contact of a person suffering from a reportable communicable disease, to be placed in quarantine. **9** The medical health officer may release a person placed in isolation or quarantine by a physician if, in his opinion, the signs or symptoms of the illness are not consistent with a diagnosis of the reportable communicable disease. **10(1**) The medical health officer may sign and post the notice, set out in Schedule C, in a conspicuous place at the entrance to any premises where a person under quarantine is living. **10(2)** No person shall interfere with or obstruct a medical health officer, or anyone authorized by him, from posting the notice. **10(3)** No person shall remove a posted notice except by permission of the medical health officer, or conceal or mutilate it. **10(4)** In the event that the posted notice is removed, concealed or mutilated, the occupant of the premises on which the notice was posted shall, without delay, notify the medical health officer.		

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	11 No person shall, without the written consent of the medical health officer, remove or permit to be removed (a) any article from premises where a person under isolation or quarantine is living, or (b) any milk or milk products from a farm or dairy where a person, suffering from or a carrier of salmonellosis or campylobacteriosis, or other reportable communicable disease which may be spread by raw milk, is living, unless the milk or milk products are to be pasteurized before distribution or use. **12(1)** Where a medical health officer knows or suspects that a person is infected with a reportable communicable disease, he may, by notice, direct that person to (a) undergo medical examinations by a physician designated by the medical health officer, (b) permit the collection of specimens of his blood, spinal fluid, sputum, stool, urine, gastric washings or exudate, (c) have X-rays taken as required by the medical health officer for examination and interpretation to determine if he is so infected, and (d) undergo treatment that, in the opinion of the medical health officer, is necessary, whether or not the diagnosis is supported by laboratory evidence of infection, within a specified time. **12(2)** The medical health officer shall give the notice (a) by delivering it in person or by an authorized representative, or		

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	(b) by registered mail. **12(3)** The medical health officer shall send a copy of the notice to the Provincial health officer. **13** Where a medical health officer or a physician knows or suspects that a person or animal is suffering from a disease listed in Schedule D, he shall ensure that the isolation procedures, quarantine and special measures set out in that Schedule for the disease are included in the treatment of the infected person or animal and in the control measures taken respecting the disease. **See Appendix 4 of this Compendium for a list of 18 diseases along with isolation procedures, quarantine and special measures.* **14(2)** Subject to any directions that the medical health officer may give respecting the handling of the body, the funeral director or other person shall wrap and securely seal the body in heavy plastic sheeting before removing it from the room in which death occurred, place it wrapped and sealed in a casket, immediately close the casket and not permit the casket to be reopened. **18** A medical health officer may order a publicly or privately operated school, public swimming pool, bathing beach, theatre, recreation hall or any other public gathering place to be closed for the purpose of controlling the spread of a communicable disease. _____ **Hospital Act**, R.S.B.C. 1996, c. 200		

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	(consolidated up to B.C. Reg. 516/2004). **3** A person suffering from a communicable disease who is required to be isolated by the regulations under the *Health Act* must not be admitted to a hospital unless it can be established to the satisfaction of the minister that (a) in the hospital there is accommodation and facilities for the isolation of persons suffering from communicable diseases, and (b) the person will not be housed or treated anywhere in the hospital except in that accommodation during the period the person is required to be isolated. **44** All patients with tuberculosis of the respiratory tract treated at a hospital are subject to supervision by a medical health officer appointed by the Lieutenant Governor in Council. _____ **School Act**, R.S.B.C. 1996, c. 412 (consolidated up to B.C. Reg. 597/2004). **91(1)** A school medical officer may and when required by the Minister of Health must examine or cause examinations to be made as to the general health of students of the schools in the school district. **91(2)** If the school medical officer considers that the health condition of any student is such as to endanger the health or welfare of the students of a school or the employees of the board, the school medical officer must so report to the board, giving		

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	the name of the student concerned. **91(3)** The board must promptly act on a report under subsection (2) and must remove from a school a student whose health condition is reported by the school medical officer as being dangerous. **91(4)** A student who is removed from a school under subsection (3) must not be permitted to return to the school until he or she delivers to the board a certificate signed by the school medical officer permitting the student to return to the school. _____ **Venereal Disease Act**, R.S.B.C. 1996, c. 475 (consolidated up to B.C. Reg. 200/1999). **3(1)** A person infected with a venereal disease who becomes aware or suspects that he or she is infected with a venereal disease must place himself or herself immediately under the care and treatment of a medical practitioner. **3(2)** If the infected person is unable to obtain the care or treatment referred to in subsection (1), the person must report to a medical health officer, who must make the necessary arrangements for treatment. **3(3)** An infected person must (a) conduct himself or herself in a manner that does not expose other persons to the infection, and		

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	(b) take and continue adequate treatment. **4(1)** If a person who has been under treatment by a medical practitioner for venereal disease refuses or neglects to take adequate treatment, the medical practitioner must report to a medical health officer the name and address of that person, together with any other information required by regulation. **4(2)** A person under treatment for a venereal disease who fails to attend on the person's medical practitioner within 7 days after an appointment for treatment is presumed to have neglected to continue adequate treatment, and the attending medical practitioner must report the failure in writing to a medical health officer within 10 days after the appointment. **5(2)** If a report or certificate under subsection (1) states that a person examined is infected with venereal disease, the medical health officer may (a) deliver to the person directions in the prescribed form as to the course of conduct to be pursued, and (b) require the person to produce evidence satisfactory to the medical health officer that the person is undergoing adequate treatment and is in other respects carrying out the directions. **5(3)** If the person referred to in subsection (2) fails to comply with the course of conduct prescribed for the person or to produce the evidence required, the medical health officer may proceed in the manner described in section 6.		

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	5(4) A medical health officer may do any of the acts referred to in subsection (2) or (3) with respect to any person who has been examined by a medical practitioner [] to be infected with venereal disease at the time of examination. **5(5)** A medical health officer may require a person who the officer believes is or may be infected with a venereal disease or has been exposed or may have been exposed to infection to undergo more than one examination in order to determine the presence or absence of the infection or the effectiveness of treatment. **5(6)** If a person has been named as a source or contact of venereal disease or is believed by the medical health officer to be a source or contact of the venereal disease, the medical health officer may proceed in the manner described in this section. **5(7)** If in the opinion of a medical health officer the clinical findings and history of a person indicate that the person is or may be infected with venereal disease, the medical health officer may, whether or not laboratory findings indicate the presence of venereal disease, proceed in the manner described in this section. **6(1)** A medical health officer may make a complaint or lay an information before a justice charging that a person (a) is infected with venereal disease and is unwilling or unable to conduct himself or herself in a manner that does not expose other persons to the infection, or		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	(b) is infected with a venereal disease and refuses or neglects to take or continue adequate treatment. **6(2)** On receiving a complaint or information, the justice must hear and consider the allegations of the medical health officer, and if the justice believes that a case for doing so is made out, the justice must issue a summons requiring the person to appear before a justice at a time and place named in the summons. **6(3)** If it appears that a summons cannot be served or if a person to whom a summons is directed does not appear to it, the justice may issue a warrant directing that the person named in the summons be brought before the justice. **6(4)** If a person appears or is brought before a justice under this section, the justice (a) must inquire into the truth of the matter charged in the complaint or information, (b) must proceed in the manner required by the *Offence Act*, and (c) has the powers of a justice holding a hearing under the *Offence Act*. **6(5)** In an inquiry under this section a certificate or laboratory report stating the result of a test made in a laboratory of or a laboratory approved by the minister is evidence of the facts stated in the certificate or report. **6(6)** A justice may order that a person be admitted to and detained in a place of detention for a period not longer than one year, as the justice thinks necessary, if the justice finds that the person		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	(a) is infected with a venereal disease and is unwilling or unable to conduct himself or herself in a manner that does not expose other persons to the infection, or (b) is infected with a venereal disease and refuses or neglects to take or continue adequate treatment. **9** If a person under arrest or in custody, whether awaiting trial or serving a sentence, is found to be infected with a venereal disease, the medical health officer may order in writing that (a) the person undergo treatment, and (b) action be taken the medical health officer considers advisable for the person's isolation and the prevention of infection by the person. _____ **Venereal Disease Act Regulation**, B.C. Reg.70/1984 (made under the Venereal Disease Act). **2** For the purposes of section 5 (2) of the *Venereal Disease Act*, the directions which may be given to an infected person by a medical health officer shall be in the form set out in Form B. _____ **Venereal Disease Act Treatment Regulation**, B.C. Reg. 64/1984 (made under the Venereal Disease Act, consolidated up to B.C. Reg. 164/1997). **2** For the purposes of section 1 of the Act, adequate treatment is (a) for venereal diseases discussed in the		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	Canadian Guidelines, the treatment set out in the Canadian Guidelines and any additional treatment an infected person is directed to take by his or her physician or a medical health officer, and (b) for venereal diseases not discussed in the Canadian Guidelines, the treatment an infected person is directed to take by his or her physician or a medical health officer.		

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Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
The Public Health Act, C.C.S.M. c. P210 (consolidated up to S.M. 2002, c. 26). **12** For the purposes of enforcing this Act and the regulations and any by-law of the municipality relating to health, a medical officer of health may […] (c) order any person whom he has reason to believe might be suffering from a communicable disease to submit to a medical examination by a duly qualified medical practitioner or a public health nurse; (d) subject to section 32, in the case of an epidemic or a threatened epidemic of a communicable disease, order any person whom he has reason to believe has or might contract or catch the communicable disease to (i) submit to a medical examination, […] (i) authorize a public health nurse to examine any pupil, patient, or inmate, of any school, hospital, or institution offering care or treatment without the consent of the person in charge thereof or the person being examined; […] (k) authorize a public health nurse to examine any person suspected of having a communicable disease without the consent of that person. **14** For the purposes of enforcing this Act and the regulations, and any by-law of a municipality relating to health, the public health nurse may, upon presentation of a certificate or other means	**The Public Health Act**, C.C.S.M. c. P210 (consolidated up to S.M. 2002, c. 26). **12** For the purposes of enforcing this Act and the regulations and any by-law of the municipality relating to health, a medical officer of health may […] (d) subject to section 32, in the case of an epidemic or a threatened epidemic of a communicable disease, order any person whom he has reason to believe has or might contract or catch the communicable disease to […] (ii) submit to or obtain medical treatment, […] (e) order an insanitary condition on, in, or in connection with, any premises to be abated by the owner or occupant or both within such time as may be specified in the order; (f) order any premises that are or constitute an insanitary condition to be vacated; (g) order any structure or building that is or constitutes an insanitary condition that cannot be abated, or, after an order made under clause (e), is not abated within the time specified in the order, to be demolished; […] (i) authorize a public health nurse to examine any pupil, patient, or inmate, of any school, hospital, or institution offering care or treatment without the consent of the person in charge thereof or the person being examined; […] (k) authorize a public health nurse to examine any person suspected of having a communicable	**The Public Health Act**, C.C.S.M. c. P210 (consolidated up to S.M. 2002, c. 26). **12** For the purposes of enforcing this Act and the regulations and any by-law of the municipality relating to health, a medical officer of health may […] (d) subject to section 32, in the case of an epidemic or a threatened epidemic of a communicable disease, order any person whom he has reason to believe has or might contract or catch the communicable disease to […] (iii) be vaccinated, inoculated or immunized, […]. **19(1)** Where the minister, the Deputy Minister of Health, the Director of Public Health Services, the Director of Preventive Medical Services, the Director of Venereal Disease Control, or a medical officer of health, has, under this Act or the regulations, ordered or required a person […] (d) to be vaccinated; or (e) to be inoculated; or […] and the person fails or refuses to comply with the order or requirement, the person making the order or requirement may lay an information before a justice alleging that the person is suspected or believed by the person laying the information to pose a threat to public health because he or she is (h) suffering from a communicable disease; or (i) a person who has been exposed to a communicable disease or in contact with a person	**The Public Health Act**, C.C.S.M. c. P210 (consolidated up to S.M. 2002, c. 26). **19(1)** Where the minister, the Deputy Minister of Health, the Director of Public Health Services, the Director of Preventive Medical Services, the Director of Venereal Disease Control, or a medical officer of health, has, under this Act or the regulations, ordered or required a person […] (c) to be hospitalized; or (d) to be vaccinated; or (e) to be inoculated; or (f) to submit to or to obtain a medical examination; or (g) to submit to or to obtain medical treatment; or […] and the person fails or refuses to comply with the order or requirement, the person making the order or requirement may lay an information before a justice alleging that the person is suspected or believed by the person laying the information to pose a threat to public health because he or she is (h) suffering from a communicable disease; or (i) a person who has been exposed to a communicable disease or in contact with a person who has a communicable disease; and the justice may issue a warrant as hereinafter provided. **33(1)** Subject to section 22.15, a person who contravenes or fails to comply with any provision

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
of identification as prescribed in the regulations, (a) at all reasonable times enter any school, hospital, or institution offering care or treatment, and inspect the same without the consent of the person in charge thereof, and, with the written authority of the medical officer of health, examine any pupil, patient, or inmate of any such school, hospital, or institution, without the consent of the person in charge thereof or the person being examined; […] (c) with the written authority of the medical officer of health, examine any person suspected of having a communicable disease without his consent. **19(1)** Where the minister, the Deputy Minister of Health, the Director of Public Health Services, the Director of Preventive Medical Services, the Director of Venereal Disease Control, or a medical officer of health, has, under this Act or the regulations, ordered or required a person […] (f) to submit to or to obtain a medical examination; or […] and the person fails or refuses to comply with the order or requirement, the person making the order or requirement may lay an information before a justice alleging that the person is suspected or believed by the person laying the information to pose a threat to public health because he or she is (h) suffering from a communicable disease; or (i) a person who has been exposed to a communicable disease or in contact with a person who has a communicable disease; and the justice may issue a warrant as hereinafter provided.	disease without the consent of that person. **19(1)** Where the minister, the Deputy Minister of Health, the Director of Public Health Services, the Director of Preventive Medical Services, the Director of Venereal Disease Control, or a medical officer of health, has, under this Act or the regulations, ordered or required a person (a) to be isolated; or (b) to be quarantined; or (c) to be hospitalized; or […] (g) to submit to or to obtain medical treatment; or (g.1) to conduct himself or herself in such a manner as not to expose another person to infection; and the person fails or refuses to comply with the order or requirement, the person making the order or requirement may lay an information before a justice alleging that the person is suspected or believed by the person laying the information to pose a threat to public health because he or she is (h) suffering from a communicable disease; or (i) a person who has been exposed to a communicable disease or in contact with a person who has a communicable disease; and the justice may issue a warrant as hereinafter provided. **19(7)** After a hearing, the justice may make an order described in subsection (8) if he or she is satisfied that (a) the person named in the information has failed to comply with an order or requirement mentioned in clauses 19(1)(a) to (g.1); and (b) the person poses a threat to public health because he or she is suffering from a	who has a communicable disease; and the justice may issue a warrant as hereinafter provided. **19(7)** After a hearing, the justice may make an order described in subsection (8) if he or she is satisfied that (a) the person named in the information has failed to comply with an order or requirement mentioned in clauses 19(1)(a) to (g.1); and (b) the person poses a threat to public health because he or she is suffering from a communicable disease, has been exposed to a communicable disease, or has been in contact with a person who has a communicable disease. **19(8)** Subject to section 32 (objection on grounds of religious or other belief), an order under subsection (7) may require a person to […] (c) be vaccinated, inoculated or immunized; […]. **22.7(1)** A medical officer of health may make an order in the terms specified in subsection (3) in respect of a person who has failed to comply with an order or requirement under this Act or the regulations requiring the person to […] (c) be vaccinated, inoculated or immunized; […]. **32** The following persons are exempt from vaccination, inoculation or medical treatment: (a) a person who makes a statement in writing that he believes that vaccination, inoculation, or medical treatment for the prevention or cure of disease is prejudicial to health or that his religious beliefs are opposed to it, and furnishes the statement to the medical officer of health;	of this Act or the regulations, or who disobeys or fails to comply with or carry out an order or direction lawfully made or given under this Act or the regulations, is guilty of an offence and liable, on summary conviction, to a fine not exceeding $5,000. or to imprisonment for a term not exceeding three months, or to both. **33(2)** A violation of this Act or the regulations, or a failure to comply with this Act or the regulations or an order or direction lawfully made or given under this Act or the regulations that continues for more than one day, constitutes a separate offence on each day during which it continues. **38** A physical examination, inoculation, vaccination, or medical treatment, administered in compliance with this Act or the regulations, or in compliance with an order lawfully made under this Act or the regulations, by a duly qualified medical practitioner to a person, whether that person consents or not, and whether that person is an adult or a minor, does not constitute an assault against that person. **38.1** No action for damages or other proceeding lies or may be brought personally against any person acting under the authority of, or engaged in the administration or enforcement of, this Act or the regulations (a) for anything done or omitted in good faith in the performance or exercise, or intended performance or exercise, of a duty or power under this Act or the regulations; or (b) for any neglect or default in the performance

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19(7) After a hearing, the justice may make an order described in subsection (8) if he or she is satisfied that (a) the person named in the information has failed to comply with an order or requirement mentioned in clauses 19(1)(a) to (g.1); and (b) the person poses a threat to public health because he or she is suffering from a communicable disease, has been exposed to a communicable disease, or has been in contact with a person who has a communicable disease. **19(8)** Subject to section 32 (objection on grounds of religious or other belief), an order under subsection (7) may require a person to (a) submit to a medical examination; […]. **32** The following persons are exempt from vaccination, inoculation or medical treatment: (a) a person who makes a statement in writing that he believes that vaccination, inoculation, or medical treatment for the prevention or cure of disease is prejudicial to health or that his religious beliefs are opposed to it, and furnishes the statement to the medical officer of health; (b) a child or ward of any such person. **22.1(1)** In addition to the powers under sections 11.1 and 12 and the regulations, when reasonably required to administer or determine compliance with this Act or the regulations in relation to a serious health hazard or a dangerous disease, a medical officer of health may (a) make any inspection, investigation, examination, test, analysis or inquiry that he or she considers necessary; […].	communicable disease, has been exposed to a communicable disease, or has been in contact with a person who has a communicable disease. **19(8)** Subject to section 32 (objection on grounds of religious or other belief), an order under subsection (7) may require a person to […] (b) submit to or obtain medical treatment; […] (d) be isolated, quarantined or hospitalized; (e) conduct himself or herself in such a manner as not to expose another person to infection; (f) be detained in a place named in the order for any purpose mentioned in clauses (a) to (e). **22.2(3)** An order under this section may require the person to whom it is directed to do anything, or refrain from doing anything, that the medical officer of health reasonably considers necessary to prevent, remedy, mitigate or otherwise deal with the serious health hazard, including the following: (a) investigate the situation, or undertake tests, examination, analysis, monitoring or recording, and provide the medical officer of health with any information the medical officer of health requires; (b) isolate, hold or contain a substance, thing, solid, liquid, gas, plant, animal or other organism specified in the order; (c) remove a substance, thing, solid, liquid, gas, plant, animal or other organism specified in the order; (d) destroy a substance, thing, solid, liquid, gas, plant, animal or other organism specified in the order, or otherwise dispose of it; (e) require a place, premises, or part of a place or premises to be vacated; (f) prohibit entry to or restrict use of a place,	(b) a child or ward of any such person. --- **Diseases and Dead Bodies Regulation**, Man. Reg. 338/88R (made under The Public Health Act, consolidated up to Man. Reg. 62/2001). **24.1** It is a prerequisite for a student entering grade one that he or she (a) be immune to measles; (b) have had measles; or (c) be immunized with two doses of measles-containing vaccines, the first of which must be received on or after his or her first birthday and the second at least one month afterwards.	or exercise, or intended performance or exercise, in good faith of a duty or power under this Act or the regulations. --- **Diseases and Dead Bodies Regulation**, Man. Reg. 338/88R (made under The Public Health Act, consolidated up to Man. Reg. 62/2001). **17** Any person, whom the director or a medical officer of health has reasonable grounds to believe is or has been exposed to, or is suffering from, a communicable disease and who fails to submit to an examination as required by an order issued under the Act or the regulations, may be quarantined in his or her own home by the director or medical officer of health for such time as is necessary to enable the director or the medical officer of health to satisfy himself or herself that the person is not suffering from a communicable disease. **44(1)** A health professional who, having attended on a person and having diagnosed the person as having gonorrhea, syphilis, chancroid or chlamydia in an infectious form, shall make a report to the director where (a) the person fails to consult the health professional within a period of seven days from the previous consultation; and (b) the health professional has reason to believe that the person may have the disease in an infectious form.

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22.7(1) A medical officer of health may make an order in the terms specified in subsection (3) in respect of a person who has failed to comply with an order or requirement under this Act or the regulations requiring the person to (a) submit to a medical examination; […]. _____ **Diseases and Dead Bodies Regulation**, Man. Reg. 338/88R (made under The Public Health Act, consolidated up to Man. Reg. 62/2001). **12(1)** Upon receiving a report under section 3, 4 or 5, a medical officer of health or the director, as the case may be, may examine, or cause an examination to be made of, the person suspected of having the disease or inspect, or cause an inspection to be made of, the institution or premises in which the person resides or attends. **12(2)** Any person being examined, or any person in an institution or premises being inspected, under subsection (1) shall give to the medical officer of health or anyone delegated by the medical officer of health to make the examination or inspection, all information of which that person has knowledge, including (a) the source of infection or contagion of the disease or the suspected source; (b) the occupation of all persons residing in, working in or visiting, the premises; (c) the facilities available for isolating the person having, or infected by, the disease; and	premises, or part of a place or premises; (g) construct, excavate, install, modify, replace, remove, reconstruct or do any other work in relation to a place or premises, or to a thing specified in the order; (h) clean or disinfect a place or premises, part of a place or premises, or a thing specified in the order; (i) refrain from manufacturing, processing, preparing, storing, handling, displaying, transporting, selling, or offering for sale or distribution any substance, thing, solid, liquid, gas, plant, animal or other organism; (j) refrain from using any place or premises, or any substance, thing, solid, liquid, gas, plant, animal or other organism, or restrict its use. **22.7(1)** A medical officer of health may make an order in the terms specified in subsection (3) in respect of a person who has failed to comply with an order or requirement under this Act or the regulations requiring the person to […] (b) submit to or obtain medical treatment; […] (d) be isolated, quarantined or hospitalized; (e) conduct himself or herself in such a manner as not to expose another person to infection. **22.7(2)** A medical officer of health may issue an order under this section notwithstanding section 19, but only if (a) the order that the person has not complied with relates to a dangerous disease; and (b) the medical officer of health believes on reasonable grounds that, if not detained, the person will pose a significant and immediate threat to public health.		

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(d) such other information as the medical officer of health or the person making the examination or inspection may require. **13(1)** Where a medical officer of health has reason to believe that a person residing in a house or locality within his or her jurisdiction, has a reportable disease or any other disease dangerous to the public health, the medical officer of health may examine the person or cause the person to be examined, or may inspect the house or locality, or cause it to be inspected. **13(4)** The minister, at the request of the director, for the purpose of preventing, mitigating, or suppressing disease, or reducing exposure of the public to a communicable disease, may order the physical examination, including X-ray examination, of any person or group of persons. **45** Where a health professional has diagnosed a person as having a sexually transmitted disease or has formed the opinion that a person may have a sexually transmitted disease, the health professional shall, (a) wherever possible, secure specimens for examination and forward them for examination to a laboratory approved by the director; or (b) if requested by the director, secure specimens for examination and forward them to a laboratory specified by the director. **48** Where the director, upon reasonable and probable grounds, believes (a) that a person has or may have a sexually transmitted disease; or	**22.7(3)** An order under this section may require the person in respect of whom it is made to (a) be apprehended and be delivered to and detained in a place named in the order; (b) be medically examined to determine whether or not the person is infected with an agent of a dangerous disease; (c) be isolated, quarantined or hospitalized; and (d) if found on examination to be infected, be treated for the disease, which may include vaccination, inoculation or immunization. **22.7(5)** An order under this section is authority for any person to locate and apprehend the person who is the subject of the order and to deliver the person to the place named in the order. **32** The following persons are exempt from vaccination, inoculation or medical treatment: (a) a person who makes a statement in writing that he believes that vaccination, inoculation, or medical treatment for the prevention or cure of disease is prejudicial to health or that his religious beliefs are opposed to it, and furnishes the statement to the medical officer of health; (b) a child or ward of any such person. _____ **Diseases and Dead Bodies Regulation**, Man. Reg. 338/88R (made under The Public Health Act, consolidated up to Man. Reg. 62/2001). **13(3)** Where the director, or if the person is within the jurisdiction of a medical health officer, a		

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(b) that a person has been in contact with another person who has a sexually transmitted disease under circumstances from which it reasonably can be expected that the first named person may have been exposed to a sexually transmitted disease; the director may make an order in a form approved by the minister requiring the person to take any one or more of the actions set out in the order.	medical health officer, has reason to believe that a person has a reportable disease or other disease dangerous to the public health, the director or medical health officer, as the case may be, may, in his or her absolute discretion, (a) order the person to be admitted to a hospital; (b) order the person to be isolated; (c) order the person or any other person exposed to the infection or both, to be quarantined; (d) order the premises in which the person resides to be quarantined; or (e) order the person to submit specimens for laboratory examination; or may take any one or more of the actions set out in clauses (a), (b), (c), (d) or (e). **13(5)** Where the director or a medical officer of health has reason to believe that a person has or may have a reportable disease or another disease dangerous to the public health, the director or medical officer of health may, in his or her absolute discretion, restrict or prohibit the person's right to work or to be in settings where he or she may place others at risk for infection. **13(6)** The restrictions under subsection (5) may include prohibiting the person from attending school or day care or participating in activities or occupations involving food handling or the care of young children or the elderly, until such time as the person is no longer infectious in the opinion of the medical officer of health or the director. **14(1)** The director may order that a person who is suffering from a reportable disease and who has been admitted to a hospital shall not leave the		

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	hospital without the consent of the director. **14(2)** Where a person leaves a hospital in contravention of subsection (1), the superintendent or person in charge of the hospital shall notify the director immediately. **15(1)** Subject to subsection (3), where the director or a medical officer of health has ordered a premises to be quarantined under subsection 13(3), he or she may place, or cause to be placed, a placard on each outer door of the premises. **15(2)** The placard referred to in subsection (1) shall have printed on it, in large letters, a statement that entrance to or exit from the premises without the permission of the director or the medical officer of health is prohibited. **15(3)** Where a communicable disease is reported or known to exist in a tenement house or apartment building and if the director or the medical officer of health orders the premises quarantined in respect thereof, the order may apply only to the room or apartment in which the diseased person resides, in which case the placard shall be placed on or near the door of the room or apartment. **15(4)** If the director or the medical officer of health deems it necessary, an additional placard may be placed on the street entrance door of the tenement house or apartment building, which placard shall, in addition to the statement required by subsection (2), have printed on it in large letters the room or apartment number in which the		

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	diseased person resides and that the quarantine applies only to that room or apartment. **15(5)** No person other than a duly qualified medical practitioner or registered nurse shall enter or leave premises under quarantine unless that person has the permission of the medical officer of health. **16(1)** The medical officer of health may order that no person who has been isolated shall leave the room or dwelling in which he or she has been isolated without the permission of the medical officer of health. **16(2)** Without the permission of the medical officer of health, no person shall remove, or cause to be removed, a person who has been isolated from the room or dwelling within which he or she has been isolated. **16(3)** The period of any order of quarantine or isolation made under the Act or the regulations shall not be abridged or terminated except under the authority of the person who made the order. **17** Any person, whom the director or a medical officer of health has reasonable grounds to believe is or has been exposed to, or is suffering from, a communicable disease and who fails to submit to an examination as required by an order issued under the Act or the regulations, may be quarantined in his or her own home by the director or medical officer of health for such time as is necessary to enable the director or the medical officer of health to satisfy himself or		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	herself that the person is not suffering from a communicable disease. **18(1)** In the event of an epidemic or a threatened epidemic, a medical officer of health may order any person, whether vaccinated, inoculated, or not, to be quarantined for a period of up to four weeks, and for a further period of up to four weeks if, in the opinion of the medical officer of health, the quarantine is required for the protection of the community. **18(2)** In the event of an epidemic or threatened epidemic, a medical officer of health, or the director, may, with the consent of the minister, order the closing or quarantining, or both, of any school, church, or any other place or any other premises in the municipality or other area over which the medical officer of health or director has jurisdiction, for such period of time as the medical officer of health or director may deem necessary for the prevention, treatment, mitigation, and suppression of disease. **18(3)** Where milk is suspected as the vehicle of the spread of a communicable disease, the medical officer of health may prohibit the sale or use of milk that has not been pasteurized or otherwise treated to his or her satisfaction. **18(4)** Where water is suspected as the source of a communicable disease the medical officer of health may order that the water supply be not used unless it is chlorinated, boiled, or otherwise treated to his or her satisfaction.		

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	18(5) Where food is suspected of being the cause of a communicable disease that food may be seized or disposed of to the satisfaction of the medical officer of health. **24(1)** The director or a medical officer of health may, by order, require any of the following persons to comply with any protocol or requirement that has been approved by the minister for the control of communicable diseases: (a) a patient who is suffering from a reportable disease; (b) any person residing in the premises in which the patient is being treated or has resided; (c) any person attending the patient; or (d) any other person who has had contact with the patient. **48** Where the director, upon reasonable and probable grounds, believes (a) that a person has or may have a sexually transmitted disease (b) that a person has been in contact with another person who has a sexually transmitted disease under circumstances from which it reasonably can be expected that the first named person may have been exposed to a sexually transmitted disease; the director may make an order in a form approved by the minister requiring the person to take any one or more of the actions set out in the order. _____ **Public Health Interpretation and Personnel Regulation**, Man. Reg. 340/88 R (made under		

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	The Public Health Act). **8(1)** A public health nurse may exclude from school any pupil whom he or she suspects of having a communicable disease, and may prevent that pupil from attending school until the pupil presents a certificate from the medical officer of health or other duly qualified medical practitioner certifying that the pupil is free from communicable disease. **8(2)** Where there is no medical officer of health or duly qualified medical practitioner available, the public health nurse may allow an excluded pupil to return to school, if, in the opinion of the nurse, the pupil is free from communicable disease. **9(1)** A public health nurse, when instructed by the medical officer of health, may isolate and quarantine any person suffering from a communicable disease. **9(2)** In an unorganized territory, where no medical officer of health is available, a public health nurse may, subject to the approval of the minister, isolate and quarantine any person for a communicable disease, and terminate any isolation and quarantine made or directed under the Act or the regulations. **10** Where a school pupil is suspected to be suffering from diphtheria, a public health nurse, when so instructed by the medical officer of health, if one is available, may, if the public health nurse deems it necessary, swab all contacts		

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	of suspected cases of diphtheria in the school.		

NEW BRUNSWICK

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
Public Health Act, S.N.B. 1998, c. P-22.4 (consolidated up to S.N.B. 2002, c. 23). **33(1)** Subject to subsection (2), a medical officer of health by a written order may require a person to take or refrain from taking any action that is specified in the order in respect of a communicable disease. **33(2**) A medical officer of health may make an order under this section where he or she is of the opinion, upon reasonable and probable grounds, (a) that a communicable disease exists or may exist in a health region, (b) that the communicable disease presents a risk to the health of persons in the health region, and (c) that the requirements specified in the order are necessary to prevent, decrease or eliminate the risk to health presented by the communicable disease. **33(3)** In an order under this section, a medical officer of health may specify the time or times when or the period or periods of time within which the person to whom the order is directed must comply with the order. **33(4)** An order under this section may include, but is not limited to, […] (b) requiring the person to whom the order is directed to submit to an examination by a medical practitioner and to deliver to the medical officer	**Public Health Act**, S.N.B. 1998, c. P-22.4 (consolidated up to S.N.B. 2002, c. 23). **6(1)** Subject to subsection (2), a medical officer of health or a public health inspector by a written order may require a person to take or refrain from taking any action that is specified in the order in respect of a health hazard. **6(2)**A medical officer of health or a public health inspector may make an order under this section where he or she is of the opinion, upon reasonable and probable grounds, (a) that a health hazard exists, and (b) that the requirements specified in the order are necessary to prevent or decrease the effect of or to eliminate the health hazard. **6(3)** In an order under this section, a medical officer of health or a public health inspector may specify the time or times when or the period or periods of time within which the person to whom the order is directed must comply with the order. **6(4)**An order under this section may include, but is not limited to, (a) requiring the vacating of premises, (b) requiring the owner or occupier of premises to close the premises or a specific part of the premises, (c*)* requiring the placarding of premises to give notice of an order requiring the closing of the	**General**, N.B. Reg. 1988-200 (made under the Health Act, consolidated up to N.B. Reg. 2004-59). **284(2)** Every child entering school for the first time shall have been administered dosages as prescribed by subsection (3) of an immunizing agent against poliomyelitis, diphtheria, tetanus, measles, mumps and rubella unless the parent of the child has provided a medical exemption or a written statement of the parent's religious, moral or philosophical objections in accordance with section 45 of the *Schools Act*. --- **Education Act**, S.N.B. 1997, c. E-1.12 (consolidated up to S.N.B. 2004, c. 19). **10(1)** A superintendent shall refuse admission to a pupil entering school for the first time who does not provide satisfactory proof of the immunizations required under the *Health Act* or the regulations under that Act. **10(2)** Subsection (1) does not apply to a pupil whose parent provides (a) a medical exemption, on a form provided by the Minister and signed by a medical practitioner, or (b) a written statement, on a form provided by the	**Public Health Act**, S.N.B. 1998, c. P-22.4 (consolidated up to S.N.B. 2002, c. 23). **32** A medical practitioner shall report to a medical officer of health, in accordance with the regulations, the name and residence address of a person who is under the care and treatment of the medical practitioner in respect of a Group I communicable disease and who refuses or neglects to continue the treatment in a manner and to a degree satisfactory to the medical practitioner. **52(1)** A person who violates or fails to comply with any provision of the regulations commits an offence. **52(3)** A person who violates or fails to comply with an order made by a medical officer of health or a public health inspector commits an offence. **64(1)** No action or other proceeding for damages or otherwise shall be instituted against a medical officer of health, an acting medical officer of health, the chief medical officer of health, an acting chief medical officer of health, a public health inspector or the Minister or any agent, servant or employee of the Minister for any act done in good faith in the execution or intended execution of any duty or power under this Act or for any alleged neglect or default in the execution in good faith of any such duty or power

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practitioner and to deliver to the medical officer of health a report by the medical practitioner as to whether or not the person has a communicable disease or is infected with an agent of a communicable disease, […]. **36(1)** A medical officer of health may make an application to the court for an order under this section where a person has failed to comply with an order by a medical officer of health in respect of a communicable disease that is a Group I communicable disease[…] (b) that the person submit to an examination by a medical practitioner, […]. **36(2)** Where the court is satisfied that a person has failed to comply with an order by a medical officer of health referred to in subsection (1), the court may order, with respect to the person who has failed to comply with the order, any or all of the following. […] (b) that the person be examined by a medical practitioner to ascertain whether or not a person is infected with an agent of a Group I communicable disease; […]. **36(9)** An order for detention under this section is authority to detain the person who is the subject of the order in the hospital facility named in the order and to care for the person and, where ordered, to examine the person and treat the person for the Group I communicable disease in accordance with generally accepted medical practice for a period of not more than three months from and including the day the order was issued.	notice of an order requiring the closing of the premises, (d) requiring the doing of work specified in the order in, on or about the premises specified in the order, (e) requiring the removal of anything that the order states is a health hazard from the premises or the environs of the premises specified in the order, (f) requiring the isolation or detention of any thing specified in the order in accordance with such terms and conditions as are specified in the order, (g) requiring the cleaning or disinfecting, or both, of the premises or the thing specified in the order, (h) requiring the destruction of the matter or thing specified in the order, (i) prohibiting or regulating the manufacturing, processing, preparation, storage, handling, display, transportation, sale, offering for sale or distribution of any food or thing, or (j) prohibiting or regulating the use of any premises or thing. **6(5)** An order under this section that requires the closing of premises is an order (a) to shut the premises so as to prevent the entrance or access to premises by any person, and (b) to suspend the operation of any enterprise or activity on or in the premises except by such persons or for such purposes as are specified in the order. **6(6)** An order under this section may be directed to a person (a) who owns or who is the occupier of any premises,	Minister and signed by the parent, of the parent's objection for reasons of conscience or religious belief to the immunizations required under the *Health Act* or the regulations under that Act.	in good faith of any such duty or power. --- **Health Act,** R.S.N.B. 1973, c. H-2 (consolidated up to S.N.B. 2002, c. 23). **28(3)** A person who violates or fails to comply with subsection 20(1) or 25(3) or who wilfully disobeys or resists any lawful order of a health officer or other person acting under the authority of this Act commits an offence punishable under Part II of the *Provincial Offences Procedure Act* as a category E offence. --- **Venereal Disease Act**, R.S.N.B. 1973, c. V-2 (consolidated up to S.N.B. 2002, c. 1). **7(3)** Any person found by a medical practitioner to be affected with venereal disease who refuses or fails to undergo medical treatment therefor by such medical practitioner or to notify the practitioner that he is undergoing medical treatment therefor by some other medical practitioner is guilty of an offence. **20(2)** A person who violates or fails to comply with section 3 or subsection 5(1) or 7(3) commits an offence punishable under Part II of the *Provincial Offences Procedure Act* as a category C offence. **23** No action or other proceeding lies against any

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41(1) Where a person has failed to comply with an order by a medical officer of health in respect of a communicable disease that is a Group I communicable disease […] (b) that the person submit to an examination by a medical practitioner, […] the medical officer of health may issue an order to detain the person named in the order if there are exigent circumstances that make it impracticable to make an application to the court for an order under section 36. _____ **Health Act,** R.S.N.B. 1973, c. H-2 (consolidated up to S.N.B. 2002, c. 23). **19(1)** A medical health officer may enter into any house or premises for the purpose of making inquiry and examination with respect to the state of health of a person therein, and may cause any person therein found infected with a contagious or infectious disease to be removed to a hospital facility or other proper place, but no such removal shall take place unless the person can be removed without danger to life. **19(2)** A medical health officer, or anyone authorized by him, may by order in writing authorize a medical practitioner, nurse practitioner or nurse to enter into any house or premises for the purpose of making inquiry and examination with respect to the state of health of a person found therein, and upon the recommendation of that practitioner the medical health officer may	(b) who owns or is in charge of any substance, thing, plant or animal or any solid, liquid, gas or combination of them, or (c) who is engaged in or administers an enterprise or activity in or on any premises. **6(7)** An order under this section is not effective unless the reasons for the order are set out in the order. **6(8)** Where the delay necessary to put an order under this section in writing will or is likely to increase substantially the hazard to the health of any person, a medical officer of health or public health inspector may make the order orally and subsection (7) does not apply. **6(11)** A medical officer of health or a public health inspector who makes an order under this section may require the person to whom the order is directed to communicate the contents of the order to other persons as specified by the officer or inspector and the person shall communicate the contents of the order as required by the officer or inspector. **6(12)** Nothing in Part III prevents the making of an order under this section in relation to a premises, substance, thing, plant or animal other than man, a solid, liquid, gas or any combination of them, that is or may be infected with a communicable disease or that is or may be contaminated with an agent of a communicable disease, as the case may be. **6(13)** A person to whom an order is directed		person in respect of anything done in pursuance of this Act or of the regulations.

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cause any person therein found infected with a contagious or infectious disease to be removed as provided in subsection (1). **19(3)** A medical health officer may[…] (b) require any person whom he believes or has reason to believe is affected with a communicable disease to undergo medical examination, […]. **25(1)** A district medical health officer may require any person, resident in the health district for which the district medical health officer is appointed and whom he suspects to be suffering from tuberculosis, to submit to such examination for tuberculosis as the district medical health officer directs. **25(2)** In requiring a person to submit to an examination under this section, the district medical health officer shall serve such person, or in the case of a minor the parent or guardian of the minor, with a notice in writing specifying the nature of the examination required. **25(3)** A person served with a notice under subsection (2) who fails to carry out any order or direction contained in the notice commits an offence. _____ **Venereal Disease Act**, R.S.N.B. 1973, c. V-2 (consolidated up to S.N.B. 2002, c. 1). **3** Every person who believes or who has reason to believe or suspect that he is or may be affected	under this section shall comply with the order. **8(1)** Where the Minister is of the opinion, on reasonable and probable grounds, that a health hazard exists and the person to whom an order is or would be directed under subsection 6(6) (a) has refused to comply with or is not complying with the order, (b) is not likely to comply with the order promptly, (c) cannot readily be identified or located and as a result the order would not be carried out promptly, or (d) requests the assistance of the Minister in preventing or decreasing the effects of or eliminating the health hazard, the Minister may enter upon the premises, with such persons, materials and equipment and using such force as the Minister considers necessary, and may take such action as the Minister considers necessary to prevent or decrease the effects of or eliminate the health hazard. **8(2)** Actions by the Minister under this section may include, but are not limited to, (a) the placarding of premises to give notice of the existence of a health hazard or of an order made under this Act, or both, (b) doing any work the Minister considers necessary in, on or about any premises, (c) removing any thing from the premises or the environs of premises, (d) detaining any thing removed from any premises or the environs of any premises, (e) cleaning or disinfecting, or both, of any premises or thing, and		

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with venereal disease shall immediately consult a medical practitioner and have the medical practitioner determine whether he is or is not affected with the disease. **10(1)** When the Director, or a medical health officer, or a Public Health Nurse believes or has reason to believe that a person is affected with venereal disease, he may by notice in writing order such person to undergo medical examination by a medical practitioner, or by some particular medical practitioner to be named in the notice, and to procure from that medical practitioner, and produce to him within a time to be specified in the notice, a certificate of that medical practitioner declaring whether such person is or is not affected with venereal disease, and if so affected the form of the venereal disease. **10(2)** The notice provided for in this section may be served personally upon the person or forwarded to him at his latest known address by registered mail.	(f) destroying any thing found on the premises or the environs of the premises. **33(1)** Subject to subsection (2), a medical officer of health by a written order may require a person to take or refrain from taking any action that is specified in the order in respect of a communicable disease. **33(2**) A medical officer of health may make an order under this section where he or she is of the opinion, upon reasonable and probable grounds, (a) that a communicable disease exists or may exist in a health region, (b) that the communicable disease presents a risk to the health of persons in the health region, and (c) that the requirements specified in the order are necessary to prevent, decrease or eliminate the risk to health presented by the communicable disease. **33(3)** In an order under this section, a medical officer of health may specify the time or times when or the period or periods of time within which the person to whom the order is directed must comply with the order. **33(4)** An order under this section may include, but is not limited to, (a) requiring any person that the order states has or may have a communicable disease or is or may be infected with an agent of a communicable disease to isolate himself or herself and remain in isolation from other persons, […] (c) requiring the person to whom the order is directed in respect of a disease that is a		

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	communicable disease to place himself or herself forthwith under the care and treatment of a medical practitioner, and (d) requiring the person to whom the order is directed to conduct himself or herself in such a manner as not to expose another person to infection. **36(1)** A medical officer of health may make an application to the court for an order under this section where a person has failed to comply with an order by a medical officer of health in respect of a communicable disease that is a Group I communicable disease (a) that the person isolate himself or herself and remain in isolation from other persons, […] (c) that the person place himself or herself under the care and treatment of a medical practitioner, or (d) that the person conduct himself or herself in such a manner as not to expose another person to infection. **36(2)** Where the court is satisfied that a person has failed to comply with an order by a medical officer of health referred to in subsection (1), the court may order, with respect to the person who has failed to comply with the order, any or all of the following: (a) that the person be taken into custody and admitted to and detained in a hospital facility named in the order; […] (c) that the person, if found on examination to be infected with an agent of a Group I communicable disease, be treated for the disease.		

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	36(9) An order for detention under this section is authority to detain the person who is the subject of the order in the hospital facility named in the order and to care for the person and, where ordered, to examine the person and treat the person for the Group I communicable disease in accordance with generally accepted medical practice for a period of not more than three months from and including the day the order was issued. **39** Where upon application of the medical officer of health for the health region in which the hospital facility is located, the court is satisfied (a) that the person continues to be infected with an agent of a Group I communicable disease, and (b) that the discharge of the person from the hospital facility would present a significant risk to the health of the public, the court may by order extend the period of detention for not more than three months, and upon further applications by the medical officer of health, the court may extend the period of detention and treatment for further periods, each of which shall not be for more than three months. **40(1)** A person detained in accordance with an order made under section 36 shall be released from detention upon the certificate of the medical officer of health for the health region in which the hospital facility is located. **40(2)** A medical officer of health shall inform himself or herself as to the treatment and condition of the person and shall issue a certificate authorizing the release from detention		

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	as soon as the medical officer of health is of the opinion that the person is no longer infected with an agent of the Group I communicable disease or that the release from detention of the person will not present a significant risk to the health of the public. **41(1)** Where a person has failed to comply with an order by a medical officer of health in respect of a communicable disease that is a Group I communicable disease (a) that the person isolate himself or herself and remain in isolation from other persons, […] (c) that the person place himself or herself under the care and treatment of a medical practitioner, or (d) that the person conduct himself or herself in such a manner as not to expose another person to infection, the medical officer of health may issue an order to detain the person named in the order if there are exigent circumstances that make it impracticable to make an application to the court for an order under section 36. _____ **Health Act,** R.S.N.B. 1973, c. H-2 (consolidated up to S.N.B. 2002, c. 23). **19(1)** A medical health officer may enter into any house or premises for the purpose of making inquiry and examination with respect to the state of health of a person therein, and may cause any person therein found infected with a contagious or infectious disease to be removed to a hospital		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	facility or other proper place, but no such removal shall take place unless the person can be removed without danger to life. **19(2)** A medical health officer, or anyone authorized by him, may by order in writing authorize a medical practitioner, nurse practitioner or nurse to enter into any house or premises for the purpose of making inquiry and examination with respect to the state of health of a person found therein, and upon the recommendation of the medical practitioner, nurse practitioner or nurse, the medical health officer may cause any person therein found infected with a contagious or infectious disease to be removed as provided in subsection (1). **19(3)** A medical health officer may (a) enter into any dwelling-house, school building, business establishment or other place for the purpose of ascertaining the existence therein of a case of communicable disease, […] (c) cause to be quarantined the inmates of any dwelling-house or other place in which a case of communicable disease exists, (d) isolate persons affected with communicable diseases, (e) require the disinfection of dwelling-houses, school buildings, business establishments and other places where a case of communicable disease has existed, and (f) require the disinfestation of any building or premises for the prevention or mitigation of an epidemic. **26(5)** Where a judge finds that any such person		

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	(a) is suffering from pulmonary tuberculosis in an infectious state, and (b) refuses to be admitted to, or to remain in, a sanatorium or has left a sanatorium against the advice of the superintendent thereof, he shall order that such person be admitted to and detained in a sanatorium, or in such other place as may be set aside with the approval of the Minister for the care of tuberculous persons for such period not exceeding one year as the judge may deem necessary. **26(7)** Any person detained pending a hearing under this section, or pending his removal to a sanatorium or other place set aside with the approval of the Minister for the care of tuberculous persons, shall be detained in a sanatorium or such other safe and comfortable place as the judge may direct. **26(8)** The Minister may direct the transfer of any person detained under this section to any sanatorium, hospital facility or any other place when he deems such transfer is necessary for the welfare of the patient. **26(9)** Any person detained under this section may, with the approval in writing of the Minister, be brought before a judge at any time during the last thirty days of the period for which he is detained, and if the judge finds that he is still suffering from pulmonary tuberculosis in an infectious state, he may order that such person be further detained in a sanatorium or such other place as may be set aside with the approval of the Minister for the care of tuberculous persons for such period, not		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	exceeding one year, as the judge may deem necessary. **27** Any patient in a sanatorium, or in any other place set aside with the approval of the Minister for the care of tuberculous persons, who is unwilling or unable to conduct himself in such a manner as not to expose other patients or other persons to danger of infection, or whose behaviour is detrimental to the recovery of other patients, may, with the approval in writing of the Minister, be brought before a judge who may, if he finds any such condition to exist, order that such patient be segregated from the other patients in a separate part of the sanatorium, or other place, and there detained for such period not exceeding one year as the judge may deem necessary. _____ **General**, N.B. Reg. 1988-200 (made under the Health Act, consolidated up to N.B. Reg. 2004-59). **87(2)** When the services of a district medical health officer are not immediately available, the child shall be excluded from school at once by the teacher or principal and shall not be readmitted until provided with a medical certificate of freedom from contagion. **88** No child infected with a communicable disease shall be permitted to attend school until the disease is cured and the danger of contagion is terminated as certified by a duly qualified medical		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	practitioner or until the disease is placed under such treatment and safeguards as shall satisfy the district medical officer that all practical danger of communicating the disease to others is abolished. **89** No child from a family in which there exists an acute communicable disease or from a house containing a person or family infected with an acute communicable disease shall attend school until the acute disease disappears from the person or family and the danger of contagion is past, as certified by a duly qualified medical practitioner. **91** Sections 89 and 90 do not apply to children who are immune from measles, whooping-cough, varicella or chicken-pox, parotitis or mumps, and rubella or German measles by reason of a previous attack and the attending medical practitioner permits the child to attend school. **96** The district medical health officer may take all measures, which have proven practical in public health administration and which have been accepted by public health authorities, to carry out any preventive measure considered necessary to control and prevent the diffusion of a notifiable disease. **285(2)** No pupil shall be readmitted until the district medical health officer is satisfied that the danger has passed. _____ **Education Act**, S.N.B. 1997, c. E-1.12 (consolidated up to S.N.B. 2004, c. 19).		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	20(1) A principal may exclude from school property a pupil who is or is suspected to be affected with an acute communicable disease or an acute communicable infestation. **20(2)** Where a pupil has been excluded from school property under this section, the principal may require the pupil to produce a medical certificate of freedom from contagion or infestation before allowing the pupil to return to school. _____ **Venereal Disease Act**, R.S.N.B. 1973, c. V-2 (consolidated up to S.N.B. 2002, c. 1). **4(1)** Every person who is affected with venereal disease shall undergo medical treatment therefor. **5(1)** Every person required by this Act to undergo medical treatment for venereal disease shall undergo medical treatment therefor by a medical practitioner and while under his care shall attend before him at such times as he shall direct and shall continue to undergo treatment until pronounced free from the disease by a medical practitioner. **7(2)** If a person, found by a medical practitioner to be affected with venereal disease, refuses or fails to undergo medical treatment therefor by such practitioner, or to notify the practitioner that he is undergoing medical treatment therefor by some other medical practitioner, the practitioner		

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	shall immediately notify the Director of the name and address of such person. **7(3)** Any person found by a medical practitioner to be affected with venereal disease who refuses or fails to undergo medical treatment therefor by such medical practitioner or to notify the practitioner that he is undergoing medical treatment therefor by some other medical practitioner is guilty of an offence. **8(2)** If a person who is undergoing treatment for venereal disease discontinues undergoing treatment therefor before having been pronounced free from the disease by the medical practitioner who has been treating him, then, unless the medical practitioner receives such a notice as is provided by this section within ten days of the person's last consultation with him, he shall immediately report the circumstances and the name, address and identification number of the person concerned to the Director. **10(1)** When the Director, or a medical health officer, or a Public Health Nurse believes or has reason to believe that a person is affected with venereal disease, he may by notice in writing order such person to undergo medical examination by a medical practitioner, or by some particular medical practitioner to be named in the notice, and to procure from that medical practitioner, and produce to him within a time to be specified in the notice, a certificate of that medical practitioner declaring whether such person is or is not affected with venereal disease, and if so affected the form of the venereal		

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	disease.		

NEWFOUNDLAND AND LABRADOR

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
Communicable Diseases Act, R.S.N. 1990, c. C-26 (consolidated up to N.L.R. 44/03). **15(1)** Where a medical health officer has reasonable grounds for believing that a person is or may be infected with or has been exposed to a communicable disease, the medical health officer may by written order direct that person to submit to an examination by the medical health officer or a physician designated by or satisfactory to the medical health officer and to obtain and produce or send to the medical health officer within the time specified in the notice a report or certificate of the physician that the person is or is not infected with the disease. _____ **Venereal Disease Prevention Act**, R.S.N. 1990, c. V-2. **7(1)** Where a medical health officer has reasonable grounds for believing that a person is or may be infected with venereal disease or has been exposed to infection, that medical health officer may give notice in writing in the prescribed form to that person directing him or her to submit to an examination by a physician designated by or satisfactory to the medical health officer and to procure and produce to the medical health officer within the time specified in the	**Communicable Diseases Act**, R.S.N. 1990, c. C-26 (consolidated up to N.L.R. 44/03). **6** As soon as possible, after the receipt by a health officer of a notification of the existence of a case of communicable disease, the health officer may inspect the premises where the disease is reported to exist, and it is the duty of the householder or manager and of a person within the premises to give to the health officer, or other person delegated by him or her to make an inspection, the fullest available information as to the person suspected of being infected, the source of the infection, if known, and generally other information that the health officer or person making the inspection requires. **7** Where a complaint is made or a reasonable belief exists that a communicable disease exists in a house or other locality, that has not been reported to the health officer, the health officer shall inspect the house or locality, and, on discovering that the communicable disease exists, the health officer may, as he or she considers best, send the person so infected to a hospital or may restrain the person and others exposed within the house or locality from intercourse with other persons, and prohibit entry to and exit from the premises. **10(1)** In the event of a communicable disease occurring at a house occupied by the keeper of a	**Communicable Diseases Act**, R.S.N. 1990, c. C-26 (consolidated up to N.L.R. 44/03). **21(1)** The minister may if of the opinion that an emergency condition in relation to a communicable disease exists or is to be apprehended, order, with the approval of the Lieutenant-Governor in Council, that immunization and re-immunization shall be compulsory within the limits of a specified part of the province. **21(2)** The minister may make regulations respecting immunization including regulations respecting fees to be charged for immunization. **22(2)** A person refusing to be immunized, or a parent or guardian refusing to submit a child for immunization shall not be liable to a penalty if it appears that there is satisfactory reason for the person or child not being immunized. **23** Upon and immediately after the effective immunization of a child the medical practitioner who performed the operation shall deliver to the father or mother or other person having care of the child a certificate in a form to be prescribed by the minister. **24(1)** Where a medical practitioner is of the opinion that a person or child is not in an appropriate state to be immunized, he or she shall	**Communicable Diseases Act**, R.S.N. 1990, c. C-26 (consolidated up to N.L.R. 44/03). **22(1)** A parent or guardian of a child required to be immunized, or other person acting in contravention of, or failing to comply with this Act, or a person wilfully obstructing an authorized person in carrying out this Act, shall incur a penalty not exceeding $2 for every offence, to be recoverable by the minister in a summary manner, and in default of payment is liable to imprisonment for a period not exceeding 3 days. **34** In a case not otherwise specifically provided for in this Act, a person wilfully committing a breach of this Act shall be subject to a penalty not exceeding $100, or in default of payment, to imprisonment for a period not exceeding 30 days, or to both a fine and imprisonment. _____ **Venereal Disease Prevention Act**, R.S.N. 1990, c. V-2. **3(3)** A person who fails to comply with any of the provisions of this section shall be liable, upon summary conviction, to a fine not exceeding $500 or to imprisonment for a period not exceeding 6 months.

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notice, a report or certificate of the physician that that person is or is not infected with venereal disease. **7(6)** A medical health officer may require a person who he or she believes may be infected with venereal disease to undergo more than 1 examination in order to determine the presence or absence of that infection. **8(1)** Where a physician in medical charge of a jail, lock-up, reformatory, industrial farm, training school, or industrial, female or other refuge has reason to believe that a person under his or her charge is infected with venereal disease or has been exposed to infection with venereal disease, he or she may, and if he or she is directed by a medical health officer he or she shall, order the person to undergo the examination that may be necessary to ascertain whether or not he or she is infected with venereal disease or to ascertain the extent of venereal disease infection and if the examination discloses that he or she is so infected the physician shall report the facts to a medical health officer. _____ **Schools Act, 1997**, S.N. 1997, c. S-12.2 (consolidated up to S.N.L. 2004, c. 25). **76(1)** A board may: […] (e) require a student, believed by a teacher to be suffering from a communicable disease or a physical or mental condition which might	occurring at a house occupied by the keeper of a dairy from which milk, cream or butter is supplied for use by the public, or at premises within a city, town or municipality where milk, cream or butter is kept, stored or prepared for sale, the health officer may, where he or she thinks appropriate, prohibit the sale or delivery of the articles from the premises until the time that the health officer is satisfied that all necessary precautions for the public safety have been observed. **11** A member of the dairy industry supplying milk, cream or butter shall not allow a person suffering from a communicable disease, or having recently been in contact with a person so suffering, to milk cows or to handle vessels for containing milk, cream or butter or to take part or help in the conduct of the trade, in so far as regards the production, distribution or storing of the articles, until the danger of the communication of infection to milk, cream or butter, or their contamination, has stopped and a certificate to that effect obtained from the health officer. **14(1)** The minister may in writing authorize and direct an appropriate and adequately qualified person to investigate the causes and circumstances of an outbreak of communicable disease or outbreak of unusual and unexplained mortality; and the person so authorized and directed shall, for the purposes of the investigation, have and exercise the powers ordinarily conferred upon a commissioner under the *Public Inquiries Act.* **14(2)** Where upon the investigation the minister is of opinion that a remediable insanitary condition	appropriate state to be immunized, he or she shall deliver to the person or to the father or mother of the child or to the person having the care of the child a certificate to that effect, which certificate shall remain in force for 2 months after its delivery. **24(2)** The person or the father or mother of the child or the person having the care of the child shall at the end of that 2 month period either have the certificate renewed or the immunization performed. **24(3)** The certificate referred to in subsection (1) shall be in a form to be prescribed by the minister. **25** Superintendents of education, school boards and educational authorities may, where so directed by the minister, order that a student shall not be admitted to a school or other educational institution under their respective control unless the pupil hands to the teacher of the school a certificate either of efficient immunization or of being insusceptible to immunization. **26(1)** The minister or the health officer of a locality that is invaded by or threatened to be invaded by a communicable disease may require a certificate or other sufficient evidence of immunity from the communicable disease to be given by a student attending a school, college, convent, university or other educational institution within the locality to the authorities of the institution.	**7(2)** A person who without reasonable excuse fails to comply with a direction made under subsection (1) shall be liable on summary conviction to a fine not exceeding $500 or to imprisonment not exceeding 6 months. **11(1)** Where a person who has been under treatment for venereal disease refuses or neglects to continue treatment in a manner and to a degree satisfactory to the attending physician, the physician shall report to the minister the name and address of that person together with the other information that may be required by the regulations. **11(2)** A person who fails to visit his or her physician within 7 days of an appointment for treatment shall be presumed to have neglected to continue treatment and the physician shall report that failure in writing to the minister within 14 days of the appointment. **11(3)** A physician who fails to report as required by this section shall incur a penalty of not less than $25 and not more than $100. **13(1)** A person who (a) wilfully neglects or disobeys an order or direction given by the minister or a medical health officer under this Act or the regulations; (b) hinders, delays or obstructs a medical health officer, peace officer or other person acting in the performance of his or her duties under this Act; (c) publishes a proceeding taken under this Act or the regulations; (d) wilfully represents himself or herself as

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endanger an employee of the board or other students, to be examined by a medical practitioner or other professional person appointed or approved by the board and, upon the recommendation of the medical practitioner or that other professional person, exclude that student from school until a certificate acceptable to the board is obtained from a medical practitioner or that other professional person permitting that student to return to school, but an exclusion or extension of an exclusion shall be reviewed by the board within 25 school days; […].	exists, the minister may direct its immediate removal or abatement by the person responsible for it, and where the person neglects or refuses after 3 days' written notice to remove or abate the condition, may cause the removal or abatement to be made. **14(3)** A person who, after written notice fails to remove or put an end to the insanitary condition to the satisfaction of the minister within the time limited, is guilty of an offence and liable on summary conviction to a fine of not more than $100 a day for every day of default. **15(2)** Where, as the result of a report or certificate produced or sent to a medical health officer under subsection (1), it appears that a person is infected with a communicable disease, the medical health officer may (a) with the approval of the minister or the deputy minister order in writing that the person infected be, for the purpose of treatment, removed to and detained in a hospital for the treatment of the disease with which that person is infected until the time that a physician attending at that hospital is satisfied that the infected person has received treatment and recovered sufficiently to be no longer a danger to the public and to be released from the hospital permanently or conditionally upon his or her returning for further examination or treatment or both; and (b) before, after or instead of making an order under paragraph (a), give to the infected person directions as to a course of treatment and conduct to be followed and require that person to produce evidence satisfactory to the medical health officer	**26(2)** A student who neglects or refuses to produce the certificate on demand shall be excluded from the institution during the whole time of his or her refusal or neglect. **27(1)** A person or corporation, having control over a school, college, convent, university or other educational institution, refusing or neglecting to exclude a student who does not provide a certificate of immunization or insusceptibility to immunization when required to do so, shall be guilty of a violation of this Act and subject to the penalty prescribed. **27(2)** The certificate of insusceptibility shall be in a form to be prescribed by the minister. **28** In a proceeding under this Act, the court may, with or without inflicting a penalty, make an order that immunization shall take place; and every subsequent refusal or neglect to obey the order shall be considered a new offence.	bearing some other name than his or her own or makes a false statement as to his or her ordinary place of residence during the course of his or her treatment for a venereal disease with the purpose of concealing his or her identity; or (e) fails to comply with a provision of this Act or the regulations, shall, where no other penalty is prescribed, incur a penalty of not more than $100 and in default of payment shall be imprisoned for a period not exceeding 3 months. --- **Schools Act, 1997**, S.N. 1997, c. S-12.2 (consolidated up to S.N.L. 2004, c. 25). **119(1)** A person who violates a provision of this Act for which another section of this Act does not provide a penalty, commits an offence and is liable on summary conviction (a) for a first offence, to a fine not exceeding $1,000 or to imprisonment for a term not exceeding 3 months or to both a fine and imprisonment; and (b) for a subsequent offence, to a fine not exceeding $3,000 or to imprisonment for a term not exceeding 6 months or to both a fine and imprisonment. **119(2)** A prosecution under this section shall be commenced within 2 years after the commission of the alleged offence.

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	that he or she is following the directions and where the infected person does not follow the directions or does not produce the evidence required under this paragraph or where the evidence is not satisfactory to the medical health officer, the medical health officer may make an order under paragraph (a). **16** Persons knowing themselves to be suffering from a communicable disease shall not enter or be in a public conveyance or mingle with the general public until they have seen a health officer or registered medical practitioner and been advised that it is not dangerous to the public to so enter or mingle. **17(1)** Where there is reason to suspect that a person who has a communicable disease is in or upon a railway car, ship or vessel, bus or other conveyance, the health officer or a person authorized by him or her may enter the conveyance and remove the person from it, using force, where necessary, and may detain the conveyance until it is properly disinfected, or the health officer may remain or re-enter and remain on or in the conveyance, with help that he or she may require, for the purpose of disinfecting it, and his or her authority shall continue in respect of the person and conveyance, notwithstanding the conveyance is taken into another district. **30** The minister may in a case of actual or apprehended emergency, and subject to the approval of the Lieutenant-Governor in Council, make general and particular quarantine orders and regulations applicable to vessels, goods, persons		

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	and things, being in the province or coming or being imported from abroad, as he or she may consider expedient for preventing the introduction or spread of communicable disease, and may set penalties, forfeitures and punishments for the breach of the general or particular orders or regulations, not exceeding the general penalties in section 34. _____ **Venereal Disease Prevention Act**, R.S.N. 1990, c. V-2. **3(1)** A person infected with venereal disease upon becoming aware or suspecting that he or she is so infected shall place himself or herself immediately under the care and treatment of a physician, and if unable to obtain care or treatment he or she shall apply to a medical health officer, who shall direct his or her course of conduct and treatment. **3(2)** A person shall continue treatment until he or she obtains from the attending physician a notice in writing that he or she has received adequate treatment. **5(1)** A medical health officer may lay an information in writing before a Provincial Court judge charging that a person named in the information (a) is infected with a venereal disease and is unwilling or unable to conduct himself or herself in such a manner so as not to expose another person to the danger of infection; or		

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	(b) is infected with a venereal disease and refuses or neglects to take or continue treatment as required by this Act and the regulations. **5(2)** Upon receiving an information, the Provincial Court judge shall hear and consider the allegations of the informant and where he or she considers it desirable or necessary, the evidence of a witness, and where he or she is of the opinion that a case for so doing is made out, he or she shall issue a summons directed to the person named in the information, requiring him or her to appear before him or her or some other Provincial Court judge at a time and place named in the summons, or where the judge decides, and provided that the information is substantiated by oath or affirmation, he or she may issue a warrant to apprehend the person against whom the information was laid and to bring him or her before him or her or some other Provincial Court judge. **5(3)** Where a person appears or is brought before the Provincial Court judge under this section, the judge shall inquire into the truth of the matter charged in the summons, and for that purpose shall proceed in the manner prescribed by the *Summary Proceedings Act.* **5(4)** Where a Provincial Court judge finds that the truth of the information has been established, the judge shall order that the person named in the information be admitted to and detained in a place of detention for the period, not exceeding 1 year, that the Provincial Court judge considers necessary.		

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	5(5) In an inquiry under this section a certificate as to the result of a test made, signed or purporting to be signed by the director of a laboratory approved by the minister shall, in the absence of evidence to the contrary, be evidence of the facts stated in it and of the authority of the person giving the certificate without proof of appointment or signature. **5(6)** A person detained under this section may, with the approval in writing of the minister, be brought before a Provincial Court judge at any time during the last 30 days of the period for which he or she is detained, and where the Provincial Court judge finds that he or she is still infected with venereal disease and in need of further treatment, the judge may order that that person be further detained for necessary. **5(7)** Where the minister is of the opinion that a person detained under this section is no longer infected with venereal disease or has received an adequate degree of treatment, the minister shall direct the discharge of that person. **7(3)** If by the report or certificate mentioned in subsection (1) it appears that the person so notified is infected with venereal disease, the medical health officer may (a) with the approval of the minister, order in writing that that person be removed and detained in a place of detention for the prescribed treatment until the medical health officer is satisfied that an adequate degree of treatment has been attained, but that person shall be brought before a		

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	Provincial Court judge within 2 weeks of the detention to be dealt with under subsection 5(4); or (b) deliver to that person directions in the prescribed form as to a course of conduct to be pursued and may require that person to produce from time to time evidence satisfactory to the medical health officer that he or she is undergoing adequate medical treatment and is in other respects carrying out those directions, and where that person fails to comply with the course of conduct prescribed for him or her or to produce the evidence required, the medical health officer may exercise all the powers vested in him or her by paragraph (a) or may proceed under section 5. **18(1)** A person may be admitted to a place of detention upon voluntary application for the purpose of examination or treatment for venereal disease, and that person shall remain in the place of detention until discharged by the minister or a Provincial Court judge. **18(2)** A person committed to a place of detention under the provisions of this Act and a person admitted to a place for examination or treatment under subsection (1) shall be considered to be a person in lawful custody. **18(3)** A person being in a place of detention under the provisions of this Act, leaving that place without the permission of a medical health officer, is guilty of an offence. _____ **Schools Act, 1997**, S.N. 1997, c. S-12.2		

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	(consolidated up to S.N.L. 2004, c. 25). **76(1)** A board may : […] (e) require a student, believed by a teacher to be suffering from a communicable disease or a physical or mental condition which might endanger an employee of the board or other students, to be examined by a medical practitioner or other professional person appointed or approved by the board and, upon the recommendation of the medical practitioner or that other professional person, exclude that student from school until a certificate acceptable to the board is obtained from a medical practitioner or that other professional person permitting that student to return to school, but an exclusion or extension of an exclusion shall be reviewed by the board within 25 school days; […].		

NORTHWEST TERRITORIES & NUNAVUT

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
Communicable Diseases Regulations, R.R.N.W.T. 1990, c. P-13 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg. 022-2004; Nunavut: consolidated up to Nu. Reg. 015-2003). **11** Without limiting the generality of section 10, where the Chief Medical Health Officer has reasonable grounds to believe that it is in the public interest to do so, the Chief Medical Health Officer may (a) enter in the daytime any dwelling, premises, vehicle or conveyance, to inquire as to the state of health of any person in it; (b) examine physically or by questioning any person whom he or she suspects of being infected with a communicable disease; […]. _____ **Milk Regulations,** R.R.N.W.T. 1990, c. P-19 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg. 013-2004). **50(1)** A person connected directly or indirectly with the production or handling of milk shall (a) before being employed, produce to his or her prospective employer a certificate stating that he or she has had an X-ray of his or her chest within the previous 60 days, and that there was no evidence of active disease;	**Communicable Diseases Regulations**, R.R.N.W.T. 1990, c. P-13 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg. 022-2004; Nunavut: consolidated up to Nu. Reg. 015-2003). **2** Every person who believes or has reason to believe that he or she is infected with a communicable disease (a) shall notify as soon as possible the nearest medical practitioner or nurse or the Chief Medical Health Officer; and (b) shall place himself or herself under the care of, undergo the treatment and follow the course of action prescribed by the medical practitioner, nurse or Chief Medical Health Officer. **6** No carrier, contact or person infected with a communicable disease shall prepare, handle or serve any food or drink intended for sale or distribution to any person other than a member of his or her immediate household, unless written authorization is obtained from the Chief Medical Health Officer. **9(1)** No person living in premises where another person infected or suspected of being infected with a communicable disease is also living, shall, during the period of the disease, permit the collection or removal from the premises of any bottles or containers.		**Public Health Act**, R.S.N.W.T. 1988, c. P-12 (Northwest Territories: consolidated up to S.N.W.T. 2004. c. 11; Nunavut: consolidated up to S.N.W.T. 1998, c. 5). **23** Every person who, (a) contravenes this Act or the regulations, (b) obstructs a Medical Health Officer or a Health Officer in the exercise of his or her powers or in the performance of his or her duties under this Act or the regulations, (c) neglects, fails or refuses to comply with an order or direction given to him or her by a Medical Health Officer or a Health Officer in the exercise of his or her powers or the performance of his or her duties under this Act or the regulations, (d) without the authority of a Medical Health Officer or a Health Officer, removes, alters or interferes in any way with anything seized or detained under this Act, or (e) owns, constructs, operates or maintains any installation, building, place or thing mentioned in this Act or the regulations that does not comply with the requirements of this Act or the regulations, is guilty of an offence and liable on summary conviction to a fine not exceeding $500 or to imprisonment for a term not exceeding six months or to both. _____

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(b) have an X-ray of his or her chest at least once yearly and shall, on request by a Health Officer, produce a certificate to this effect stating that no evidence of active disease has been found; (c) be clean in his or her habits; (d) wear clean washable outer garments while handling milk containers, utensils or other equipment; (e) be free from any communicable disease which may be spread through the medium of milk; and (f) submit to such examination and tests as a Medical Health Officer may require.	**9(2)** No person shall, during the period of the disease, take or collect bottles or containers from premises where he or she has reason to believe a person infected or suspected of being infected with a communicable disease is living. **10(1)** Where the Chief Medical Health Officer is notified of the discovery of a case of a communicable disease or has reason to believe or suspect that there is such an occurrence, he or she shall investigate or cause an investigation to be made and if satisfied that action is necessary, shall ensure that the specific control measures for the disease are taken. **10(2)** The Chief Medical Health Officer shall follow up each such case of communicable disease until he or she is satisfied that the period of communicability is past or that the disease is not a communicable disease. **11** Without limiting the generality of section 10, where the Chief Medical Health Officer has reasonable grounds to believe that it is in the public interest to do so, the Chief Medical Health Officer may […] (c) direct that person (i) to submit to the taking of specimens of his or her blood and of any other body fluids, (ii) to give specimens of his or her sputum and other excreta, (iii) to submit to X-ray, and (iv) to undergo any procedure that may be required in the discretion of the Chief Medical Health Officer to prevent the spread of a		**Communicable Diseases Regulations**, R.R.N.W.T. 1990, c. P-13 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg. 022-2004; Nunavut: consolidated up to Nu. Reg. 015-2003). **18** No person shall (a) obstruct the Chief Medical Health Officer in the performance of his or her duties in carrying out these regulations; (b) aid or assist any person who is confined to a hospital or to a place of isolation under section 11, 13 or 14, to escape, or harbour or hide that person; (c) cancel, remove or otherwise interfere with any placard or notice posted under section 12, except with the consent of the Chief Medical Health Officer; or (d) enter or leave any premises on which a placard has been posted except with the consent of the Chief Medical Health Officer.

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	communicable disease; and (d) order that any dwelling, premises, vehicle or conveyance that in his or her opinion is likely to harbour the specific micro-organisms of a communicable disease be disinfected to the satisfaction of the Chief Medical Health Officer by and at the expense of the owner, occupier, operator or person in charge or in control, as the case may be, and the Chief Medical Health Officer may cause the dwelling or premises to be closed to the public or the vehicle or conveyance to be detained until disinfection has been carried out or the danger of infection has passed, whichever is the sooner. **12** Notwithstanding the specific control measures for a communicable disease, the Chief Medical Health Officer may, whenever in his or her discretion it is in the public interest to do so, post a placard or a warning notice signed by him or her at or near the entrance of premises where a person infected with the communicable disease resides. **13(1)** Where the effective isolation of a person infected with a communicable disease cannot be secured in the premises in which he or she resides, the Chief Medical Health Officer may direct that the person be removed to a hospital or place of isolation. **13(2)** Where the effective quarantine of a contact or of a carrier cannot be secured in the premises in which he or she resides, the Chief Medical Health Officer may direct that the person be removed to a hospital or place of isolation.		

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	13(3) Where the directions given by the Chief Medical Health Officer under subsection (1) or (2) are not complied with, he or she may, where in his or her discretion it is necessary to do so for the protection of public health, issue an order in Form 1 of Schedule C causing the person infected with a communicable disease, the contact or the carrier to be removed for isolation and any treatment that may be indicated to a hospital or place of isolation, and the order shall be deemed to have the same force and effect and to be subject to the same conditions as the order delivered under section 14, with such modifications as the circumstances require. **14(1)** Where a person who is infected with a communicable disease refuses or neglects or is unable to comply with the instructions received from the Chief Medical Health Officer under these regulations, the Chief Medical Health Officer, where satisfied that the conduct of that person is liable to endanger public health, may cause that person to be removed for isolation and any treatment that may be indicated, to a hospital or place of isolation by delivering an order in Form 1 of Schedule C to any peace officer. **14(2)** A peace officer who receives an order in Form 1 of Schedule C shall convey the person named in the form to the hospital or place of isolation described, and the person in charge of the hospital or place of isolation shall receive and detain for isolation and any treatment that may be indicated the person named in the order until authorized to release him or her under subsection (4), except that the person detained may be visited		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	by his or her own medical practitioner or nurse. **14(3)** A person isolated under subsection (1) shall remain at the hospital or place of isolation until his or her release has been authorized under subsection (4). **14(4)** On the receipt of a certificate signed by a medical practitioner that the person isolated is not infected with a communicable disease, the person in charge of the hospital or place of isolation shall immediately release the person isolated and give notice of the release to the Chief Medical Health Officer. **14(5)** Where a person who is isolated under subsection (1) escapes, the person in charge of the hospital or place of isolation shall (a) report the escape to the Chief Medical Health Officer; and (b) order the apprehension and return of the person by delivering an order in Form 2 of Schedule C to any peace officer, and the peace officer shall execute the order. **14(6)** A person who is isolated under subsection (1) and who thinks himself or herself aggrieved by the isolation order may, by way of a petition outlining his or her reasons and served on the person in charge of the hospital or place of isolation and the Chief Medical Health Officer, appeal from the detention order to a territorial judge, and the territorial judge, after hearing the evidence, may order the release of that person if satisfied that he or she is not suffering from a communicable disease.		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	15 Subject to subsection 14(6), where the diagnosis or the instructions given by a medical practitioner or nurse under section 4 conflict with that or those of the Chief Medical Health Officer, the diagnosis of or the instructions given by the Chief Medical Health Officer, as the case may be, shall prevail. **16(1)** The Chief Medical Health Officer may give any direction that he or she considers necessary to enforce these regulations. **16(2)** Every person shall obey any lawful direction given by the Chief Medical Health Officer under these regulations. **18** No person shall (a) obstruct the Chief Medical Health Officer in the performance of his or her duties in carrying out these regulations; (b) aid or assist any person who is confined to a hospital or to a place of isolation under section 11, 13 or 14, to escape, or harbour or hide that person; (c) cancel, remove or otherwise interfere with any placard or notice posted under section 12, except with the consent of the Chief Medical Health Officer; or (d) enter or leave any premises on which a placard has been posted except with the consent of the Chief Medical Health Officer. _____ **Public Pool Regulations**, R.R.N.W.T. 1990, c. P-21 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg. 005-		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	2003; Nunavut: consolidated up to N.W.T. Reg. 117-92). **39(1)** No person shall enter the bathhouse or pool enclosure if that person […] (b) has an open wound or sore; (c) is wearing a bandage; (d) has sore or infected eyes; (e) has a discharge from his or her eyes or ears; or (f) has a disease, infection or health condition that is transmissible in a pool or bathhouse. **39(2)** An operator may ask a person to produce a medical certificate stating that a disease, infection or health condition is not transmissible in a pool or bathhouse. _____ **Meat Inspection Regulations**, N.W.T. Reg. 190-96 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg. 012-2004). **42(1)** Every person performing work that brings the person in contact with meat or meat products in an abattoir shall […] (e)ensure that he or she is free from and not a carrier of a disease or infection that may be spread through the handling of meat or meat products; and (f) produce medical certification of health when required by a Health Officer. **42(2)** A Health Officer must have reasonable grounds to suspect that a health problem exists		

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	before he or she may require medical certification of health under paragraph (1)(f). _____ **Camp Sanitation Regulations**, R.R.N.W.T. 1990, c. P-12 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg, 010-2004). **14(1)** No person who operates a camp shall employ or permit to be employed in the camp as a cook, server or dishwasher, or in any other capacity in the preparation or serving of food or drink, any person whom he or she knows or suspects to be suffering from a communicable disease. **14(2)** No person shall work in a camp as a cook, server or dishwasher, or in any other capacity in the preparation or serving of food or drink, where the person knows or suspects himself or herself to be suffering from a communicable disease. **18** Where a person in a camp is suffering or is suspected of suffering from a communicable disease, the person who operates the camp shall (a) when possible, cause that person to be isolated immediately in a suitable building or enclosure and treated until removed to a hospital; (b) cause that person to be removed to a hospital as soon as possible; (c) immediately cause to be taken every precautionary measure to prevent the spread of the disease in the camp; and (d) notify a Health Officer of the occurrence and		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	of the precautionary measures taken. **19** Where a person dies in any camp, the person who operates the camp shall immediately notify a Health Officer of the death and of the cause of death, if known, and shall immediately cause to be taken such precautionary measures as may be necessary to protect the health of the other occupants of the camp. _____ **Milk Regulations,** R.R.N.W.T. 1990, c. P-19 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg. 013-2004). **50(1)** A person connected directly or indirectly with the production or handling of milk shall (a) before being employed, produce to his or her prospective employer a certificate stating that he or she has had an X-ray of his or her chest within the previous 60 days, and that there was no evidence of active disease; (b) have an X-ray of his or her chest at least once yearly and shall, on request by a Health Officer, produce a certificate to this effect stating that no evidence of active disease has been found; (c) be clean in his or her habits; (d) wear clean washable outer garments while handling milk containers, utensils or other equipment; (e) be free from any communicable disease which may be spread through the medium of milk; and (f) submit to such examination and tests as a Medical Health Officer may require.		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	50(3) No person known to be a typhoid or diphtheria carrier or suffering from a sore throat or recurring undulant fever shall be employed in connection with the production or handling of milk. **50(4)** No milk from any premises which is quarantined or where there is a case or suspected case of diphtheria, streptococcal infection, tuberculosis, dysentery, paratyphoid or typhoid fever shall be sold or delivered for human consumption until such time as a Medical Health Officer may direct. _____ **Education Act,** S.N.W.T. 1995, c. 28 (Northwest Territories: consolidated up to S.N.W.T. 2003, c. 31; Nunavut: consolidated up to S.Nu. 2003, c. 04). **7(1)** Every student is entitled to have access to the education program in a regular instructional setting in a public school or public denominational school in the community in which the student resides. **7(3)** Subsection (1) does not apply where (a) the Chief Medical Health Officer advises the principal in writing that the student has a communicable disease and, for the health and safety of the student or other students, should not receive the education program in a regular instructional setting; […].		

NOVA SCOTIA

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
Health Act, R.S.N.S. 1989, c. 195 (consolidated up to S.N.S. 2001, c. 5). **76(1)** A medical health officer may from time to time require any person, who he has reason to suspect is suffering from active tuberculosis or is a contact, to submit to an examination prescribed by the medical health officer, which may include X-rays, physical and sputum examinations, and may require the person to submit to the examination in a sanatorium or hospital.	**Health Act**, R.S.N.S. 1989, c. 195 (consolidated up to S.N.S. 2001, c. 5). **4** The Deputy Minister of Health, when he considers it necessary, may visit any part of the Province to investigate any matter that he considers relevant to the public health and at such investigation evidence may be taken on oath or otherwise as he considers expedient and, for the purposes of such an investigation, he shall have all the powers of a commissioner appointed under the *Public Inquiries Act*. **63** On the outbreak or threatened outbreak of an epidemic the medical health officer may order in writing that any school or schools be closed and public gatherings prohibited for a period of not more than forty-eight hours and, with the approval of the board of health, may extend the period of closing or prohibition for a longer period than forty-eight hours. **66(1)** When a medical health officer is informed or believes that communicable disease prevails in a house or place he may cause the house or place to be inspected and if he finds that a communicable disease exists he may send the person so diseased to a hospital or may restrain him and others exposed to the disease from intercourse with other persons and may prohibit ingress or egress from the house or place.	**Health Act**, R.S.N.S. 1989, c. 195 (consolidated up to S.N.S. 2001, c. 5). **62(1)** The medical health officer may take measures to afford facilities for gratuitous vaccination and inoculation for the prevention and control of communicable diseases. **68** The Minister may order a general vaccination in any part of the Province for the purpose of preventing smallpox. _____ **Communicable Diseases Regulations**, N.S. Reg. 28/1957 (made under the Health Act, consolidated up to N.S. Reg. 79/2003). **13*** *See Appendix 4 of this Compendium for the complete list of communicable diseases for which treatment and management measures, such as immunization, are specified.*	**Health Act**, R.S.N.S. 1989, c. 195 (consolidated up to S.N.S. 2001, c. 5). **67** Any person who knowingly, without permission of the medical health officer in the place to which such person is brought (a) brings into the Province any person ill of any communicable disease, dangerous to the public; or (b) lands in any part of the Province any person so ill from any vessel, ship or aircraft, shall be liable to a penalty of not less than one hundred or more than four hundred dollars. **Tubercolosis: 76(4)** A person who fails to submit to an examination, as required by direction given pursuant to this Section, is liable to a penalty of not more than fifty dollars. **91** Any person who violates any of the provisions of this Part or of any regulations made under this Part shall be liable to a penalty not exceeding fifty dollars and in default of payment to imprisonment for a period not exceeding twenty-five days. **128** Each person who contravenes or fails to comply with any provision of this Act or the regulations for which no other penalty is prescribed is guilty of an offence and is liable on summary conviction to a fine of not less than one hundred dollars and not more than five hundred

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	66(2) Except with the permission of the board of health or the medical health officer, no person other than a duly qualified medical practitioner shall enter or leave a house or place with respect to which a medical health officer has prohibited ingress or egress pursuant to subsection (1). **89** No person suffering from active tuberculosis shall knowingly engage personally in any occupation that would bring him in contact with other persons or involve the handling of foodstuffs, and no person shall knowingly employ a person suffering from active tuberculosis in a manner that may expose other employees or the public to possible infection. _____ **Communicable Diseases Regulations**, N.S. Reg. 28/1957 (made under the Health Act, consolidated up to N.S. Reg. 79/2003). **13** *S*ee Appendix 4 of this Compendium for a list of communicable disease along with isolation, placard, quarantine, disinfection and specific measures.* **20** Quarantine shall be maintained of the persons who have been exposed to any of the following diseases, or who are suspected of having any of the following diseases: Diphtheria Cholera Plague Smallpox Typhus Fever		dollars. _____ **Venereal Disease Regulations**, N.S. Reg. 58/1973 (made under the Health Act). **1** Any medical health officer, or any person with the approval in writing of the Minster may make a complaint or lay an information in writing and under oath before a magistrate charging that the person named in the complaint or information is infected with or is suspected of being infected with venereal disease and refuses to permit a medical health officer or a qualified medical practitioner to examine or treat him.

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	Severe acute respiratory syndrome (pneumonia). **21** This quarantine may be absolute or modified. **21(1)** Absolute quarantine shall be maintained in respect of contacts of cases of the following diseases: Cholera (Asiatic) Smallpox Plague Typhus Fever Severe acute respiratory syndrome (pneumonia) This absolute quarantine shall apply to all persons living in the house, ingress and egress being forbidden to everyone except the physician in attendance, the public health authorities, and those to whom written permission is given by the Medical Health Officer. **21(2)** Modified quarantine shall be maintained in respect of the persons living in the house or premises in which are persons having the following disease: Diphtheria Note: Modified quarantine presupposes the complete isolation of the person or persons ill and the attendants in a special apartment of the house, there being no communicating between this apartment and other portions of the house, except under conditions which shall make the transfer of disease impossible. Under such circumstances such adult occupants of the premises as are wage earners and who do not come into contact with the patient or anything removed from the sick room, may, under written authority of the Medical Health Officer be allowed to continue their usual		

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	avocations, provided they are not employed or engaged in the handling or preparation of food or refreshment, are not brought into close association with children, and that they do not go into other people's homes or attend public gatherings of any kind. **22** Under any circumstances, the period during which quarantine shall be maintained shall date from the time of the last exposure to the disease. **23** In case of any person quarantined for the reason that he is suspected of having any of the diseases named in [Section] 21 of the list of notifiable diseases, quarantine shall be maintained till the nature of the disease has been determined. It shall then either be replaced by isolation or the suspected person shall be released from quarantine, in accordance with the decision finally arrived at. **24** The Medical Health Officer or the local Board of Health shall be satisfied that the cleansing and disinfection of any house, building, car, vessel or vehicle, or any part thereof and of any article therein likely to retain infection, are satisfactorily carried out before the quarantine is removed or a patient released from isolation. **25** Any illness suspected to be of a communicable nature shall be termed such and dealt with as if it were a case of communicable disease until this is disproved. **26** Hotels, apartment houses, boarding houses and tenement houses, in which there occurs a case of		

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	smallpox, diphtheria, cholera, plague or typhus fever shall be quarantined until the sick person is removed and all necessary parts of the building disinfected, unless there has been such complete isolation of the sick person from the outset that, in the judgment of the Medical Officer, such a precaution is unnecessary. **27** Windows and doors of all rooms in which cases of communicable diseases are being treated shall be effectively screened against flies, and no domestic animal of any kind shall be allowed to enter the sick room. **28** No person suffering from communicable disease shall enter any street car, hired cab, or carriage, or other form of public conveyance, without a permit from the Medical Health Officer. **29** In all communicable diseases, where the discharge from the nose and throat or other secretions or excretions of the body are likely to contain the infectious agent of the disease, such discharges, secretions and excretions shall be collected immediately and destroyed. **30** It shall be the duty of the sanitary inspector in a district in which the local Board of Health or other authority has not made other provision, to attend to the supervision of persons and houses and other places that have been placed under isolation or quarantine for communicable disease, and to be assured that all rules and regulations in respect of isolation and quarantine are being strictly carried out and to report any infractions of		

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	the Health Act or regulations made thereunder to the local Board. A local Board of Health may, by regulations, restrain residents of districts in which any communicable disease is prevalent from entering the territory over which such local Board has jurisdiction. **31(1)** No boat or vessel may depart from any port or place within the Province of Nova Scotia destined for any other port or place within the Province, if any member or members of the crew of such boat or vessel or any passenger or passengers carried thereon, is or are suffering from or is or are suspected to be suffering from any of the communicable diseases, without the consent of the Medical Health Officer having jurisdiction at the place of departure. **31(2)** Should any boat or vessel, not coming under the jurisdiction of the Federal Department of Health, enter any port or place in the Province of Nova Scotia having on board any member or members of the crew, or any passenger or passengers, suffering from or suspected to be suffering from any communicable disease, the fact must be immediately reported by the master or other person in charge of such boat or vessel to the Medical Health Officer or the local Board of Health for the district, and no person suffering from or suspected to be suffering from such disease, shall be permitted to land, except under the direction of such Medical Health Officer or local Board of Health. **32(1)** Except as herein provided by these		

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	regulations, no member of a household in which is quarantined any person who has been exposed to any communicable disease shall be permitted to attend school, until a certificate has been obtained from the Medical Health Officer, or the local Board of Health, or in cases where such certificates are not obtainable in rural districts, from any legally qualified medical practitioner, that infection no longer exists in the house, and that such person, the house, clothing and other effects have been disinfected to his satisfaction. **32(2)** The provisions of these regulations respecting school attendance shall apply to the teacher of any school, as well as to any child or student in attendance of such school, college or university. **33** No person from a house, dairy or farm in which there is a patient suffering from smallpox, scarlet fever, typhoid fever, severe acute respiratory syndrome (pneumonia), paratyphoid fever, septic sore throat, dysentery, Asiatic cholera, measles or diphtheria, shall handle milk, the utensils or containers or any dairy product which is to be sold or given to any party or delivered to any creamery or butter factory, except with the written consent of the Medical Health Officer. Such products may then be distributed with the following precautions: (a) that such are not brought into the house where the disease exists; (b) that all persons coming in contact with such foods eat, sleep and work wholly outside such house; (c) that such persons do not come in contact in		

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	any way with such house or its inmates or contents; (d) that said inmates are properly isolated and separate from all other parts of said farm or dairy and efficiently cared for; (e) that satisfactory precautions are taken to insure that no infectious materials from such house or patient [are] so disposed of as to pollute the water supply of the diary or farm. **34(1)** If practicable, all milk shall be delivered to such premises, in tightly sealed bottles, and such bottles shall not be removed from the premises until they have been sterilized under the direction of the Medical Health Officer, or the attending physician. **34(2)** If delivery in bottles is impracticable, milk shall be poured by the delivery man into a receptacle placed for the purpose on the doorstep of the premises. Such receptacle shall not be handled by the delivery man, nor shall he enter the premises. **35** No person shall let or hire any house, or dwelling, which has been occupied by a person having tuberculosis or other communicable disease, until the said house or dwelling has been disinfected and cleaned to the satisfaction of the Medical Health Officer or the local Board of Health. **36** The room in which a patient is being treated for any communicable disease shall be so protected as to allow no chance for the dissemination of the infective germs to other parts		

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	of the house. **37** The sick room shall be in that part of the house in which isolation can be most readily secured. It should be of good size, well lighted and easily ventilated. It should contain no upholstered furniture, draperies, valuable books or toys. Preferably it should be uncarpeted.		

ONTARIO

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Health Protection and Promotion Act, R.S.O. 1990, c. H.7 (consolidated up to S.O. 2004, c. 30). **34(1)** Every physician shall report to the medical officer of health the name and residence address of any person who is under the care and treatment of the physician in respect of a communicable disease and who refuses or neglects to continue the treatment in a manner and to a degree satisfactory to the physician. **34(2)** A report under subsection (1) shall be made to the medical officer of health serving the health unit in which the physician provided the care and treatment. **34(3)** Where the person does not reside in the health unit served by the medical officer of health mentioned in subsection (2), the medical officer of health shall transmit the report to the medical officer of health serving the health unit in which the person resides. **34(4)** A physician who makes a report under subsection (1) shall report to the medical officer of health at such times as are prescribed by the regulations any additional information prescribed by the regulations. **35(1)** Upon application by a medical officer of health, a judge of the Ontario Court of Justice, in	**Health Protection and Promotion Act**, R.S.O. 1990, c. H.7 (consolidated up to S.O. 2004, c. 30). **22(1)** A medical officer of health, in the circumstances mentioned in subsection (2), by a written order may require a person to take or to refrain from taking any action that is specified in the order in respect of a communicable disease. **22(2)** A medical officer of health may make an order under this section where he or she is of the opinion, upon reasonable and probable grounds, (a) that a communicable disease exists or may exist or that there is an immediate risk of an outbreak of a communicable disease in the health unit served by the medical officer of health; (b) that the communicable disease presents a risk to the health of persons in the health unit served by the medical officer of health; and (c) that the requirements specified in the order are necessary in order to decrease or eliminate the risk to health presented by the communicable disease. **22(3)** In an order under this section, a medical officer of health may specify the time or times when or the period or periods of time within which the person to whom the order is directed must comply with the order. **22(4)** An order under this section may include,	**Health Protection and Promotion Act**, R.S.O. 1990, c. H.7 (consolidated up to S.O. 2004, c. 30). **5** Every board of health shall superintend, provide or ensure the provision of health programs and services in the following areas: […] 2. Control of infectious diseases and reportable diseases, including provision of immunization services to children and adults. […]. **38(1)** In this section, "**immunizing agent**" means a vaccine or combination of vaccines administered for immunization against diphtheria, tetanus, poliomyelitis, pertussis, measles, rubella, hepatitis B, rabies, Haemophilus influenzae b infections, influenza or a prescribed disease. (“agent immunisant”) […]. **38(2)** If consent to the administration of an immunizing agent has been given in accordance with the *Health Care Consent Act, 1996*, the physician or other person authorized to administer the immunizing agent shall cause the person who has given consent to be informed of the importance of reporting to a physician forthwith any reaction that might be a reportable event. **38(3)** A physician, a member of the College of Nurses of Ontario or a member of the Ontario	**Health Protection and Promotion Act**, R.S.O. 1990, c. H.7 (consolidated up to S.O. 2004, c. 30). **95(1)** No action or other proceeding for damages or otherwise shall be instituted against a member of a board of health, a medical officer of health, an associate medical officer of health of a board of health, an acting medical officer of health of a board of health or a public health inspector for any act done in good faith in the execution or the intended execution of any duty or power under this Act or for any alleged neglect or default in the execution in good faith of any such duty or power. **95(2)** Subsection (1) does not apply to prevent an application for judicial review or a proceeding that is specifically provided for in this Act. **95(3)** Subsection (1) does not relieve a board of health from liability for damage caused by negligence of or action without authority by a person referred to in subsection (1), and a board of health is liable for such damage in the same manner as if subsection (1) had not been enacted. **95(4)** No action or other proceeding shall be instituted against a person for making a report in good faith in respect of a communicable disease or a reportable disease in accordance with Part IV. **100(1)** Any person who fails to obey an order

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the circumstances specified in subsection (2), may make an order in the terms specified in subsection (3). **35(2)** An order may be made under subsection (3) where a person has failed to comply with an order by a medical officer of health in respect of a communicable disease that is a virulent disease, (a) that the person isolate himself or herself and remain in isolation from other persons; (b) that the person submit to an examination by a physician; (c) that the person place himself or herself under the care and treatment of a physician; or (d) that the person conduct himself or herself in such a manner as not to expose another person to infection. **35(3)** In an order under this section, the judge may order that the person who has failed to comply with the order of the medical officer of health, (a) be taken into custody and be admitted to and detained in a hospital named in the order; (b) be examined by a physician to ascertain whether or not the person is infected with an agent of a virulent disease; and (c) if found on examination to be infected with an agent of a virulent disease, be treated for the disease. **35(4**) The judge shall not name a hospital in an order under this section unless the court is satisfied that the hospital is able to provide detention, care and treatment for the person who is the subject of the order.	but is not limited to, (a) requiring the owner or occupier of premises to close the premises or a specific part of the premises; (b) requiring the placarding of premises to give notice of an order requiring the closing of the premises; (c) requiring any person that the order states has or may have a communicable disease or is or may be infected with an agent of a communicable disease to isolate himself or herself and remain in isolation from other persons; (d) requiring the cleaning or disinfecting, or both, of the premises or the thing specified in the order; (e) requiring the destruction of the matter or thing specified in the order; (f) requiring the person to whom the order is directed to submit to an examination by a physician and to deliver to the medical officer of health a report by the physician as to whether or not the person has a communicable disease or is or is not infected with an agent of a communicable disease; (g) requiring the person to whom the order is directed in respect of a communicable disease that is a virulent disease to place himself or herself forthwith under the care and treatment of a physician; (h) requiring the person to whom the order is directed to conduct himself or herself in such a manner as not to expose another person to infection. **22(5)** An order under this section may be directed to a person, (a) who resides or is present;	College of Pharmacists who, while providing professional services to a person, recognizes the presence of a reportable event and forms the opinion that it may be related to the administration of an immunizing agent shall, within seven days after recognizing the reportable event, report thereon to the medical officer of health of the health unit where the professional services are provided. **38(4)** A medical officer of health who receives a report under subsection (3) concerning a person who resides in another health unit shall transmit the report to the medical officer of health serving the health unit in which the person resides. --- **Communicable Diseases - General**, R.R.O. 1990, Reg. 557 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 471/91). **1** The following are requirements that shall be complied with in respect of communicable diseases of the eyes of a new-born child for the purposes of section 33 of the Act: 1. Within one hour after delivery, or as soon thereafter as is practicable, there shall be instilled into each conjunctival sac of the new-born child such quantity of 1 per cent solution of silver nitrate or other effective ophthalmic agent as is necessary to destroy any infectious agent that might cause ophthalmia neonatorum without causing injury to the child. […]. ---	made under this Act is guilty of an offence. **100(2)** Any person who contravenes a requirement of Part IV to make a report in respect of a reportable disease, a communicable disease or a reportable event following the administration of an immunizing agent is guilty of an offence. **100(3)** Any person who contravenes section 16, 17, 18, 20, 39 or 40, subsection 41 (9), 42 (1), 72 (5), (7) or (8), 82 (13), (14), (15), (16) or (17), 83 (3) or 84 (2), clause 86 (3) (b), subsection 86.2 (3) or section 105 is guilty of an offence. **100(4)** Any person who contravenes a regulation is guilty of an offence.

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35(5) An order under this section is authority for any person, (a) to locate and apprehend the person who is the subject of the order; and (b) to deliver the person who is the subject of the order to the hospital named in the order. **35(6)** An order under this section may be directed to a police force that has jurisdiction in the area where the person who is the subject of the order may be located, and the police force shall do all things reasonably able to be done to locate, apprehend and deliver the person in accordance with the order. **35(7)** An order under this section is authority to detain the person who is the subject of the order in the hospital or other facility named in the order and to care for and examine the person and to treat the person for the virulent disease in accordance with generally accepted medical practice for a period of not more than four months from and including the day that the order was issued. **35(7.1)** The *Health Care Consent Act, 1996* does not apply to, (a) an examination of a person to ascertain whether he or she is infected with an agent of a virulent disease, pursuant to an order made under this section; (b) treatment of a person for a virulent disease, pursuant to an order made under this section. **35(8)** The person authorized by the by-laws of the	(b) who owns or is the occupier of any premises; (c) who owns or is in charge of any thing; or (d) who is engaged in or administers an enterprise or activity, in the health unit served by the medical officer of health. **22(5.0.1)** An order under this section may be directed to a class of persons who reside or are present in the health unit served by the medical officer of health. **22(5.0.2)** If a class of persons is the subject of an order under subsection (5.0.1), notice of the order shall be delivered to each member of the class where it is practicable to do so in a reasonable amount of time. **22(5.0.3)** If delivery of the notice to each member of a class of persons is likely to cause a delay that could, in the opinion of the medical officer of health, significantly increase the risk to the health of any person, the medical officer of health may deliver a general notice to the class through any communications media that seem appropriate to him or her, and he or she shall post the order at an address or at addresses that is or are most likely to bring the notice to the attention of the members of the class. **22(5.0.4)** A notice under subsection (5.0.3) shall contain sufficient information to allow members of the class to understand to whom the order is directed, the terms of the order, and where to direct inquiries.	**Immunization of School Pupils Act**, R.S.O. 1990, c. I.1 (consolidated up to S.O. 2002, c. 18). **1** In this Act, [...] "**designated diseases**" means diphtheria, measles, mumps, poliomyelitis, rubella, tetanus and any other disease prescribed by the Minister of Health and Long-Term Care; ("maladies désignées") […]. **3(1)** The parent of a pupil shall cause the pupil to complete the prescribed program of immunization in relation to each of the designated diseases. **3(2)** Subsection (1) does not apply to the parent of a pupil in respect of the prescribed program of immunization in relation to a designated disease specified by a physician in a statement of medical exemption filed with the proper medical officer of health and, where the physician has specified an effective time period, only during the effective time period. **3(3)** Subsection (1) does not apply to a parent who has filed a statement of conscience or religious belief with the proper medical officer of health. **3(4)** Subsection (1) does not apply to a parent who, before the coming into force of this section, has filed with the proper medical officer of health a statement of religious belief in the form prescribed before the coming into force of this section.	

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hospital shall designate a physician to have responsibility for the treatment of the person named in the order or, where the by-laws do not provide the authorization, the administrator of the hospital or a person delegated by the administrator shall designate a physician to have responsibility for the person named in the order. **35(8.1)** Where a person who is the subject of an order is detained in a facility other than a hospital, the administrator of the facility shall designate a physician to have responsibility for care and treatment of the person named in the order. **35(9)** The physician responsible for a person under subsection (8) or (8.1) shall report in respect of the treatment and the condition of the person to the medical officer of health serving the health unit in which the hospital is located. **35(10)** The physician shall report in the manner, at the times and with the information specified by the medical officer of health and the medical officer of health may specify the manner and times of reporting and the information that shall be reported. **35(11)** Where, upon motion by the medical officer of health serving the health unit in which the hospital or other appropriate facility is located, a judge of the court is satisfied, (a) that the person continues to be infected with an agent of a virulent disease; and (b) that the discharge of the person from the hospital would present a significant risk to the health of the public,	**22(5.0.5)** Where a class of persons is the subject of an order under subsection (5.0.1), any member of the class may apply to the Board for the purposes of requiring a hearing under section 44 respecting that member. **22(5.1)** The *Health Care Consent Act, 1996* does not apply to, (a) a physician's examination of a person pursuant to an order under this section requiring the person to submit to an examination by a physician; (b) a physician's care and treatment of a person pursuant to an order under this section requiring the person to place himself or herself under the care and treatment of a physician. **22(6)** In an order under this section, a medical officer of health, (a) may specify that a report will not be accepted as complying with the order unless it is a report by a physician specified or approved by the medical officer of health; (b) may specify the period of time within which the report mentioned in this subsection must be delivered to the medical officer of health. **22(7)** An order under this section is not effective unless the reasons for the order are set out in the order. **22.1(1)** In this section, "physician report" means a report made by a physician who is informed in respect of matters related to occupational and environmental health and all protocols and standards of practice in respect of blood-borne pathogens, which report	**6(1)** A medical officer of health, in the circumstances mentioned in subsection (2), by a written order may require a person who operates a school in the area served by the medical officer of health to suspend from attendance at the school a pupil named in the order. **6(2)** The circumstances mentioned in subsection (1) are, (a) that the medical officer of health has not received, (i) a statement signed by a physician showing that the pupil has completed the prescribed program of immunization in relation to the designated diseases, (ii) a statement of medical exemption in respect of the pupil or, where the medical officer of health has received a statement of medical exemption, the effective time period specified in the statement has expired and the medical officer of health has not received a further statement of medical exemption, or (iii) a statement of conscience or religious belief in respect of the pupil; and (b) that the medical officer of health is not satisfied that the pupil has completed, has commenced and will complete or will commence and complete the prescribed program of immunization in relation to the designated diseases. **10** Every physician who administers an immunizing agent to a child in relation to a designated disease shall furnish to a parent of the child a statement signed by the physician showing	

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the judge by order may extend the period of detention and treatment for not more than four months, and upon further motions by the medical officer of health the judge may extend the period of detention and treatment for further periods each of which shall not be for more than four months. **35(12)** A person detained in accordance with an order under this section shall be released from detention and discharged from the hospital or other appropriate facility upon the certificate of the medical officer of health serving the health unit in which the hospital is located. **35(13)** The medical officer of health shall inform himself or herself as to the treatment and condition of the person and shall issue his or her certificate authorizing the release and discharge of the person as soon as the medical officer of health is of the opinion that the person is no longer infected with an agent of the virulent disease or that the release and discharge of the person will not present a significant risk to the health of members of the public. **35(14)** An application mentioned in subsection (1) or a motion mentioned in subsection (11) shall be heard in private, but, if the person in respect of whom the application or motion is made requests otherwise by a notice filed with the clerk of the court before the day of the hearing, the judge shall conduct the hearing in public except where, (a) matters involving public security may be disclosed; or (b) the possible disclosure of intimate financial or personal matters outweighs the desirability of	assesses the risk to the health of the applicant described in subsection (2) as a result of the applicant's having come into contact with a bodily substance of another person in the circumstances described in subclause (2) (a) (i), (ii) or (iii). **22.1(2)** Upon the application of a person, a medical officer of health may make a written order described in subsection (4) if of the opinion, on reasonable and probable grounds, that, (a) the applicant has come into contact with a bodily substance of another person, (i) as a result of being the victim of a crime, (ii) while providing emergency health care services or emergency first aid to the person, if the person is ill, injured or unconscious as a result of an accident or other emergency, or (iii) while performing a function prescribed by the regulations in relation to the person; (b) the applicant may have become infected with a virus that causes a prescribed communicable disease as a result of coming into contact with the bodily substance; (c) by reason of the lengthy incubation periods for the prescribed communicable diseases and the methods available for ascertaining the presence in the human body of the viruses that cause them, an analysis of the applicant's blood would not accurately determine, in a timely manner, whether the applicant had become infected with a virus that causes a prescribed communicable disease as a result of coming into contact with the bodily substance; (d) taking a sample of blood from the person mentioned in clause (a) would not endanger that person's life or health;	that the physician has administered the immunizing agent to the child. **11(1)** Every medical officer of health shall maintain a record of immunization in the form and containing the information prescribed by the regulations in respect of each pupil attending school in the area served by the medical officer of health. **12(1)** A medical officer of health, in the circumstances mentioned in subsection (2), by a written order may require a person who operates a school located in the health unit served by the medical officer of health to exclude from the school a pupil named in the order. **12(2)** The circumstances mentioned in subsection (1) are, (a) that the medical officer of health is of the opinion, upon reasonable and probable grounds, that there is an outbreak or an immediate risk of an outbreak of a designated disease in the school at which the pupil attends; and (b) that the medical officer of health has not received, (i) a statement of immunization signed by a physician showing, or is not otherwise satisfied, that the pupil has completed the prescribed program of immunization in relation to the designated disease, or (ii) a statement of medical exemption in the prescribed form signed by a physician stating that the prescribed program of immunization in relation to the designated disease is unnecessary in respect of the pupil by reason of past infection	

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holding the hearing in public. **35(15)** An application under this section applies to stay a proceeding before or an appeal from a decision or order of the Board in respect of the same matter until the application is disposed of by the judge of the Ontario Court of Justice and where the judge makes an order under this section, no person shall commence or continue a proceeding before or an appeal from a decision or order of the Board in respect of the same matter. **35(16)** Any party to an application or motion under subsection (1) or (11) may appeal from the decision or order to the Superior Court of Justice. **35(17)** The filing of a notice of appeal does not apply to stay the decision or order appealed from unless a judge of the court to which the appeal is taken so orders. **35(18)** Any party to the proceeding may appeal from the judgment of the Superior Court of Justice to the Court of Appeal, with leave of a judge of the Court of Appeal on special grounds, upon any question of law alone. _____ **General**, R.R.O. 1990, Reg. 744 (made under the Mental Hospitals Act, consolidated up to O. Reg. 382/04). **14(1)** Every employee shall receive an intra-dermal tuberculin test and x-ray film of the lungs	(e) the applicant has submitted to the medical officer of health a physician report on the applicant made within seven days after the applicant came into contact with the bodily substance; and (f) having regard to the physician report mentioned in clause (e), the order is necessary to decrease or eliminate the risk to the health of the applicant as a result of the applicant's having come into contact with the bodily substance. **22.1(3)** A physician who makes a physician report on an applicant described in subsection (2) may require the applicant to submit to an examination, base line testing, counselling or treatment for the purpose of making the report. **22.1(4)** An order made under subsection (2) shall, (a) require the person mentioned in clause (2) (a) to allow a legally qualified medical practitioner or another person or class of persons named in the order to take a sample of blood from the person to determine whether the person carries a virus that causes a prescribed communicable disease; (b) require the legally qualified medical practitioner or another person or class of persons named in the order to whom the person mentioned in clause (2) (a) goes for the taking of a sample of blood to take the sample of blood and to deal with it in the manner specified in the order, including, (i) to have it delivered to an analyst or a member of a class of analysts specified in the order to have the sample analysed, and (ii) to provide the applicable analyst with the addresses for service of the following persons, if the medical officer of health has those addresses:	or laboratory evidence of immunity. **12(3)** An order under subsection (1) remains in force until rescinded in writing by the medical officer of health. **12(4)** A medical officer of health who makes an order under subsection (1) shall rescind the order as soon as the medical officer of health is satisfied that the outbreak or the immediate risk of the outbreak of the designated disease has ended. **12(5)** The medical officer of health shall serve a copy of the order under subsection (1) upon a parent of the pupil and, where the pupil is sixteen or seventeen years of age, upon the pupil. **12(6)** The medical officer of health shall serve a rescinding order made under subsection (4) upon the person who operates the school and shall serve a copy of the order upon a parent of the pupil and, where the pupil is sixteen or seventeen years of age, upon the pupil. **12(7)** An order under subsection (1) shall include written reasons for the making of the order. **17(1)** The Lieutenant Governor in Council may make regulations, […] (d) prescribing programs of immunization in respect of designated diseases, including specifying immunizing agents and the number and timing of dosages of immunizing agents; […] (f) requiring and governing reports by persons who operate schools to medical officers of health in respect of records and documentation related to	

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within one week after the commencement of his or her employment unless the employee presents the institution with satisfactory proof of the taking of such tests within one year preceding the commencement of his or her employment. **14(2)** Every employee who has a negative tuberculin reaction shall receive an additional tuberculin test within six months of the date of the first test and shall receive successive tests within six months of the date of each test where the result of the test is negative. **14(3)** Every employee who has a positive tuberculin reaction on his or her first test shall receive an x-ray film of the lungs forthwith and every twelve months thereafter. **14(4)** Subject to section 15, where an employee has a negative reaction to his or her first tuberculin test and a positive reaction to any subsequent test, the employee shall receive an x-ray film of the lungs forthwith after such test and every three months for the next year, an additional x-ray film in six months thereafter and an additional x-ray film every twelve months thereafter. **14(5)** Every employee whose x-ray film shows evidence of abnormal shadowing shall forthwith receive further examination to determine the nature of the disease. **14(6)** No tests other than the intra-dermal (Mantoux) test, using one-twentieth of a milligram of Old Tuberculin, shall be used for the	the applicant, the physician of the applicant, the person from whom the sample was taken and the person's physician; and (c) require the analyst who receives the sample of blood to, (i) analyse it in accordance with the requirements specified in the order, (ii) make reasonable attempts to deliver a report on the results of the analysis to the physician of the person from whom the sample was taken, (iii) make reasonable attempts to deliver, to the person from whom the sample was taken, a notice that the analyst delivered the report mentioned in subclause (ii) if the analyst succeeded in delivering the report under that subclause, (iv) make reasonable attempts to deliver a report on the results of the analysis to the physician of the applicant, and (v) make reasonable attempts to deliver to the applicant, (A) a notice that the analyst has made reasonable attempts to deliver a report on the results of the analysis to the physician of the applicant, and (B) a recommendation in writing that the applicant consult his or her physician for a proper interpretation of the results of the analysis. **22.1(5)** The medical officer of health may hold a hearing of all persons who may be affected by the making of an order under subsection (2), but is not required to do so. **22.1(6)** The *Statutory Powers Procedure Act* does not apply to a hearing mentioned in subsection (5).	the immunization of children applying for admission to the schools and pupils and former pupils in the schools; […] **17(3)** The Minister of Health and Long-Term Care may make regulations prescribing designated diseases for the purposes of this Act. _____ **General**, O. Reg. 257/00 (made under the Ambulance Act, consolidated up to O. Reg. 317/04). **6(1)** An emergency medical attendant and paramedic employed, or engaged as a volunteer, in a land ambulance service shall, […] (h) hold a valid certificate signed by a physician that states that the person is immunized against diseases listed in Table 1 to the document entitled "Ambulance Service Communicable Disease Standards", published by the Ministry, as that document may be amended from time to time, or that such immunization is contra-indicated; […]. **14(1)** An operator shall ensure that if a person referred to in subsection (2) attends, assists or renders first aid or emergency medical care to a patient of the operator's ambulance service, […] (d) the person is the holder of a valid certificate signed by a physician that states the person is immunized against diseases listed in Table 1 to the document entitled "Ambulance Service Communicable Disease Standards", published by the Ministry, as that document may be amended	

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tests required by this section. **15** Where an employee is found to have developed a positive tuberculin reaction because of the administration of Bacillus Calmette - Guerin Vaccine, the employee shall receive an x-ray film of the lungs forthwith after developing the positive reaction and every twelve months thereafter, as long as the tuberculin sensitivity remains. **21** Upon ceasing to be employed, every employee who has been employed for four or more months shall receive an x-ray film of the lungs and a nonreactor shall also receive a tuberculin test. _____ **General**, R.R.O. 1990, Reg. 637 (made under the Homes for the Aged and Rest Homes Act, consolidated up to O. Reg. 413/04). **28.1(1)** The municipality, municipalities or board maintaining and operating a home shall ensure that each person who is admitted to the home as a resident is given a skin test for tuberculosis unless, (a) the person was given the skin test in a home, a nursing home under the *Nursing Homes Act* or an approved charitable home for the aged under the *Charitable Institutions Act* less than one year before the date of admission; or (b) the test is medically contra-indicated. **28.1(2)** The municipality, municipalities or board shall ensure that the test required under subsection (1) is given	**22.1(7)** The *Health Care Consent Act, 1996* does not apply to the taking of a sample of blood under clause (4) (a). **22.1(8)** A medical officer of health who makes an order under subsection (2) shall provide the applicant's address for service to the analyst who receives a sample of blood for analysis under clause (4) (c). **22.1(9)** If the medical officer of health refuses to grant the application for an order mentioned in subsection (2), the applicant may appeal the refusal to the Chief Medical Officer of Health within the time prescribed by the regulations and in accordance with the manner prescribed by the regulations. **22.1(10)** If a person does not comply with an order made by a medical officer of health under subsection (2) within the time specified in the order, the officer or the Minister may apply to a judge of the Superior Court of Justice for an order requiring the person to, (a) comply with the order of the officer within the time specified in the order of the court; and (b) take whatever other action the court considers appropriate in the circumstances to protect the interests of the applicant mentioned in that subsection. **22.1(11)** A person who takes a sample of blood under clause (4) (b) shall not use it in any way except as required in the order mentioned in that clause.	from time to time, or that such immunization is contra-indicated. **14(2)** Subsection (1) applies to a person who is registered as a student in nursing, medicine, psychology, respiratory therapy, midwifery or a paramedic program at one of the following institutions: 1. A provincially assisted university. 2. A College of Applied Arts and Technology. 3. An institution approved by the Director for the purpose of this section. _____ **School Health Services and Programs**, R.R.O. 1990, Reg. 570 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 688/00). **1** The health programs and services set out in Column 1 of the Table are prescribed for the purposes of subsection 6 (1) of the Act for the classification of pupils set out opposite thereto in Column 2 of the Table: […]. **Item 2** Assessment and recording of immunization status. (Column 1), All pupils. (Column 2). **Item 3** Immunization for designated diseases as defined in the *Immunization of School Pupils Act*. (Column 1), All pupils. (Column 2) […]. _____ **General**, R.R.O. 1990, Reg. 262 (made under the	

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(1) is given, (a) within 14 days after the person's admission, if the person is admitted for a period of at least 14 days; or (b) within the period for which the person is admitted, if the person is admitted for a period of less than 14 days. _____ **General**, R.R.O. 1990, Reg. 69 (made under the Charitable Institutions Act, consolidated up to O. Reg. 414/04). **11(1)** No board shall appoint an administrator or person to act temporarily as an administrator or employ a person on the staff of the charitable institution maintained and operated by it until the person so appointed or employed has obtained from a physician a certificate certifying that he or she is, (a) free from active tuberculosis or other communicable or contagious disease; and […]. **11(2)** At least once a year the administrator and each staff member of the institution shall obtain the certificate prescribed in subsection (1). **11(3)** This section does not apply to a charitable institution that is an approved charitable home for the aged. **18.1(1)** An approved corporation maintaining and operating a charitable institution other than an approved charitable home for the aged shall ensure that each person who is admitted to the institution as a resident is given a skin test for	**24(1)** A medical officer of health, in the circumstances specified in subsection (2), may give directions in accordance with subsection (3) to the persons whose services are engaged by or to agents of the board of health of the health unit served by the medical officer of health. **24(2)** A medical officer of health may give directions in accordance with subsection (3) where the medical officer of health is of the opinion, upon reasonable and probable grounds, that a communicable disease exists in the health unit and the person to whom an order is or would be directed under section 22, (a) has refused to or is not complying with the order; (b) is not likely to comply with the order promptly; (c) cannot be readily identified or located and as a result the order would not be carried out promptly; or (d) requests the assistance of the medical officer of health in eliminating or decreasing the risk to health presented by the communicable disease. **24(3)** Under this section, a medical officer of health may direct the persons whose services are engaged by or who are the agents of the board of health of the health unit served by the medical officer of health to take such action as is specified in the directions in respect of eliminating or decreasing the risk to health presented by the communicable disease. **24(4)** Directions under this section may include, but are not limited to,	Day Nurseries Act, consolidated up to O. Reg. 14/02). **33(1)** Every operator shall ensure that before a child is admitted to a day nursery operated by the operator or to a location where private-home day care is provided by the operator, and from time to time thereafter, the child is immunized as recommended by the local medical officer of health. **33(2)** Subsection (1) does not apply where a parent of the child objects in writing to the immunization on the ground that the immunization conflicts with the sincerely held convictions of the parent's religion or conscience or a legally qualified medical practitioner gives medical reasons in writing to the operator as to why the child should not be immunized. **48(1)** Every operator shall ensure that up-to-date records that are available for inspection by a program adviser at all times are kept on the premises of a day nursery or private-home day care agency operated by the operator that include in respect of each child enrolled, […] (j) the child's previous history of communicable diseases, conditions requiring medical attention, and in the case of a child who is not in attendance at a school within the meaning of the *Education Act*, immunization or any statement from a parent or legally qualified medical practitioner as to why the child should not be immunized; […]. **62(1)** Every operator of a day nursery shall ensure that, before commencing employment, each	

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institution as a resident is given a skin test for tuberculosis unless the test is medically contra-indicated. **18.1(2)** An approved corporation maintaining and operating an approved charitable home for the aged shall ensure that each person who is admitted to the home as a resident is given a skin test for tuberculosis unless, (a) the person was given the skin test in an approved charitable home for the aged, a home under the *Homes for the Aged and Rest Homes Act* or a nursing home under the *Nursing Homes Act* less than one year before the date of admission; or (b) the test is medically contra-indicated. **18.1(3)** The approved corporation shall ensure that the test required under subsection (1) or (2) is given, (a) within 14 days after the person's admission, if the person is admitted for a period of at least 14 days; or (b) within the period for which the person is admitted, if the person is admitted for a period of less than 14 days. _____ **Education Act**, R.S.O. 1990, c. E.2 (consolidated up to S.O. 2004, c. 31). **265(1)** It is the duty of a principal of a school, in addition to the principal's duties as a teacher, […] (l) to refuse admission to the school of any person who the principal believes is infected with or	(a) authorizing and requiring the placarding of premises specified in the directions to give notice of the existence of a communicable disease or of an order made under this Act, or both; (b) requiring the cleaning or disinfecting, or both, of any thing or any premises specified in the directions; (c) requiring the destruction of any thing specified in the directions. **34(1)** Every physician shall report to the medical officer of health the name and residence address of any person who is under the care and treatment of the physician in respect of a communicable disease and who refuses or neglects to continue the treatment in a manner and to a degree satisfactory to the physician. **34(2)** A report under subsection (1) shall be made to the medical officer of health serving the health unit in which the physician provided the care and treatment. **34(3)** Where the person does not reside in the health unit served by the medical officer of health mentioned in subsection (2), the medical officer of health shall transmit the report to the medical officer of health serving the health unit in which the person resides. **34(4)** A physician who makes a report under subsection (1) shall report to the medical officer of health at such times as are prescribed by the regulations any additional information prescribed by the regulations.	person employed in each day nursery operated by the operator has a health assessment and immunization as recommended by the local medical officer of health. **62(2)** Subsection (1) does not apply where the person objects in writing to the immunization on the ground that the immunization conflicts with the sincerely held convictions of the person based on the person's religion or conscience or a legally qualified medical practitioner gives medical reasons in writing to the operator as to why the person should not be immunized. **62(3)** Every operator of a private-home day care agency shall ensure that, before any child being provided with private-home day care, each person in charge of a location where private-home day care is provided by the operator and each person ordinarily resident on the location or regularly on the premises has a health assessment and immunization as recommended by the local medical officer of health. **62(4)** Subsection (3) does not apply where the person, or where the person is a child, a parent of the person, objects in writing to the immunization on the ground that the immunization conflicts with the sincerely held convictions of the person or parent based on the person's or parent's religion or conscience or a legally qualified medical practitioner gives medical reasons in writing to the operator as to why the person should not be immunized. _____	

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exposed to communicable diseases requiring an order under section 22 of the *Health Protection and Promotion Act* until **furnished with a certificate of a medical officer of health** or of a legally qualified medical practitioner approved by the medical officer of health that all danger from exposure to contact with such person has passed; […]. _____ **General**, R.R.O. 1990, Reg. 937 (made under the Private Hospitals Act, consolidated up to O. Reg. 512/99). **24(1)** For the purpose of this Regulation, hospital employees are divided into Group 1 and Group 2. **24(2)** Group 1 is composed of, (a) graduate nurses; (b) interns; (c) graduate physiotherapists; (d) graduate occupational therapists; (e) nursing assistants, nurses' assistants, ward maids and ward orderlies; (f) laboratory technicians; and (g) X-ray technicians. **24(3)** Group 2 is composed of all hospital employees not listed in subsection (2). **25(1)** Every Group 1 employee shall receive a tuberculin test and an X-ray film of the lungs within thirty days of employment. **25(2)** Every Group 1 employee who has a	**35(1)** Upon application by a medical officer of health, a judge of the Ontario Court of Justice, in the circumstances specified in subsection (2), may make an order in the terms specified in subsection (3). **35(2)** An order may be made under subsection (3) where a person has failed to comply with an order by a medical officer of health in respect of a communicable disease that is a virulent disease, (a) that the person isolate himself or herself and remain in isolation from other persons; (b) that the person submit to an examination by a physician; (c) that the person place himself or herself under the care and treatment of a physician; or (d) that the person conduct himself or herself in such a manner as not to expose another person to infection. **35(3)** In an order under this section, the judge may order that the person who has failed to comply with the order of the medical officer of health, (a) be taken into custody and be admitted to and detained in a hospital or other appropriate facility named in the order; (b) be examined by a physician to ascertain whether or not the person is infected with an agent of a virulent disease; and (c) if found on examination to be infected with an agent of a virulent disease, be treated for the disease. **35(4)** The judge shall not name a hospital or other facility in an order under this section unless	**General**, R.R.O. 1990, Reg. 645 (made under the Immunization of School Pupils Act, consolidated up to O. Reg. 443/03). **1** A record of immunization maintained by a medical officer of health with respect to a pupil shall contain, […] (e) a record of all the pupil's immunization against designated diseases showing, (i) the type of vaccine given, (ii) the date of administration of the vaccine, and (iii) any reactions to the vaccine; […]. **5** The following program of immunization in respect of designated diseases is prescribed: **Schedule** […] Disease : Diphtheria, tetanus, poliomyelitis, measles, mumps, rubella. […] Type of Vaccine to be used, Minimum Number of Doses Accepted, Recommended Schedule of Primary Immunization, Interval Between Booster Doses. **Form 1**: Statement of medical exemption **Form 2:** Statement of conscience or religious belief **Form 3:** Notice of transfer from a school _____ **General**, R.R.O. 1990, Reg. 70 (made under the Child and Family Services Act, consolidated up to O. Reg. 77/02). **75** Every licensee shall ensure that each person employed in a residence operated by the licensee	

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negative tuberculin reaction shall receive an additional tuberculin test within six months of the date of the first test and shall receive an additional test within six months after the date of each test, where the result of the test is negative. **25(3)** Employees referred to in subsection (2) shall receive an X-ray film of the lungs annually. **25(4)** Every Group 1 employee who is found to have a positive tuberculin reaction shall not be required to take another tuberculin test but shall receive an X-ray film of the lungs forthwith and every six months thereafter. **25(5)** Every Group 1 employee whose X-ray film shows evidence of abnormal shadowing shall forthwith receive further examination to determine the nature of the disease. **25(6)** No tests other than the intradermal (Mantoux) test, using one-twentieth of a milligram of Old Tuberculin, or the patch test shall be used in the test given under this section. **25(7)** Where an employee has received a tuberculin test and an X-ray film of the lungs within four months before the date of employment, the record of the result of the test and film may be accepted in lieu of the test and film required by subsection (1). **26(1)** Every Group 2 employee shall receive an X-ray film of the lungs within thirty days of employment and annually thereafter.	the court is satisfied that the hospital or other facility is able to provide detention, care and treatment for the person who is the subject of the order. **35(5)** An order under this section is authority for any person, (a) to locate and apprehend the person who is the subject of the order; and (b) to deliver the person who is the subject of the order to the hospital or other facility named in the order. **35(6)** An order under this section may be directed to a police force that has jurisdiction in the area where the person who is the subject of the order may be located, and the police force shall do all things reasonably able to be done to locate, apprehend and deliver the person in accordance with the order. **35(7)** An order under this section is authority to detain the person who is the subject of the order in the hospital or other facility named in the order and to care for and examine the person and to treat the person for the virulent disease in accordance with generally accepted medical practice for a period of not more than four months from and including the day that the order was issued. **35(7.1)** The *Health Care Consent Act, 1996* does not apply to, (a) an examination of a person to ascertain whether he or she is infected with an agent of a virulent disease, pursuant to an order made under	receives such immunization as is recommended by the local medical officer of health and a health assessment before the person commences employment. _____ **General**, R.R.O. 1990, Reg. 272 (made under the Developmental Services Act, consolidated up to O. Reg. 78/02). **13.1** In every group home, the board or, where there is no board, the owner shall, […] (j) ensure that each member of the staff receives such immunization as is recommended by the local medical officer of health and a health assessment before the person commences employment; and […]. _____ **Health Care and Residential Facilities**, O. Reg. 67/93 (made under the Occupational Health and Safety Act, consolidated up to O. Reg. 142/99). **9(1)** The employer shall reduce the measures and procedures for the health and safety of workers established under section 8 to writing and such measures and procedures may deal with, but are not limited to, the following: […]. 5. Immunization and inoculation against infectious diseases. […].	

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26(2) Where an employee has received a tuberculin test and an X-ray film of the lungs within four months before the date of employment, the record of the result of the test and film may be accepted in lieu of the X-ray film required by subsection (1). **26(3)** Every Group 2 employee whose X-ray film shows evidence of abnormal shadowing shall receive forthwith further examination to determine the nature of the disease. **30** Upon ceasing to be employed, every employee who has been employed for four months or more shall receive an X-ray film of the lungs. _____ **General**, R.R.O. 1990, Reg. 832 (made under the Nursing Homes Act, consolidated up to O. Reg. 412/04). **77.1(1)** A licensee of a nursing home shall ensure that each person who is admitted to the home as a resident is given a skin test for tuberculosis unless, (a) the person was given the skin test in a nursing home, an approved charitable home for the aged under the *Charitable Institutions Act* or a home under the *Homes for the Aged and Rest Homes Act* less than one year before the date of admission; or (b) the test is medically contra-indicated. **77.1(2)** The licensee shall ensure that the test required under subsection (1) is given,	this section; (b) treatment of a person for a virulent disease, pursuant to an order made under this section. **35(8)** The person authorized by the by-laws of the hospital shall designate a physician to have responsibility for the care and treatment of the person named in the order or, where the by-laws do not provide the authorization, the administrator of the hospital or a person delegated by the administrator shall designate a physician to have responsibility for the care and treatment of the person named in the order. **35(8.1)** Where a person who is the subject of an order is detained in a facility other than a hospital, the administrator of the facility shall designate a physician to have responsibility for care and treatment of the person named in the order. **35(9)** The physician responsible for a person under subsection (8) or (8.1) shall report in respect of the care and treatment of the person and their condition to the medical officer of health serving the health unit in which the hospital or other facility is located. **35(10)** The physician shall report in the manner, at the times and with the information specified by the medical officer of health and the medical officer of health may specify the manner and times of reporting and the information that shall be reported. **35(11)** Where, upon motion by the medical officer of health serving the health unit in which the		

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(a) within 14 days after the person's admission, if the person is admitted for a period of at least 14 days; or (b) within the period for which the person is admitted, if the person is admitted for a period of less than 14 days.	hospital or other appropriate facility is located, a judge of the court is satisfied, (a) that the person continues to be infected with an agent of a virulent disease; and (b) that the discharge of the person from the hospital would present a significant risk to the health of the public, the judge by order may extend the period of detention and treatment for not more than four months, and upon further motions by the medical officer of health the judge may extend the period of detention and treatment for further periods each of which shall not be for more than four months. **35(12)** A person detained in accordance with an order under this section shall be released from detention and discharged from the hospital or other facility upon the certificate of the medical officer of health serving the health unit in which the hospital is located. **35(13)** The medical officer of health shall inform himself or herself as to the treatment and condition of the person and shall issue his or her certificate authorizing the release and discharge of the person as soon as the medical officer of health is of the opinion that the person is no longer infected with an agent of the virulent disease or that the release and discharge of the person will not present a significant risk to the health of members of the public. **35(14)** An application mentioned in subsection (1) or a motion mentioned in subsection (11) shall be heard in private, but, if the person in respect of whom the application or motion is made requests		

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	otherwise by a notice filed with the clerk of the court before the day of the hearing, the judge shall conduct the hearing in public except where, (a) matters involving public security may be disclosed; or (b) the possible disclosure of intimate financial or personal matters outweighs the desirability of holding the hearing in public. **35(15)** An application under this section applies to stay a proceeding before or an appeal from a decision or order of the Board in respect of the same matter until the application is disposed of by the judge of the Ontario Court of Justice and where the judge makes an order under this section, no person shall commence or continue a proceeding before or an appeal from a decision or order of the Board in respect of the same matter. **35(16)** Any party to an application or motion under subsection (1) or (11) may appeal from the decision or order to the Superior Court of Justice. **35(17)** The filing of a notice of appeal does not apply to stay the decision or order appealed from unless a judge of the court to which the appeal is taken so orders. **35(18)** Any party to the proceeding may appeal from the judgment of the Superior Court of Justice to the Court of Appeal, with leave of a judge of the Court of Appeal on special grounds, upon any question of law alone. **36(1)** Where a medical officer of health has made an order in respect of a communicable disease that		

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	is a virulent disease requiring a person to place himself or herself under the care and treatment of a physician or to take other action specified in the order and the person withdraws from the care and treatment or fails to continue the specified action, section 35 applies with necessary modifications and for the purpose, the person shall be deemed to have failed to comply with an order of the medical officer of health. **36(2)** Where a person who is infected with an agent of a communicable disease has failed to comply with an order by a medical officer of health that the person isolate himself or herself and remain in isolation from other persons, section 35 applies with necessary modifications. **40(1)** No person other than a physician shall attend upon, prescribe for or supply or offer to supply a drug, medicine, appliance or treatment to or for another person for the purpose of alleviating or curing a sexually transmitted disease. **40(2)** Subsection (1) does not apply to a member of the Ontario College of Pharmacists who dispenses to a person upon a written prescription signed by a physician or who sells to a person a drug, medicine or appliance. ——— **General**, R.R.O. 1990, Reg. 744 (made under the Mental Hospitals Act, consolidated up to O. Reg. 382/04). **18(1)** Where an employee shows evidence of		

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	tuberculosis, the officer-in-charge shall give to the Workers' Compensation Board and to the Ministry written notice thereof, including a complete report of the medical findings within seven days of the time of diagnosis. **18(2)** Every officer-in-charge shall keep a permanent record of all examinations and tests of every employee of the institution and, if requested, shall send a copy of any record, including the x-ray films, to the Workers' Compensation Board or to the Ministry. **18(3)** The permanent record of all examinations and tests referred to in subsection (2) shall be kept by the officer-in-charge for three years after the employee ceases to be employed in the institution. **20** No employee shall be detailed to care for a patient believed or suspected to be suffering from tuberculosis until the employee has received instructions as to the necessary technique to protect himself or herself and others against infection and, where possible, the employee so detailed shall be a positive reactor to the tuberculin test. **22** Nothing contained in sections 13 to 21 shall prevent any person from being employed in an institution when his or her tuberculosis is inactive. _____ **Communicable Diseases - General**, R.R.O. 1990, Reg. 557 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 471/91).		

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	3(8) Where an animal has bitten a person or is suspected of being rabid and has had contact with a person and the animal dies or is killed, the owner of the animal or the person having custody of the animal shall notify the District Veterinarian of the Animal Health Division, Food Production and Inspection Branch, Agriculture Canada to arrange for the collection of the head or carcass of the animal. **5(2)** Where a bird or birds or poultry flock is isolated under clause 4 (3) (a), the owner or person having the care and custody of the bird or birds or poultry flock shall notify the medical officer of health as soon as possible if a bird dies during the isolation period and the bird or birds or poultry flock shall be retained and disposed of as directed by the medical officer of health. ——————— **Education Act**, R.S.O. 1990, c. E.2 (consolidated up to S.O. 2004, c. 31). **265(1)** It is the duty of a principal of a school, in addition to the principal's duties as a teacher, […] [persons with communicable diseases] (l) to refuse admission to the school of any person who the principal believes is infected with or exposed to communicable diseases requiring an order under section 22 of the *Health Protection and Promotion Act* until furnished with a certificate of a medical officer of health or of a legally qualified medical practitioner approved by the medical officer of health that all danger from		

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	exposure to contact with such person has passed; […]. ——————————————— **General**, R.R.O. 1990, Reg. 937 (made under the Private Hospitals Act, consolidated up to O. Reg. 512/99). **29** No employee shall be detailed to care for a patient believed or suspected to be suffering from tuberculosis until the employee has received instruction as to the necessary technique to protect himself or herself and others against infection and, where possible, the employee so detailed shall be a reactor to tuberculin. **31(1)** The superintendent shall keep a permanent record of all examinations and tests of every employee of the hospital and if requested shall send a copy of every record, including the X-ray films, to the Workers' Compensation Board or to the Minister. **34** Nothing contained in sections 24 and 33 prevents an employee from being employed in a hospital when his or her disease is inactive. ——————————————— **General,** R.R.O. 1990, Reg. 70 (made under the Child and Family Services Act, consolidated up to O. Reg. 77/02). **93** Every licensee shall ensure that each person in a residence operated by the licensee who suffers from a communicable disease and for whom		

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	isolation is considered necessary by a physician is isolated from other persons in the residence who have not been infected. _____ **General**, O. Reg. 257/00 (made under the Ambulance Act, consolidated up to O. Reg. 317/04). **6(1)** An emergency medical attendant and paramedic employed, or engaged as a volunteer, in a land ambulance service shall, […] (g) be free from all communicable diseases set out in Table 1 to the document entitled "Ambulance Service Communicable Disease Standards", published by the Ministry, as that document may be amended from time to time; […].		

PRINCE EDWARD ISLAND

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Notifiable and Communicable Diseases Regulations, P.E.I. Reg. EC1985-330 (made under the Public Health Act, consolidated up to P.E.I. Reg. EC2003-156). **2** The Chief Health Officer […] (g) may examine, physically and by question, any person who is, or is suspected of being, infected with a regulated disease, including a suspected carrier of contact; he may require such person to submit to further medical examination and diagnostic testing, and may require that the results thereof be reported to him or his delegated; and […].	**Public Health Act**, R.S.P.E.I. 1988, c. P-30 (consolidated up to S.P.E.I. 2003, c. 15). **12(1)** Where a health officer knows of the existence in any dwelling of any communicable and notifiable disease which is dangerous to the public health in a school setting, he shall at once notify the principal of the school at which any member of the household is in attendance, and the principal shall prevent further attendance of persons affected until they no longer endanger the public health. **13** The Chief Health Officer may, by means of an order under subsection 5(1), close any school, church or place used for public gathering or entertainment where he considers it necessary to prevent the occurrence or spread of communicable disease. ——— **Notifiable and Communicable Diseases Regulations**, P.E.I. Reg. EC1985-330 (made under the Public Health Act, consolidated up to P.E.I. Reg. EC2003-156). **2** The Chief Health Officer […] (f) may enter, investigate and take samples of any thing from any building, property or conveyance, with or without the consent of the owner of the occupant, for the purpose of performing his duties		**Notifiable and Communicable Diseases Regulations**, P.E.I. Reg. EC1985-330 (made under the Public Health Act, consolidated up to P.E.I. Reg. EC2003-156). **15** No action lies against the Chief Health Officer or his delegate, health officers, physicians or other persons with the respect to anything done in good faith with respect to the requirements of these regulations or directions of the Chief Health Officer issued in accordance therewith.

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	under these regulations; […] (h) may with respect to a person who is, or is suspected of being, infected with a regulated disease, including a suspected carrier of contact, direct and require adherence to specific treatment procedures and control measures. **4** A person who is, or is suspected of being, infected with a regulated disease, including a suspected carrier or contact, shall (a) when himself suspecting infection or when so informed by a physician or health officer, place himself under the care of a physician or direction of a health officer; (b) submit to such diagnostic examination, treatment and control measures as may be directed by the physician, Chief Health Officer or his delegate; and (c) identify any contact, and provide such other relevant information as may be required, to the physician Chief Health Officer or his delegate. **12(2)** A person with a **nuisance disease** and his family shall comply with such treatment and control instructions as may be given by a health officer. --- **Fish Inspection Regulations**, P.E.I. Reg. EC1972-764, Sch. B. (made under the Fish Inspection Act, consolidated up to P.E.I. Reg. EC1995-871). **SHEDULE B** **1** No person who		

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	(a) is known to be suffering from a communicable disease ; (b) is known “carrier” of any disease ; or (c) has an infected wound or open lesion on any part of his body shall be employed in any working area of an establishment. _____ **School Act**, R.S.P.E.I. 1988, c. S-2.1 (consolidated up to S.P.E.I. 2000 (2nd), c. 3). **115(1)** A principal may, where it appears necessary in the interest of the students, immediately exclude a student from the school until the student has been examined by a health officer appointed pursuant to the *Public Health Act*. **115(3)** Subject to subsection (1), a student who has a notifiable, nuisance or regulated disease shall not be excluded from the school for that reason except by order of a health officer.		

QUÉBEC

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
Public Health Act, R.S.Q., c. S-2.2 (consolidated up to S.Q. 2002, c. 69). **86(1)** Any physician who becomes aware that a person who is likely suffering from a disease or infection to which this division applies is refusing or neglecting to submit to an examination must notify the appropriate public health director as soon as possible. **87** Any public health director who receives a notice under section 86 must make an inquiry and, if the person refuses to be examined or to submit to the appropriate treatment, the public health director may apply to the Court for an order enjoining the person to submit to such examination or treatment. **88(1)** A judge of the Court of Québec or of the municipal courts of the cities of Montréal, Laval or Québec having jurisdiction in the locality where the person is to be found may, if the judge believes on reasonable grounds that the protection of the health of the population so warrants, order the person to submit to an examination and receive the required medical treatment. **88(2)** In addition, the judge may, if the judge believes on serious grounds that the person will refuse to submit to the examination or to receive the treatment, order that the person be taken to an	**Public Health Act**, R.S.Q., c. S-2.2 (consolidated up to S.Q. 2002, c. 69). **83(1)** The Minister may, by regulation, draw up a list of the contagious diseases or infections for which any person affected is obligated to submit to the medical treatments required to prevent contagion. **83(2)** The list may include only contagious diseases or infections that are medically recognized as capable of constituting a serious threat to the health of a population and for which an effective treatment that would put an end to the contagion is available. **84** Any physician who observes that a person is likely suffering from a disease or infection to which this division applies must take, without delay, the required measures to ensure that the person receives the care required by his or her condition, or direct the person to a health and social services institution able to provide such treatments. **85** In the case of certain diseases or infections identified in the regulation, any health or social services institutions having the necessary resources must admit as an emergency patient any person suffering or likely to be suffering from one of those diseases or infections. If the institution	**Public Health Act**, R.S.Q., c. S-2.2 (consolidated up to S.Q. 2002, c. 69). **61** [not yet in force] The Minister shall cause a registry to be kept to record the vaccinations carried out in Québec. The Minister may personally assume the management of the registry or entrust the management to another public body pursuant to an agreement. **62** [not yet in force] All vaccinations received by a person shall be recorded in the registry, provided the person consents thereto in the manner set out in sections 63 to 65. **63(1)** [not yet in force] A person's consent to the recording in the registry of the vaccinations received must be given in writing. Such consent shall remain valid for all subsequent vaccinations the person may receive, whatever the type of vaccine. **63(2)** [not yet in force] However, a person may, at any time, withdraw his or her consent in writing and require the manager of the registry to remove from the registry, and destroy, all personal information that relates to him or her. Any subsequent administration of a vaccine to that person may be recorded in the registry only if that person again consents thereto in writing.	**Public Health Act**, R.S.Q., c. S-2.2 (consolidated up to S.Q. 2002, c. 69). **123(1)** Notwithstanding any provision to the contrary, while the public health emergency is in effect, the Government or the Minister, if he or she has been so empowered, may, without delay and without further formality, to protect the health of the population, 1) order compulsory vaccination of the entire population or any part of it against smallpox or any other contagious disease seriously threatening the health of the population and, if necessary, prepare a list of persons or groups who require priority vaccination; 2) order the closing of educational institutions or of any other place of assembly; 3) order any person, government department or body to communicate or give to the Government or the Minister immediate access to any document or information held, even personal or confidential information or a confidential document; 4) prohibit entry into all or part of the area concerned or allow access to an area only to certain persons and subject to certain conditions, or order, for the time necessary where there is no other means of protection, the evacuation of persons from all or part of the area or their confinement and, if the persons affected have no other resources, provide for their lodging, feeding, clothing and security needs;

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institution maintained by a health or social services institution for examination and treatment. The provision of section 108 apply to that situation, with the necessary modifications. _____ **Regulation respecting the application of the Public Health Protection Act**, R.Q., c. L-0.2, r. 1 (made under An Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, and the disposal of human bodies, consolidated up to M.O. 2003-011). **40** Every employer must ensure that every person in his service who acts as a food handler, takes care of the sick or has the custody of children undergoes clinical and diagnostic examinations and takes the measures to prevent diseases determined by the public health director. _____ **Regulation respecting Cider**, R.Q., c. S-13, r. 1 (made under the An Act respecting the Société des alcools du Québec, consolidated up to S.Q. 1994, c. 16). **30(1)** The personnel must be free from infectious or contagious diseases. **30(2)** An inspector or employer who suspects that an employee has contracted an infectious or contagious disease must compel such employee to be examined by a doctor of his choice and require a medical certificate to that effect.	does not have the necessary resources, it must direct the person to an institution able to provide the required services. **86(1)** Any physician who becomes aware that a person who is likely suffering from a disease or infection to which this division applies is refusing or neglecting to submit to an examination must notify the appropriate public health director as soon as possible. **86(2)** Such a notice must also be given by any physician who observes that a person is refusing or neglecting to submit to the required medical treatment or has discontinued a treatment that must be completed to prevent contagion or a recurrence of contagion. **87** Any public health director who receives a notice under section 86 must make an inquiry and, if the person refuses to be examined or to submit to the appropriate treatment, the public health director may apply to the Court for an order enjoining the person to submit to such examination or treatment. **88(1)** A judge of the Court of Québec or of the municipal courts of the cities of Montréal, Laval or Québec having jurisdiction in the locality where the person is to be found may, if the judge believes on reasonable grounds that the protection of the health of the population so warrants, order the person to submit to an examination and receive the required medical treatment. **88(2)** In addition, the judge may, if the judge	**64(1)** [not yet in force] A person may also, without withdrawing the general consent given pursuant to section 63, request in writing that a type of vaccine being administered by a health professional not be recorded in the vaccination registry. **64(2)** [not yet in force] The request is valid for all additional doses of the vaccine the person may subsequently receive, but does not preclude the recording in the registry of any other vaccine received by the person. **65** [not yet in force] A person may, at any time, consent in writing to the transmission to the manager of the registry, for recording purposes, of all or part of the information held by a health professional in relation to the vaccinations the person has received, in or outside Québec. **66** [not yet in force] Written information on the vaccination registry must be available in all places where vaccines are administered, to be distributed to vaccinated persons. **67(1)** [not yet in force] Access to personal information contained in the registry shall be granted to persons applying therefore to the extent and for the purposes hereinafter described: 1) to a vaccinated person, as regards information that relates to the person; 2) to a vaccinator who verifies the vaccination history of a person before administering a vaccine, provided the person receiving the vaccine has consented thereto; 3) to the national public health director, where the	5) order the construction of any work, the installation of sanitary facilities or the provision of health and social services; 6) require the assistance of any government department or body capable of assisting the personnel deployed; 7) incur such expenses and enter into such contracts as are considered necessary; 8) order any other measure necessary to protect the health of the population. **123(2)** The Government, the Minister or another person may not be prosecuted by reason of an act performed in good faith in or in relation to the exercise of those powers. _____ **Regulation respecting Sanitary conditions in industrial or other camps**, R.Q., c. Q-2, r. 3 (made under the Environment Quality Act, consolidated up to S.Q. 1994, c. 17). **18(1)** Any person, corporation or association violating any of the provisions of this Regulation, is liable to a fine of not more than 20 $, and to an additional fine of not more than 20 $ a day, for each day over 2 during which the violation continues. **18(2)** If the violation is committed by a person, such person is liable, in default of payment of the fine and costs, to imprisonment for a period not exceeding 8 days for the first violation, and not exceeding 30 days for subsequent violations.

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Regulation respecting Sanitary conditions in industrial or other camps, R.Q., c. Q-2, r. 3 (made under the Environment Quality Act, consolidated up to S.Q. 1994, c. 17). **12** It is forbidden for an employer to engage any cook or assistant cook or any food handler who cannot produce a certificate, dating back less than 7 years, certifying his immunity to smallpox — successful vaccination or accelerated reaction — and a medical certificate dating back less than 3 months at the time of hiring, establishing that he is not suffering from a contagious or venereal disease, and that he is not a carrier of germs likely to cause an infection transmissible by food. Such medical certificate shall involve the same examinations as those that are specified on the certificate form supplied by the Minister. This certificate shall only be valid for one year after the date of issue.	believes on serious grounds that the person will refuse to submit to the examination or to receive the treatment, order that the person be taken to an institution maintained by a health or social services institution for examination and treatment. The provisions of section 108 apply to that situation, with the necessary modifications. **89(1)** The Minister may, for certain contagious diseases or infections medically recognized as capable of constituting a serious threat to the health of a population, make a regulation setting out prophylactic measures to be complied with by a person suffering of likely to be suffering from such a disease or infection, as well as by any person having been in contact with that person. **89(2)** Isolation, for a maximum period of 30 days, may form part of the prophylactic measures prescribed in the regulation of the Minister. **89(3)** The regulation shall prescribe the circumstances and conditions in which specific prophylactic measures are to be complied with to prevent contagion. It may also require certain health or social services institutions to admit as an emergency patient any person suffering or likely to be suffering from one of the contagious diseases or infections to which this section applies, as well as any person who has been in contact with that person. **90(1)** Any health professional who observes that a person is omitting, neglecting or refusing to comply with the prophylactic measures prescribed in the regulation made under section 89 must	director has been informed that a particular lot of vaccine provides inadequate protection and he or she considers that the persons who have received the vaccine must be traced; 4) to a public health director having received an unusual clinical manifestation report pursuant to section 69, for the epidemiological investigation of that case in the region and of any similar case that may occur in respect of that type of vaccine; 5) to a public health director who, within the scope of an epidemiological investigation, wishes to assess the vaccination status of persons who may have been in contact with a communicable infectious agent; 6) to institutions operating a local community service centre for the purposes of interventions promoting vaccination in respect of the persons in their territories who have given prior consent to such access being granted or, on the same conditions, to the appropriate public health director, where an agreement has been signed between the director and such an institution whereby such promotional activities are carried out by the public health department. **67(2)** [not yet in force] Subject to the first paragraph, access to such information in all other circumstances is subject to the provisions of sections 17 to 28 of the Act respecting health services and social services (chapter S-4.2), with the necessary modifications. **68(1)** [not yet in force] Subject to sections 62 to 65, every person who administers a vaccine must, in the manner and within the time limits prescribed by regulation of the Minister, record in	**An Act respecting Stuffing and upholstered and stuffed articles**, R.S.Q., c. M-5 (consolidated up to S.Q. 2003, c. 29). **37** Every person who infringes a provision of this act or of the regulations or refuses to comply with an order given under this act is guilty of an offence and liable to a fine of not more than $500 in the case of an individual, or to a fine of not more than $2 000 in the case of a corporation.

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	notify the appropriate public health director as soon as possible. **90(2)** The director must make an inquiry and, if the person refuses to comply with the necessary prophylactic measures, the director may apply to the Court for an order enjoining the person to do so. **90(3)** The provisions of section 88 apply to that situation, with the necessary modifications. **90(4)** The director may also, in the case of an emergency, use the powers conferred by section 103, and sections 108 and 109 apply to such a situation. **91** Despite any decision of the Court ordering the isolation of a person, isolation must cease as soon as the attending physician, after consulting the appropriate public health director, issues a certificate to the effect that the risk of contagion no longer exists. **100** Subject to section 98, a public health director may, where required within the scope of an epidemiological investigation, 1) require that every substance, plant, animal or other thing in a person's possession be presented for examination; 2) require that a thing in a person's possession be dismantled or that any container under lock and key be opened; 3) carry out or cause to be carried out any excavation necessary in any premises; 4) have access to any premises and inspect them	the registry the name of the person to whom the vaccine has been administered, the name of the vaccine used, the lot number of the vaccine, the dose received, the date and place of vaccination and the health insurance number of the person who has received the vaccine. The person administering the vaccine must also provide any other information prescribed by regulation of the Minister. **123(1)** Notwithstanding any provision to the contrary, while the public health emergency is in effect, the Government or the Minister, if he or she has been so empowered, may, without delay and without further formality, to protect the health of the population, 1) order compulsory vaccination of the entire population or any part of it against smallpox or any other contagious disease seriously threatening the health of the population and, if necessary, prepare a list of persons or groups who require priority vaccination; […]. **126(1)** If a person fails to submit to a vaccination ordered under section 123, a judge of the Court of Québec or of the municipal courts of the cities of Montréal, Laval or Québec having jurisdiction in the locality where the person is to be found may order the person to submit to the vaccination. **126(2)** In addition, the judge may, if satisfied on reasonable grounds that the person will not submit to the vaccination and if of the opinion that the protection of public health warrants it, order that the person be taken to a specific place to be vaccinated.	

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	at any reasonable time; 5) take or require a person to take samples of air or of any substance, plant, anima or other thing; 6) require that samples in a person's possession be transmitted for analysis to the Institut national de santé publique du Québec or to another laboratory; 7) require any director of a laboratory or of a private or public medical biology department to transmit any sample or culture the public health director considers necessary for the purposes of an investigation to the Institut national de santé publique du Québec or to another laboratory; 8) order any person, any government department or any body to immediately communicate to the public health director or give the public health director immediate access to any document or any information in their possession, even if the information is personal information or the document or information is confidential; 9) require a person to submit to a medical examination or to furnish a blood sample or a sample of any other bodily substance, if the public health director believes on reasonable grounds that the person is infected with a communicable biological agent. **101(1)** The powers granted to a public health director by paragraph 4 of section 100 may not be exercised to enter a private residence without the consent of the occupant, unless the director has obtained a court order authorizing such entry. **101(2)** A judge of the Court of Québec or of the municipal courts of the cities of Montréal, Laval or Québec having jurisdiction in the locality in		

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	which the residence is situated may grant the order if the judge is of the opinion that the protection of the health of the population warrants it. **102(1)** Except if the person concerned gives consent, the powers provided for in paragraph 9 of section 100 shall not be exercised by a public health director unless he or she has obtained a court order to that effect. **102(2)** The provisions of section 88 apply to such a situation, with the necessary modifications. **103(1)** A public health director may, at any time during an epidemiological investigation, as a precautionary measure, order a person to remain in isolation for a maximum period of 72 hours or to comply with certain specific directives so as to prevent contagion or contamination. **103(2)** An isolation order may be issued, however, by the public health director only if the director believes on reasonable grounds that the person has been in contact with a communicable biological agent that is medically recognized as capable of seriously endangering the health of the population. The provisions of sections 108 and 109 apply to an isolation order issued under this section. **104** Every owner or possessor of a thing or occupant of premises must, at the request of a public health director, provide all reasonable assistance and furnish all information necessary to enable the director to conduct an epidemiological		

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	investigation. **105(1)** Subject to the provisions of section 135, any public health director who becomes aware that a person is neglecting or refusing to cooperate in the investigation, objects to the director exercising a power granted to the director by section 100 or refuses to comply with directives given under section 103 may apply to a judge of the Court of Québec or of the municipal courts of the cities of Montréal, Laval or Québec having jurisdiction in the locality where the person is to be found, for the issuing of an order. **105(2)** The judge shall issue any order considered appropriate in the circumstances. **106(1)** Where, during an investigation, a public health director is of the opinion that there exists a real threat to the health of the population, the director may 1) order the closing of premises or give access thereto only to certain persons or subjects to certain conditions, and cause a notice to be posted to that effect; 2) order the evacuation of a building; 3) order the disinfection, decontamination or cleaning of premises or of certain things and give clear instructions to that effect; 4) order the destruction of an animal, plant or other thing int the manner the director indicates; or order that certain animals or plants be treated; 5) order the cessation of an activity or the taking of special security measures if the activity presents a threat for the health of the population; 6) order a person to refrain from being present for		

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	the time indicated by the public health director in an educational institution, work environment or other place of assembly if the person has not been immunized against a contagious disease an outbreak of which has been detected in that place; 7) order the isolation of a person, for a period non exceeding 72 hours indicated by the public health director, if the person refuses to receive the treatment necessary to prevent contagion or if isolation is the only means to prevent the communication of a biological agent medically recognized as capable of seriously endangering the health of the population; 8) order a person to comply with specific directives to prevent contagion or contamination; 9) order any other measure the public health director considers necessary to prevent a threat to the health of the population from worsening or to decrease the effects of or eliminate such a threat. **106(2)** Notwithstanding the provisions of the first paragraph, the public health director may also use the powers conferred by subparagraphs 1 and 2 of that paragraph as a precautionary measure, if the public health director believes on reasonable grounds that there exists a threat of the persons present in those premises or that building. **107(1)** Notwithstanding the provisions of the first paragraph, the public health director may not use a power provided for in that section to prevent a threat to the health of the population from worsening or to decrease the effects of or eliminate such a threat if a government department, a local municipality or a body has the same power and is able to exercise it.		

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	107(2) The provisions of section 98 apply in those circumstances, with the necessary modifications. **108(1)** An order issued by the public health director under subparagraph 7 of the first paragraph of section 106 is sufficient to require any person, including a peace officer, to do everything reasonably possible to locate and apprehend the person whose name appears in the order and take him or her to the place indicated therein or to a health or social services institution chosen by the public health director. **108(2)** A person or peace officer acting under this section may not, however, enter a private residence without the consent of the occupant or without obtaining a court order authorizing such entry. **108(3)** Any person who is apprehended must be informed immediately of the reasons for the isolation order, the place where he or she is being taken and of his or her right to communicate with an advocate. **108(4)** The health or social services institution that receives the person pursuant to an order or the public health director or the court must admit the person as an emergency patient. **109(1)** A person may not be maintained in isolation pursuant to an order of the public health director for more than 72 hours without the person's consent or without a court order.		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	109(2) A public health director may apply to a judge of the Cour of Québec or of the municipal courts of the cities of Montréal, Laval or Québec having jurisdiction in the locality where the person in respect of whom the isolation order has been made is to be found, for an order enjoining that person to comply with the public health director's order to remain in isolation for a maximum period of 30 days. **109(3)** The judge may grant the order if, in the judge's opinion, terminating the isolation would create a serious threat to the health of the population and, in the circumstances, isolation is the only effective means to protect the health of the population. The judge may also grant an order requiring the person to receive the treatment capable of eliminating any risk of contagion where such treatment is available, or make any order considered appropriate. **109(4)** Notwithstanding a court order, a person's isolation must cease as soon as the attending physician, after consulting the appropriate public health director, issues a certificate to the effect that the risk of contagion no longer exist. **110(1)** Except as regards the provisions of subparagraph 7 of the first paragraph of section 106, where a person refuses to comply with an order of the public health director issued under section 106, the public health director may apply to a judge of the Court of Québec or of the municipal courts of the cities of Montréal, Laval or Québec having jurisdiction in the locality where the person is to be found, for an order		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	enjoining the person to comply with the public health director's order. **110(2)** The judge may grant the order if, in the judge's opinion, there exists a threat to the health of the population and the order of the public health director is appropriate. The judge may also make any amendment to the order that appears reasonable in the circumstances. **171** All the provisions of the Regulation respecting the application of the Public Health Protection Act (R.R.Q., 1981, chapter P-35, r.1) that concern matters to which this Act applies remain in force until replaced or repealed by a regulation made under this Act, but with the following exceptions: […] 3) venereal diseases, even if they must continue to be reported, are no longer subject to compulsory treatment. _____ **Regulation respecting the application of the Public Health Protection Act**, R.R.Q., c. L-0.2, r. 1 (made under the An Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, and the disposal of human bodies, consolidated up to M.O. 2003-011). **40** Every employer must ensure that every person in his service who acts as a food handler, takes care of the sick or has the custody of children undergoes clinical and diagnostic examinations and takes the measures to prevent diseases determined by the public health director.		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	51(1) Every human body that must be exposed during more than 24 hours or whose exposure commences more than 18 hours after the time of death must be embalmed. **51(2)** However, the body of a person who died of smallpox, plague or cholera may not be embalmed. It must be incinerated without delay or immediately enclosed in an impervious and hermetically sealed coffin for burial. **64** All the necessary steps must be taken to check the spread of infectious agents and contamination in all places where a patient suffering from one of the diseases listed in paragraphs a, b and c of section 28 is or was being treated. **67** Every person entrusted with the care of a patient contemplated in section 64 must at all times utilize methods which ensure complete asepsis of the operation conducted by him and of the equipment which he uses. **69** Where a person dies of a disease listed in paragraphs a, b and c of section 28, the institution in which he died or, where such person died other than in an institution, the last physician who treated him must inform every person called upon to handle or take custody of the body of the cause of death and inform him of the measures to be taken to prevent contagion. **70** Every person who handles or takes custody of the body of a person whose death results from one of the diseases contemplated in section 28 must take the necessary precautionary measures to		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	check the spread of infection during the autopsy, expert examination, transport, embalming, cremation or interment and must ensure the disinfection of the premises, vehicles, objects and other instruments used for such operations. **71(1)** No additional sanitary restriction shall apply with respect to the exposure, transport, funeral, interment or cremation of the body of a person who died from one of the diseases contemplated in section 28 other than smallpox, plague or cholera, provided such body be embalmed. **71(2)** However, if the body has not been embalmed: (a) the natural orifices of the body must be obturated with absorbent cotton saturated with a disinfectant solution; (b) the body must be washed with a liquid disinfectant and immediately enclosed in a sealed coffin; such coffin may, however, have a window; (c) the transport of the body may be effected only with the authorization of the public health director or of the director of professional services of the nearest hospital centre; (d) interment or cremation must take place within 36 hours after the time of death; and (e) the body must not be placed in a public vault. **120(1)** Sanitary measures complying with the standards generally recognized in laboratories of hospital centres must be taken to prevent contamination and epidemic hazards. Contaminated zones must be isolated from clean zones and the exterior environment.		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	120(2) The products used must be placed in identified and labelled containers; such containers must indicate the precautions to be taken by the user, the hazards inherent to the product and the expiry date for its usage. _____ **Burial Act**, R.S.Q., c. I-11 (consolidated up to S.Q. 2001, c. 60). **8(1)** In addition to what is or may be prescribed by the regulations of the Government, respecting the bodies of persons dying of contagious diseases, the body of no person who has died of asiatic cholera, typhus, small-pox, diphtheria, scarlet fever, scarlatina or glanders shall be interred in a church or chapel or deposited in a public vault. **8(2)** The body of any person dying of any of the diseases enumerated in this section must be transferred directly from the place of death to the cemetery. **13(1)** No coffin shall be opened from the time of the registration of the death until the interment, except for the purposes of justice, or unless permission has been given by the local ecclesiastical authorities or by the mayor, or, in his absence, by a justice of the peace of the place, upon an affidavit showing the necessity for so doing. **13(2)** If it is the body of a person who has died of any of the diseases mentioned in section 8, the		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	opening of the coffin shall be allowed only for the purposes of justice and on taking the precautions prescribed by the Minister of Health and Social Services. **16(4)** In the case of the disinterment of the body of any person who has died of any disease mentioned in section 8, the petitioner must show that permission has been granted by the Minister of Health and Social Services and the judge shall allow the disinterment only subject to the precautions prescribed by the said Minister for the protection of public health. _____ **Organization and Management of Institutions Regulation**, R.Q., c. S-5, r. 3.01 (made under An Act respecting health services and social services for Cree Native persons, consolidated up to S.Q. 2002, c. 38). **6(1)** The board of directors of a public or private institution covered by section 177 of the Act respecting health services and social services (R.S.Q., c. S-5) may make the necessary by-laws for carrying out the institution's responsibilities, and it shall make by-laws dealing with the following matters, where they are within the scope of the institution's activities: […] 16) the conditions for admission of persons suffering from contagious or infectious diseases; […]. **9** All institutions except social service centres shall take the necessary steps to prevent and		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	remove contagion and infection. They shall be prepared to isolate persons suffering from contagious and infectious disease, or likely so to be. They may order the closing of part or all of the institution in case of an epidemic. _____ **An Act respecting Stuffing and upholstered and stuffed articles**, R.S.Q., c. M-5 (consolidated up to S.Q. 2003, c. 29). **10** No person shall: […] (c) sell or offer for sale any upholstered or stuffed article which contains vermin, has been in contact with a person infected with a contagious disease or is so soiled as to endanger health, unless such article is sterilized or disinfected in accordance with the regulations. **11** If an upholstered or stuffed article contemplated in paragraph c of section 10 is offered for sale and if such article endangers health and cannot be sterilized or disinfected satisfactorily, the chief inspector may order in writing that it be destroyed, and the person who holds such article must comply with such order. _____ **Regulation respecting Stuffing and upholstered and stuffed articles**, R.Q., c. M-5, r. 1 (made under the An Act stuffing and upholstered and stuffed articles, consolidated up to O.C. 1660-90). **14** Stuffing and upholstered or stuffed articles which have been contaminated as a result of		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	having been in contact with a carrier of contagious diseases shall, prior to being offered for sale or lease, be sterilized in accordance with the procedures described in Schedule 5. _____ **Regulation respecting Food**, R.Q., c. P-29, r. 1 (made under the Food Products Act, consolidated up to O.C. 1122-2004). **6.4.1.11** No person shall work with or handle meat: (a) if suffering from a communicable disease at a transmissible stage or having an infected sore or wound; (b) if he is a carrier of pathogenic microbes which could contaminate meat; or (c) who, having an uninfected wound, does not have it bandaged so that contamination of meat is prevented. **9.3.1.4** Working with and handling of sea food products is reserved exclusively for persons who: 1) are not suffering from a contagious disease in the communicable stage or do not have infected sores or wounds; 2) are not carrying pathogenic bacteria likely to contaminate sea food products; 3) having an uninfected wound, wear a waterproof bandage on it to prevent contamination of sea food products. **10.3.1.5** Working with and handling foods is reserved exclusively for persons who: 1) are not suffering from a contagious disease in		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	the communicable stage and do not have infected sores or wounds; 2) are not carrying the germs of illnesses that can be communicated through foods; 3) having an uninfected wound, wear a clean bandage on the wound to prevent contamination of the food and, where the wound is on a hand, protect the bandage with a clean, waterproof glove that must be discarded in a garbage can after each use. _____ **Regulation respecting the Quality of dairy products**, R.Q., c. P-30, r. 14.1 (made under the Dairy Products and Dairy Products Substitutes Act, consolidated up to O.C. 647-2001). **12** Milk may be handled only by a person who: 1) does not have an infectious disease at a communicable stage or an infected wound or injury; 2) does not carry pathogenic microbes which could contaminate milk; 3) where he has an open wound, wears over such wound an impervious bandage preventing the contamination of milk. **41** Dairy products may be handled only by a person who: 1) does not have an infectious disease at a communicable stage or an infected wound or injury; 2) does not carry pathogenic microbes which could contaminate dairy products; 3) where he has an open wound, wears over such		

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	wound an impervious bandage preventing the contamination of dairy products. **56** Dairy products may be handled only by a person who: 1) does not have an infectious disease at a communicable stage or an infected wound or injury; 2) does not carry pathogenic microbes which could contaminate dairy products; 3) where he has an open wound, wears over such wound an impervious bandage preventing the contamination of dairy products. _____ **Regulation respecting Public wading and swimming pools**, R.Q., c. Q-2, r. 17 (made under the Environment Quality Act, consolidated up to O.C. 699-2004). **87** Any person having an open blister, skin disease or an infectious or communicable disease shall be excluded from a public wading or swimming pool.		

SASKATCHEWAN

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The Public Health Act, 1994, S.S. 1994, c. P-37.1 (consolidated up to S.S. 2004, c. 51). **33(1)** Except as provided in the regulations, a person shall consult a physician or a clinic nurse with respect to a category II communicable disease as soon as is practicable, and in any case not later than 72 hours, after becoming aware or suspecting that he or she is infected with that disease or has been exposed to that disease. _____ **The Disease Control Regulations,** R.R.S., c. P-37.1, Reg. 11 (made under The Public Health Act, 1994, consolidated up to S. Reg. 88/2003). **14(2)** In the case of category I communicable diseases or category II communicable diseases other than human immunodeficiency virus infection and acquired immune deficiency syndrome, the following information must be reported in the format approved by the department: (a) the name of the disease; (b) the name, telephone number, mailing address, current place of residence, date of birth and gender of the infected person; (c) the names, telephone numbers and addresses of contacts; (d) the risk factors known to be associated with the transmission of the infection to the infected	**The Public Health Act, 1994**, S.S. 1994, c. P-37.1 (consolidated up to S.S. 2004, c. 51). **33(1)** Except as provided in the regulations, a person shall consult a physician or a clinic nurse with respect to a category II communicable disease as soon as is practicable, and in any case not later than 72 hours, after becoming aware or suspecting that he or she is infected with that disease or has been exposed to that disease. **33(2)** Subject to subsection (3), a person who is diagnosed by a physician or a clinic nurse as having a category II communicable disease shall remain under treatment and counselling as long as the physician or clinic nurse consulted considers the continued treatment and counselling necessary to control the spread of the disease. **33(3)** Where a person is diagnosed by a physician or a clinic nurse as having a category II communicable disease for which there is no available treatment that will restore an infected person to a state in which he or she is no longer infectious, the person shall take all reasonable measures to reduce significantly the risk of infecting others, in addition to considering any advice provided by the physician or clinic nurse. **33(4)** Except as provided in the regulations, a person who is diagnosed by a physician or a clinic	**The Public Health Act, 1994**, S.S. 1994, c. P-37.1 (consolidated up to S.S. 2004, c. 51). **45(1)** The minister may make an order described in subsection (2) if the minister believes, on reasonable and probable grounds, that: (a) a serious public health threat exists in Saskatchewan ; and (b) the requirements set out in the order are necessary to decrease or eliminate the serious public health threat. **45(2)** An order pursuant to this section may: [...] (d) in the case of a serious public health threat that is a communicable disease, require any person who is not known to be protected against the communicable disease: (i) to be immunized or given prophylaxis where the disease is one for which immunization or prophylaxis is available; or [...]. **46(1)** For the purpose of carrying out this Act according to its intent, the Lieutenant Governor in Council may make regulations : [...] (y) governing the issuance of vaccines and the supply and quality of immunization matter; (z) requiring and governing the immunization: (i) subject to section 64, of persons residing in, visiting or entering Saskatchewan against any disease; (ii) of domestic animals against any disease that may adversely affect the health of persons; [...]	**The Public Health Act, 1994**, S.S. 1994, c. P-37.1 (consolidated up to S.S. 2004, c. 51). **61** Every person who contravenes any provision of this Act or a regulation, bylaw or order made pursuant to this Act is guilty of an offence and liable on summary conviction: (a) in the case of an individual: (i) for a first offence: (A) to a fine of not more than $75,000; and (B) to a further fine of not more than $100 for each day during which the offence continues; and (ii) for a second or subsequent offence: (A) to a fine of not more than $100,000; and (B) to a further fine of not more than $200 for each day during which the offence continues; and (b) in the case of a corporation: (i) for a first offence: (A) to a fine of not more than $100,000; and (B) to a further fine of not more than $1,000 for each day during which the offence continues; and (ii) for a second or subsequent offence: (A) to a fine of not more than $250,000; and (B) to a further fine of not more than $5,000 for each day during which the offence continues. **68(1)** Notwithstanding any other Act or law, no action lies or shall be instituted against the minister, the department, an officer or employee of the department, an agent of the minister, a public health officer, a local authority, an officer, employee or agent of a local authority, a

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person; (e) the laboratory test results; (f) any other information that the designated public health officer considers necessary to control the communicable disease in question. **22(1)** For the purposes of controlling or preventing the spread of communicable diseases, the co-ordinator or a designated public health officer may disclose to another designated public health officer or to a person mentioned in subsection (2) the information set out in clauses 14(2)(a) to (f) with respect to a person who: (a) is infected with, or is suspected of being infected with, a communicable disease; (b) is a carrier of, or is suspected of being a carrier of, a communicable disease; or (c) is a contact of a person described in clause (a) or (b). **22(2)** Information may be disclosed pursuant to subsection (1) to a person responsible for collecting communicable disease information on behalf of any of the following agencies: (a) a regional health authority; (b) a department or agency of the government of another province or territory of Canada that has responsibility for public health within that province or territory; (c) a department or agency of the Government of Canada that has responsibility for public health matters. _____ **The Hospital Standards Regulations**, **1980,** S. Reg. 331/1979 (made under The Hospital	person who is diagnosed by a physician or a clinic nurse as being infected with or being a carrier of a category II communicable disease shall, to the best of his or her ability: (a) answer all questions asked by the physician or clinic nurse; (b) provide the names, addresses, telephone numbers, age and sex of all of his or her contacts to the physician or clinic nurse; and (c) on being diagnosed: (i) communicate in the prescribed manner with all of his or her contacts; or (ii) ask the physician or clinic nurse to communicate in the prescribed manner with the person's contacts **34(1)** As soon as is practicable, and in any case not later than 72 hours after forming an opinion that a person is infected with or is a carrier of a category II communicable disease, a physician or clinic nurse shall: (a) provide counselling to the person concerning: (i) measures that the person may take to reduce the risk of complications from the disease and the spread of the disease to others; (ii) measures that the physician or clinic nurse considers necessary for effective treatment or management of the disease; and (iii) any other matter that the physician or clinic nurse considers necessary; (b) ask the person to provide any information that the physician or clinic nurse considers necessary to control the spread of the disease, including the names, addresses, telephone numbers, age and sex of all of the person's contacts; (c) begin therapy; and	may adversely affect the health of persons; [...]. **64(1)** A person who conscientiously believes that immunization or prophylaxis would be prejudicial to his or her health or to the health of his or her child or ward, or who for conscientious reasons objects to immunization or prophylaxis, may swear or affirm an affidavit to that effect before a justice of the peace, commissioner for oaths or notary public. **64(2)** A person described in subsection (1) is excused from compliance with any regulation, bylaw or order pursuant to this Act that makes immunization mandatory if the person delivers personally or by registered mail to the local authority for the area in which the person resides a duly attested affidavit described in that subsection. _____ **The Hospital Standards Regulations**, **1980,** S. Reg. 331/1979 (made under The Hospital Standards Act, consolidated up to S. Reg. 21/2004). **85(1)** The board must, in consultation with the medical health officer responsible for the area in which the hospital is located, establish a written policy with respect to employee health and requirements for the clinical testing and immunization of employees for the purpose of protecting patients and hospital personnel against communicable diseases and the transmission of communicable diseases	employee or agent of a local authority, a municipality or an officer, employee or agent of a municipality for any loss or damage suffered by any person by reason of anything in good faith done, caused, permitted or authorized to be done, attempted to be done or omitted to be done, by any of them, pursuant to or in the exercise or supposed exercise of any power conferred by this Act, the regulations or bylaws made pursuant to this Act or in the carrying out or supposed carrying out of any order made pursuant to this Act, the regulations or bylaws made pursuant to this Act or any responsibility imposed by this Act, the regulations or bylaws made pursuant to this Act. **68(2)** No action lies or shall be instituted against a person who, in good faith, makes a report or provides information to any other person in accordance with this Act, the regulations or bylaws made pursuant to this Act. **68(3)** No action lies or shall be instituted against a person who, in good faith: (a) carries out an order issued pursuant to this Act by a local authority, a medical health officer or the minister; or […].

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Standards Act, consolidated up to S. Reg. 21/2004). **85(1)** The board must, in consultation with the medical health officer responsible for the area in which the hospital is located, establish a written policy with respect to employee health and requirements for the clinical testing and immunization of employees for the purpose of protecting patients and hospital personnel against communicable diseases and the transmission of communicable diseases. **85(2**) The policy required by subsection (1) must provide for: (a) creating and maintaining accurate records of all immunizations, medical examinations and tests carried out pursuant to the policy; and (b) retaining the records described in clause (a) with respect to each employee after he or she ceases to be an employee for a period of not less than two years after the cessation of employment. _____ **The Child Care Regulations, 2001**, R.R.S. c. C-7.3, Reg. 2 (made under The Child Care Act, consolidated up to S. Reg. 54/2004). **45(1)** Before an individual is hired as an employee in a centre, the licensee must obtain from the individual the results of a recent tuberculin test performed on the individual. **63** A licensee of a group family child care home must maintain accurate and up-to-date records	(d) report the prescribed information to a medical health officer in the prescribed manner. **34(2)** A physician or a clinic nurse who receives a request pursuant to subclause 33(4)(c)(ii) shall, within the prescribed time: (a) communicate in the prescribed manner with the contacts; or (b) refer the list of contacts to a medical health officer. **34(3)** A physician or a clinic nurse mentioned in subsection (1) shall immediately provide the list of contacts to a medical health officer where: (a) the physician or clinic nurse forms the opinion that the person who is infected with or is a carrier of a category II communicable disease has not communicated, and does not intend to communicate, with his or her contacts in the manner required by subsection 33(4); and (b) the person has not made a request pursuant to subclause 33(4)(c)(ii). **35** A medical health officer who receives a list of contacts pursuant to section 34 shall promptly notify the persons named in the list that they have been exposed to a category II communicable disease without naming the source of the exposure. **38(1)** A medical health officer may order a person to take or refrain from taking any action specified in the order that the medical health officer considers necessary to decrease or eliminate a risk to health presented by a communicable disease.	communicable diseases. **85(2)** The policy required by subsection (1) must provide for: (a) creating and maintaining accurate records of all immunizations, medical examinations and tests carried out pursuant to the policy; and (b) retaining the records described in clause (a) with respect to each employee after he or she ceases to be an employee for a period of not less than two years after the cessation of employment. _____ **The Occupational Health and Safety Act, 1993**, S.S. 1993, c . O-1.1 (consolidated up to S.S. 2001, c. 25). **44(1)** The Lieutenant Governor in Council may make regulations: […] (o) respecting the provision of vaccinations against diseases associated with any occupation or category of occupations to any worker or worker in a category of workers who chooses to receive the vaccination; […]. _____ **The Occupational Health and Safety Regulations, 1996**, R.R.S., c. O-1.1, Reg. 1 (made under The Occupational Health and Safety Act, consolidated up to S. Reg. 35/2003). **85(1)** In this section: (a) “expose” means harmful contact through inhalation, ingestion or absorption through the	

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with respect to each assistant that include the following: […] (c) the results of the assistant's tuberculin test; […]. **64(1)** Before a licence will be granted to an applicant, the applicant must provide the Director with the results of a recent tuberculin test performed on the applicant. **64(2)** Before an individual is hired as an assistant, the licensee must obtain from the individual the results of a recent tuberculin test performed on the individual. _____ **The Housing and Special-care Homes Regulations**, S. Reg. 34/1966 (made under The Housing and Special-care Homes Act, consolidated up to S. Reg. 22/2004). **5(1)** The board must, in consultation with the medical health officer responsible for the area in which the special-care home is located, establish a written policy with respect to employee health and requirements for the clinical testing and immunization of employees for the purpose of protecting guests and staff against communicable diseases and the transmission of communicable diseases. **5(2)** The policy required by subsection (1) must provide for: (a) creating and maintaining accurate records of all immunizations, medical examinations and tests	**38(2)** Without limiting the generality of subsection (1), an order pursuant to subsection (1) may: (a) require the owner or occupier of premises to close, clean or disinfect the premises or a specified part of the premises; (b) require the cleansing, disinfecting or destruction of any thing specified in the order; (c) restrict or prohibit the sale of animals or animal products that may transmit a communicable disease to humans; (c.1) require the person to whom the order is directed to take the measures specified in the order, on lands or premises owned or controlled by the person, to: (i) reduce the number of animals of any species specified in the order that are carrying or suspected by the medical health officer of carrying a communicable disease; or (ii) eliminate the breeding grounds or harbourages of animals described in subclause (i); (d) require a person who is or probably is infected with, or who has been or might have been exposed to, a communicable disease to isolate himself or herself immediately and to remain in isolation from other persons; (e) require a person who is or who is probably infected to submit to an assessment of the person's condition by: (i) being tested and examined by a physician or a clinic nurse; and (ii) permitting the taking of specimens of body tissues, blood and other fluids for laboratory	skin; (b) "infectious material or organism" means an infectious material or organism set out in Table 14 of the Appendix. **85(5)** An employer shall: […] (b) inform workers who may be exposed to an infectious material or organism of: (i) any vaccine recommended for workers for that risk in the *Canadian Immunization Guide* published by Health and Welfare Canada and by: (A) a medical health officer appointed pursuant to *The Public Health Act* or a designated public health officer within the meaning of *The Public Health Act, 1994* whose powers and responsibilities include those set out in Part IV of *The Public Health Act, 1994*; or (B) a physician with expertise in immunization or the control of communicable diseases; and (ii) the risks associated with taking a vaccine mentioned in subclause (i) ; (c) with the worker's consent, arrange for a worker to receive any vaccination recommended pursuant to subclause (b)(i) during the worker's normal working hours and reimburse the worker for any costs associated with receiving the vaccination; and […]. _____ **The Housing and Special-care Homes Regulations**, S. Reg. 34/1966 (made under The Hospital Standards Act, consolidated up to S. Reg. 22/2004). **5(1)** The board must, in consultation with the	

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carried out pursuant to the policy; and (b) retaining the records described in clause (a) with respect to each employee for a period of not less than two years after he or she ceases to be an employee”.	examination; (f) require a person to present himself or herself for counselling with respect to measures to treat the disease effectively, to reduce risk behaviours and to reduce the spread of the disease; (g) require a person to conduct himself or herself in a manner that will not expose another person to infection; (h) require a person infected with a communicable disease to receive uninterrupted treatment or counselling until, in the opinion of the medical health officer, the person no longer poses a public health risk; (i) require an infected person to place himself or herself under the care and treatment of a physician and, where admitted to a hospital by that physician, to remain there until the medical health officer certifies that the person: (i) is no longer infected so as to endanger the health of others; or (ii) is no longer able to benefit from treatment; (j) require a person who operates a hospital to allow a person infected with a communicable disease to be admitted to the hospital and to keep that person in the hospital until, in the opinion of the medical health officer, the person is no longer able to benefit from hospitalization or is no longer a danger to the health of others; (k) require an infected person to desist from any occupation or activity that may spread the disease; (k.1) require a person with knowledge of the names of members of a group to disclose to a medical health officer the names of individual members of that group who are suspected by a medical health officer of:	medical health officer responsible for the area in which the special-care home is located, establish a written policy with respect to employee health and requirements for the clinical testing and immunization of employees for the purpose of protecting guests and staff against communicable diseases and the transmission of communicable diseases. **5(2)** The policy required by subsection (1) must provide for: (a) creating and maintaining accurate records of all immunizations, medical examinations and tests carried out pursuant to the policy; and (b) retaining the records described in clause (a) with respect to each employee for a period of not less than two years after he or she ceases to be an employee”.	

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	(i) having been in contact with a person infected with a communicable disease; or (ii) having been infected with a communicable disease; (l) require a manufacturer or purveyor of food intended for human consumption to cease employing as a food handler any person who is prohibited from being a food handler by an order pursuant to this section; (m) require a person who is the subject of an order pursuant to this section to do anything that is reasonably necessary to give effect to that order. **38(2.1)** Nothing in subsection (1) or clause (2)(c.1) authorizes a medical health officer to require a person to carry out adult mosquito control measures that involve fogging or aerial spraying. **38(3)** An order pursuant to this section: (a) must set out the reason for the order; (b) may specify the physician or clinic nurse who is to assist the person to comply with the order; (c) may require the person to whom the order is directed to deliver to the medical health officer, within a time specified in the order, a report of the actions taken to comply with the order. **39(1)** An order made pursuant to section 38 that is directed to a person in any of the following categories must be served on a parent or guardian of the person: (a) persons who are less than 14 years of age; (b) persons who are 14 years of age or more but less than 18 years of age and		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	who, in the opinion of the medical health officer who issues the order, are not able to understand the nature and effect of the order. **39(2)** A parent or guardian who is served with an order pursuant to subsection (1) shall take all reasonable steps to ensure that the person to whom the order is directed complies with the order. **40(1)** A person who is the subject of an order pursuant to section 38 may appeal from the order to the Court of Queen's Bench by filing a notice of appeal with a local registrar of the court within 60 days after the day on which the order is served on the person. **40(2)** A notice of appeal pursuant to subsection (1) must be in the prescribed form and set out the grounds for the appeal. **40(3)** The appellant shall serve a copy of the notice of appeal on the medical health officer who issued the order. **44(1)** A teacher or principal of a school: (a) may exclude from school any pupil who is infected with or is suspected to be infected with a communicable disease; and (b) shall inform a medical health officer of any action taken pursuant to clause (a).		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	44(2) The medical health officer shall determine the length of the pupil's exclusion from school. _____ **The Disease Control Regulations**, R.R.S. 2000, c. P-37.1, Reg. 11 (made under The Public Health Act, 1994, consolidated up to S. Reg. 88/2003). **6(1)** Subject to subsection (3) and section 11, a person who communicates with his or her contacts pursuant to subclause 33(4)(c)(i) of the Act shall do so within 72 hours after the diagnosis. **6(2)** A person who communicates with his or her contacts pursuant to subclause 33(4)(c)(i) of the Act shall: (a) inform each contact of his or her exposure to the disease in question; and (b) explain to each contact the contact's duty : (i) to protect himself or herself by going to a physician or clinic nurse for testing and care; and (ii) to take all reasonable measures to reduce significantly the risk of infecting others. **6(3)** If it is not practicable to communicate with the contacts within the periods specified in subsection (1) or subsection 11(3), the person shall ask the physician or clinic nurse to communicate with the contacts. **7(1)** A physician or clinic nurse who is asked to communicate with the contacts of a person who is infected with, or is a carrier of, a category II communicable disease:		

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	(a) shall do so as soon as possible within 14 days after receiving the request; and (b) if it is not possible to complete the communication with the contacts within the 14 days mentioned in clause (a), shall immediately refer the list of contacts to a designated public health officer. **7(2)** In communicating with a contact, a physician or clinic nurse shall: (a) inform each contact of his or her exposure to the disease in question; (b) explain to each contact the contact's duty : (i) to protect himself or herself by going to a physician or clinic nurse for testing and care ; and (ii) to take all reasonable measures to reduce significantly the risk of infecting others; and (c) provide counselling. **8** Where a designated public health officer receives a list of contacts, the designated public health officer shall: (a) inform each contact of his or her exposure to the disease in question; (b) explain to each contact the contact’s duty : (i) to protect himself or herself by going to a physician or clinic nurse for testing and care; and (ii) to take all reasonable measures to reduce significantly the risk of infecting others; and (c) provide counselling. **11(1)** Notwithstanding subsection 33(1) of the Act, a person who becomes aware or suspects that he or she is infected with human immunodeficiency virus or has been exposed to that virus shall consult a physician or clinic nurse		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	with respect to that infection or exposure as soon as possible within 30 days after becoming aware of or suspecting that infection or exposure. **11(2)** Notwithstanding subsection 33(3) of the Act, from the time that a person becomes aware or suspects that he or she is infected with human immunodeficiency virus or has been exposed to that virus, the person shall immediately take all reasonable measures to reduce significantly the risk of infecting others, in addition to considering any advice provided by a physician or clinic nurse. **11(3)** A person who is diagnosed as being infected with human immunodeficiency virus and who communicates with his or her contacts pursuant to subclause 33(4)(c)(i) of the Act shall do so as soon as possible within 30 days after the diagnosis. **11(4)** Subsection 33(4) of the Act does not apply to a person who utilizes the services of an anonymous test site and is diagnosed as being infected with human immunodeficiency virus. **12(1)** Notwithstanding subclause 33(4)(c)(i) of the Act, a person who is diagnosed as being infected with tuberculosis or as being a carrier of tuberculosis shall request a physician, a clinic nurse or the tuberculosis investigator to communicate with the person's contacts. **12(2)** A physician or clinic nurse who receives a request pursuant to subsection (1) shall refer the		

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	request to the tuberculosis investigator and forward to the tuberculosis investigator the information provided by the person pursuant to clause 33(4)(b) of the Act within 72 hours if possible, but not later than 128 hours after receiving the request. **12(3)** After receiving the information mentioned in subsection (2), the tuberculosis investigator shall, without undue delay: (a) inform each contact of his or her exposure to tuberculosis; and (b) provide counselling to each contact regarding measures to be taken to determine whether or not the contact is infected. **25(1)** Where a person is bitten by an animal and there is a possibility of transmission of rabies, a physician or nurse who attends to the person shall immediately notify the designated public health officer, a veterinarian employed by the Government of Canada or a peace officer, giving details of the biting incident. **25(2)** A veterinarian employed by the Government of Canada or a peace officer who receives a report pursuant to subsection (1) shall notify the designated public health officer as soon as possible, giving the details of the incident. **25(3**) A designated public health officer who receives a report pursuant to subsection (1) or (2) shall take all practicable steps to prevent the suspected rabid animal from posing a public health threat.		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	25(4) If the suspected rabid animal is not available for examination or if rabies in the animal is confirmed through examination, the designated public health officer shall contact all persons bitten by or exposed to the animal and advise them with respect to appropriate treatment. **25(5)** Where an animal has bitten or attempted to bite a person and a designated public health officer has reason to believe that the animal is or may be infected with rabies, the designated public health officer may order a peace officer or other person to destroy the animal without injuring its head. **25(6)** Where an animal dies that has bitten or attempted to bite a person, and there is reason to believe that the animal was or might have been infected with rabies, no person shall destroy or damage the head of the animal. _____ **The Housing and Special-care Homes Regulations**, S. Reg. 34/1966 (made under The Housing and Special-care Homes Act, consolidated up to S. Reg. 22/2004). **7** […] (f) Guests having or suspected of having a communicable disease, either at the time of admission or after admission, may be isolated on the recommendation of a physician or a nurse practitioner and may be transferred to an appropriate facility on the recommendation of a physician.		

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	——————————————— **The Hospital Standards Regulations, 1980,** S. Reg. 331/1979 (made under The Hospital Standards Act, consolidated up to S. Reg. 21/2004). **64(1)** In connection with every hospital there shall be suitable accommodation, approved by the minister, for the temporary isolation of patients suspected to be suffering from a communicable disease until a proper diagnosis can be made and for the isolation of patients found to be suffering from a communicable disease. **64(2)** Where a person is suffering from, or suspected to be suffering from a communicable disease and requires emergency hospitalization, the hospital to which admission is sought shall make provision for temporary hospitalization.		

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Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
Venereal Disease Regulation, Y.O.I.C. 1958/097 (made under the Public Health and Safety Act). **7(1)** Where a Medical Health Officer has reasonable grounds for believing that a person within his district is or may be infected with venereal disease or has been exposed to infection, the Medical Health Officer may give notice in writing to such person, directing him to submit to an examination by a physician designated by or satisfactory to the Medical Health Officer, and to procure and produce to the Medical Health Officer within the time specified in the notice, a report or certificate of the physician that such person is or is not infected with venereal disease. **7(5)** A Medical Health Officer may require a person whom he believes may be infected with venereal disease to undergo more than one examination in order to determine the presence or absence of such infection. **8(1)** Where any physician in medical charge of any jail, lock-up, reformatory, industrial farm, training school or industrial, female or other refuge has reason to believe that any person under his charge may be infected with venereal disease or has been exposed to infection with venereal disease, he may, and if he is directed by the Medical Health Officer, he shall, cause such person to undergo such examinations as may be	**Communicable Diseases Regulations**, Y.O.I.C. 1961/048 (made under the Public Health and Safety Act, consolidated up to Y.O.I.C. 1995/122). **3** Every person who believes or has reason to believe that he is infected with a communicable disease, […] (b) shall place himself under the care of, undergo the treatment and follow the course of action prescribed therefor by the medical practitioner of Medical Health Officer. **5(1)** Every medical practitioner who has reason to believe or suspect that one of his patients is infected with a communicable disease shall advise such patient, any persons attending him and any known contacts or carriers, to adopt the specific control measures for such disease and shall give them the necessary instructions therefor. **5(2)** Where concurrent or terminal disinfection is prescribed by the specific control measures for a communicable disease, such disinfection shall be carried out as indicated by one or more of the methods listed in Schedule A. **5(3)** Every medical practitioner shall notify a Medical Health Officer immediately of the action taken pursuant to this section and shall give him any further information that such officer may	**Child Care Centre Program Regulation**, Y.O.I.C. 1995/087 (made under Child Care Act). **7(3)** All staff members must provide a record of immunization status on employment. **14(1)** The operator must: […] (f) obtain from the parent a written statement describing the child's health status, immunization status, and a description of any unusual health or behavioural conditions of which staff must be aware; update this statement on an annual basis; and […]. --- **Family Day Home Program Regulation**, Y.O.I.C. 1995/087 (made under Child Care Act). **5(3)** All caregivers in a family day home program must provide a record of immunization status on employment. **12(1)** The operator of a family day home program must: […] (f) obtain from the parent a written statement describing the child's health status, immunization status, and a description of any unusual health or behavioural conditions of which caregivers must be aware; update this statement on an annual basis; and […].	

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necessary to ascertain whether or not he is infected with venereal disease or to ascertain the extent of venereal disease infection and if the examination discloses that he is so infected the physician shall report the facts to the Medical Health Officer, who may thereupon exercise the powers vested in him by Section 7. **8(2)** Where an examination has not been made under this section every physician in medical charge of any jail, lock-up, reformatory, industrial farm, training school, or industrial, female or other refuge shall report to the Medical Health Officer the name and place of confinement of any person under his charge whom he suspects or believes to be infected with venereal disease and the report shall be made within twenty-four hours after he suspects or believes the person to be so infected. **8(3)** The physician making the report shall forward a copy or statement of every report made under this section to the Commissioner and to the Medical Health Officer of the district in which the person resided before being admitted to the institution. _____ **Eating and Drinking Places Regulation,** Y.O.I.C. 1961/001 (made under the Public Health and Safety Act, consolidated up to Y.O.I.C. 1978/182). **28** No operator shall employ or agree to employ any person in his eating or drinking place until	require. **11(1)** Every Medical Health Officer who is notified of the discovery of a case of communicable disease or has reason to believe or suspect that there is such an occurrence shall investigate or cause an investigation to be made and, if satisfied that action is necessary, shall insure that the specific control measures for such disease are taken. **11(2)** A Medical Health Officer shall follow up each such case of communicable disease until he is satisfied that the period of communicability is past or that the disease is not a communicable disease. **12** Without limiting the generality of section 11, a Medical Health Officer may (a) enter in the daytime any dwelling, premises, vehicle or conveyance, to inquire as to the state of health of any person therein; (b) examine physically or by questioning any such person whom he suspects of being infected with a communicable disease; (c) direct such person (i) to submit to the taking of specimens of his blood and of any other body fluids, (ii) to give specimens of his sputum and other excreta, (iii) to submit to X-ray, and (iv) to undergo any procedure that may be required in the discretion of the Medical Health Officer to prevent the spread of a communicable disease; and (d) order that any dwelling, premises, vehicle or	_____ **School Age Program Regulation**, Y.O.I.C. 1995/087 (made under the Child Care Act). **7(3)** All staff members shall provide a record of immunization status on employment. **14(1)** The operator must: […] (f) obtain from the parent on a written statement describing the child's health status, immunization status, and a description of any unusual health or behavioural conditions of which staff must be aware; update this statement on an annual basis; and […].	

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such person has produced and shown to the operator a certificate signed by a duly qualified medical practitioner and dated within thirty days immediately preceeding the commencement date of such employment, stating that such person has been given an X-ray examination of the chest. _____ **Child Care Centre Program Regulation**, Y.O.I.C. 1995/087 (made under Child Care Act). **7(1)** Every staff person working in a child care centre program must, before taking up duties at a centre, obtain from a medical professional a statement confirming that they are in a state of health suitable for caring for children. **7(2)** All staff members must have a tuberculin skin test or chest x-ray on employment, and thereafter when advised to by a medical professional. _____ **Family Day Home Program Regulation**, Y.O.I.C. 1995/087 (made under the Child Care Act). **5(1)** All caregivers in a family day home program must, before taking up their duties in a family day home, obtain from a medical professional a statement confirming that they are in a state of health suitable for caring for children. **5(2)** All caregivers in a family day home program must have a tuberculin skin test or chest x-ray on	conveyance that in his opinion are likely to harbour the specific micro-organisms of a communicable disease be disinfected to his satisfaction by and at the expense of the owner, occupier, operator or person in charge or in control thereof, as the case may be, and he may cause such dwelling or premises to be closed to the public or such vehicle or conveyance to be detained until such disinfection has been carried out or the danger of infection has passed, whichever is the sooner. (e) "Detain or order to be detained for such period as he deems fit any dog, cat or other animal which, in his opinion is capable of transmitting a communicable disease, to any person or any other animal." **13** Notwithstanding the specific control measures for a communicable disease, a Medical Health Officer may, whenever in his discretion it is in the public interest to do so, post a placard or a warning notice signed by him at or near the entrance of premises where a person infected with such communicable disease resides. **14(1)** Where the effective isolation of a person infected with a communicable disease cannot be secured in the premises in which he resides, a Medical Health Officer may direct that such person be removed to a hospital or place of isolation. **14(2)** Where the effective quarantine of a contact or of a carrier cannot be secured in the premises in which he resides, a Medical Health Officer may direct that such person be removed to a hospital or		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
employment, and thereafter when advised to by a medical professional. […]. _____ **School Age Program Regulation**, Y.O.I.C. 1995/087 (made under the Child Care Act). **7(1)** Every staff person working in school-age program must, before taking up duties in the program, obtain from a medical professional a statement confirming that they are in a state of health suitable for caring for children. **7(2)** All staff members must have a tuberculin skin test or chest x-ray on employment, and thereafter when advised to by a medical professional.	place of isolation. **14(3)** Where the directions given by a Medical Health Officer pursuant to subsection (1) or (2) are not complied with, he may, where in his discretion it is necessary to do so for the protection of public health, cause the person infected with a communicable disease, the contact or the carrier to be removed for isolation and any treatment that may be indicated to a hospital or place of isolation by issuing an order in Form A and such order shall be deemed to have the same force and effect and to be subject to the same conditions as the order delivered under section 15, *mutatis mutandis.* **15(1)** Where a person who is infected with a communicable disease refuses or neglects or is unable to comply with the instructions received from a Medical Health Officer pursuant to these Regulations, the Medical Health Officer, where satisfied that the conduct of such person is liable to endanger public health, may cause such person to be removed for isolation and any treatment that may be indicated, to a hospital or place of isolation by delivering an order in Form A to any peace officer. **15(2)** A Medical Health Officer who causes a person to be isolated pursuant to subsection (1) shall advise the Chief Medical Health Officer immediately of such fact by forwarding to him a copy of the order in Form A. **15(3)** A peace officer or constable who receives an order in Form A shall convey the person		

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	named therein to the hospital or place of isolation described and the person in charge thereof shall receive and detain for isolation and any treatment that may be indicated, the person named in the order until authorized to release him pursuant to subsection (5), except that the person detained may be visited by his own medical practitioner. **15(4)** A person isolated pursuant to subsection (1) shall remain at the hospital or place of isolation until his release has been authorized pursuant to subsection (5). **15(5)** Upon the receipt of a certificate signed by a medical practitioner that the person isolated is not infected with a communicable disease, the person in charge of the hospital or place of isolation shall immediately release the person isolated and give notice of such release to the Medical Health Officer. **15(6)** Where a person who is isolated pursuant to subsection (1) escapes, the person in charge of the hospital or place of isolation shall (a) report the escape to a Medical Health Officer, and (b) order the apprehension and return of such person by delivering an order in Form B to any peace officer, and such peace officer shall execute the order. **15(7)** a person who is isolated pursuant to subsection (1), and who thinks himself aggrieved thereby, may, by way of a petition outlining his reasons and served upon the person in charge of the hospital or place of isolation and the Chief		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	Medical Health Officer, appeal from the detention order to a police magistrate, and the magistrate, after hearing the evidence, may order his release if satisfied that he is not suffering from a communicable disease. _____ **Venereal Disease Regulation**, Y.O.I.C. 1958/097 (made under the Public Health and Safety Act). **7(2**) If by the report or certificate mentioned in subsection (1) it appears that the person so notified is infected with venereal disease, the Medical Health Officer may: (a) deliver to such person directions as to the course of conduct to be pursued and may require such person to produce from time to time evidence satisfactory to the Medical Health Officer that he is undergoing adequate medical treatment and is in other respects carrying out such directions; or (b) with the approval of the Commissioner, order in writing that such person be removed and detained in a place of detention for treatment until such time as the Medical Health Officer is satisfied that an adequate degree of treatment has been attained. **7(3)** Where a Medical Health Officer makes an order under paragraph (b) of subsection (2) he shall deliver the order to a peace officer, who shall thereupon take the person named in the order into his custody and remove him to the place of detention named in the order, and the person for the time being in charge of the place of detention,		

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	upon receiving such order, shall receive such person and shall detain him until he is authorized by the Medical Health Officer to release him. **7(4)** A Medical Health Officer may adopt the procedure or do any of the acts referred to in subsection (2) with regard to any person who has been examined by a physician at any time within one year previously and has been certified by such physician to be infected with venereal disease. **8(1)** Where any physician in medical charge of any jail, lock-up, reformatory, industrial farm, training school or industrial, female or other refuge has reason to believe that any person under his charge may be infected with venereal disease or has been exposed to infection with venereal disease, he may, and if he is directed by the Medical Health Officer, he shall, cause such person to undergo such examinations as may be necessary to ascertain whether or not he is infected with venereal disease or to ascertain the extent of venereal disease infection and if the examination discloses that he is so infected the physician shall report the facts to the Medical Health Officer, who may thereupon exercise the powers vested in him by Section 7. **8(2)** Where an examination has not been made under this section every physician in medical charge of any jail, lock-up, reformatory, industrial farm, training school, or industrial, female or other refuge shall report to the Medical Health Officer the name and place of confinement of any person under his charge whom he suspects or believes to be infected with venereal disease and		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	the report shall be made within twenty-four hours after he suspects or believes the person to be so infected. **8(3)** The physician making the report shall forward a copy or statement of every report made under this section to the Commissioner and to the Medical Health Officer of the district in which the person resided before being admitted to the institution. **11** Where any person is suspected of suffering from gonorrhoea or has been named as a source of such infection, if the clinical findings and history of the case indicate that such person is or may be infected with gonorrhoea despite the negative character of the laboratory findings, a Medical Health Officer may by order in writing direct that such person undergo treatment as required by these regulations. **12(1)** Where a person who has been under treatment for venereal disease refuses or neglects to continue treatment in a manner and to a degree satisfactory to the attending physician and the Medical Health Officer, the physician shall report to the Commissioner the name and address of the person, together with such other information as may be required by these regulations. **12(2)** A person who fails to attend upon his physician within seven days of an appointment for treatment shall be presumed to have neglected to continue treatment and the attending physician shall report such failure in writing to the Commissioner within fourteen days of the		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	appointment. _____ **Public Health and Safety Act**, R.S.Y. 2002, c. 176 (consolidated up to S.Y. 1999, c. 20). **11(1)** For the enforcement of this Act and the regulations made under it, a health officer may enter and inspect (a) any premises that are opened to the public or to customers or clients of an occupant of the premises ; and (b) any part of premises that are used to prepare, or are used in connection with the business of preparing food, goods or services to be sold or otherwise supplied to the public or the customers or clients of an occupant of the premises. **11(2)** The right of entry conferred by subsection (1) may be exercised (a) at any time that the premises are open to the public of the customers or clients of an occupant of the premises; (b) at any time if the health officer has reasonable grounds to believe and does believe that a violation of this Act or of the regulations made under it has been committed or is about to be committed and the violation is likely to cause an immediate threat to public health or safety ; or (c) at any time with the consent of the occupant of the premises. _____ **Child Care Centre Program Regulation**, Y.O.I.C. 1995/087 (made under the Child Care		

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	Act). **14(1)** The operator must: […] (g) refuse to admit any child known to be suffering from a communicable disease during the phase when the disease may be communicated; where a child is known to have a communicable disease, have medical advice as to when it is safe for the child to return to the child care centre program; and […] (i) deal with children and caregivers with communicable diseases according to the *Public Health Act* and established guidelines; […]. _____ **Family Day Home Program Regulation**, Y.O.I.C. 1995/087 (made under the Child Care Act). **12(1)** The operator of a family day home program must: […] (g) refuse to admit any child known to be suffering from a communicable disease during the phase when the disease may be communicated; where a child is known to have a communicable disease, have medical advice as to when it is safe for the child to return to the family day home; and […] (i) deal with children and caregivers with communicable diseases according to the *Public Health Act* and established guidelines; […]. _____ **School Age Program Regulation**, Y.O.I.C. 1995/087 (made under the Child Care Act).		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	14(1) The operator must: […] (g) refuse to admit any child known to be suffering from a communicable disease during the phase when the disease may be communicated; where a child is known to have a communicable disease, have medical advice as to when it is safe for the child to return to the school-age program; and […] (i) deal with children and caregivers with communicable diseases according to the *Public Health Act* and established guidelines; and […]. _____ **Eating and Drinking Places Regulation,** Y.O.I.C. 1961/001 (made under the Public Health and Safety Act, consolidated up to 1978/182). **29** No operator shall permit an employee to enter his eating or drinking place or engage in the preparation, cooking, storage, or serving of food or drink during such time as he has cause to believe or suspect that such employee has a communicable disease or that such disease exists in the employee's place of residence. _____ **Embalmers and Embalming Regulations**, Y.O.I.C. 1980/102 (made under the Public Health and Safety Act). **3** In these Regulations: […] (i) "**specified communicable disease**" includes		

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	bubonic plague, cholera, diphtheria, typhoid, typhus, smallpox, meningitis and any other communicable disease which the Chief Medical Officer of Health may declare to be a specified communicable disease. **5** […] (b) In cleaning operations subsequent to the taking away of contagious corpse a disinfecting solution shall be used. **12(1)** Under no circumstances shall exposure of the body of anyone who has died while affected by a specified communicable disease be allowed, either to the relatives of the deceased or to the general public. **12(2)** When a person has died of a specified communicable disease, (a) the embalming of the corpse is prohibited; (b) the orifices of the corpse shall be blocked with compressive wads of absorbent cotton; (c) the corpse shall be washed with a disinfecting solution, wrapped in bands saturated with a disinfecting solution and placed at once in a metal or metal lined coffin which is permanently sealed to prevent it being reopened and to prevent leakage. **12(3)** While performing work upon a person who has died of a specific communicable disease every embalmer shall wear a smock, head gear, rubber gloves and a surgical mask, all of which must either be sterilized after every operation or disposed of and, in addition, shall wear disposable shoe covers.		

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	13(1) Except with the prior permission of the Chief Medical Officer of Health the funeral service of a deceased person who died while affected by a specified communicable disease shall be conducted in or on the premises where such person died and shall be attended only by members of the immediate household, the clergyman and the funeral director with his assistants. **13(2)** Except as provided in Sections 13(3) and 13(4) the interment or cremation of the body of a person who died while affected by a specified communicable disease shall take place within 36 hours following death. **13(3)** The Chief Medical Officer of Health may give written permission to delay interment or cremation of the body of a person who died while affected by a specified communicable disease. **13(4)** In any case where interment or cremation is delayed under the authority of Section 13(3) (a) all orifices of the body shall be blocked with absorbent cotton, and (b) the body shall be embalmed and/or enclosed in a metal or metal lined coffin that is permanently sealed to prevent its being reopened and to prevent leakage. **14(1)** The body of any person who has died while affected by a specified communicable disease shall not be transferred from the room in which death took place to any morgue unless and until such morgue is approved in writing by the Chief Medical Officer of Health.		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	14(2) If the body of any person who has died while affected by a specified communicable disease is transferred to a morgue as provided in Section 14(1) such body shall be wrapped before transfer in a sheet which is thoroughly saturated with: (a) a ten percent formalin solution, or (b) a Mercuric Chloride solution containing 55 grains of Mercuric Chloride to a gallon of water, or (c) a Carbolic Acid Solution containing five ounces of Carbolic Acid to a gallon of water, or (d) some other disinfecting solution having an equivalent strength. **15(1)** The funeral director shall ensure that the requirements of Section 15(2) and 15(7) are carried out before a dead body is delivered for transportation by a common carrier. **15(2)** (a) When it is desired to transport the body of any person who died while affected by a specified communicable disease by any common carrier, the funeral director shall forward to the Chief Medical Officer of Health a "Notice of Intention to Transport" in accordance with Form A as appended to these Regulations. (b) A copy of the Notice of Intention to Transport, Form A, shall be affixed to the coffin in which the body is to be transported in accordance with Section 15(3) hereinafter. **15(3)** (a) The body of any person who died while affected by a specified communicable disease shall not be delivered by the funeral director to be		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	transported by any common carrier unless all orifices of the body have first been blocked by absorbent cotton and the body is enclosed in a metal or metal lined coffin permanently sealed to prevent leakage. (b) The Chief Medical Officer of Health may issue instructions in regard to the manner in which the provisions of Subsection 15(3)(a) shall be carried out. **15(4)** A dead body to which Section 15(3) applies shall not be accompanied by any person who has been exposed to infection from the disease nor by any article similarly contaminated unless the Chief Medical Officer of Health certifies that proper disinfectant procedures have been carried out. **15(5)** Where transportation to the final destination will be completed within 72 hours from the time of death, the body of any person who was not affected by a specified communicable disease at the time of death may be delivered by the funeral director to be transported by a common carrier if the said body is enclosed in a sound coffin. **15(6)** Where transportation to the final destination will not be completed within 72 hours from the time of death, the body of any person who was not affected by a specified communicable disease at the time of death shall not be delivered by the funeral director to be transported by a common carrier unless the said body has been embalmed or is enclosed in a sealed metal or metal lined coffin. **15(7)** The disinterred corpse of any person shall		

Testing for infectious disease	Treatment and management of infectious disease	Immunization	Immunity / Sanctions
	not be delivered by the funeral director to be transported by a common carrier unless the corpse is enclosed in a metal or metal lined coffin that is permanently sealed to prevent its being reopened and to prevent leakage.		

Table 4

GOVERNMENT:
SURVEILLANCE AND SPECIAL POWERS

FEDERAL

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
Department of Health Act, S.C. 1996, c. 8. **4(1)** The powers, duties and functions of the Minister extend to and include all matters over which Parliament has jurisdiction relating to the promotion and preservation of the health of the people of Canada not by law assigned to any other department, board or agency of the Government of Canada. **4(2)** Without restricting the generality of subsection (1), the Minister's powers, duties and functions relating to health include the following matters: (a) the administration of such Acts of Parliament and of orders or regulations of the Government of Canada as are not by law assigned to any other department of the Government of Canada or any minister of that Government relating in any way to the health of the people of Canada; (a.1) the promotion and preservation of the physical, mental and social well-being of the people of Canada; (b) the protection of the people of Canada against risks to health and the spreading of diseases; (c) investigation and research into public health, including the monitoring of diseases; (d) the establishment and control of safety standards and safety information requirements for consumer products and of safety information requirements for products intended for use in the workplace; (e) the protection of public health on railways, ships, aircraft and all other methods of transportation, and their ancillary services; […]. _____ **Immigration and Refugee Protection Act,** S.C. 2001, c. 27 (consolidated up to S.C. 2003, c. 22). **3(1)** The objectives of this Act with respect to immigration are […] (h) to protect the health and safety of Canadians and to maintain the security of Canadian society; […]. **4** The Minister responsible for the administration of this Act is the member of the Queen's Privy Council designated as such by the Governor in Council.	**Emergencies Act,** R.S.C. 1985 (4th Supp.), c.22 (consolidated up to S.C. 2002, c. 8). **6(1)** When the Governor in Council believes, on reasonable grounds, that a public welfare emergency exists and necessitates the taking of special temporary measures for dealing with the emergency, the Governor in Council, after such consultation as is required by section 14, may, by proclamation, so declare. **6(2)** A declaration of a public welfare emergency shall specify (a) concisely the state of affairs constituting the emergency; (b) the special temporary measures that the Governor in Council anticipates may be necessary for dealing with the emergency; and (c) if the direct effects of the emergency do not extend to the whole of Canada, the area of Canada to which the direct effects of the emergency extend. **7(1)** A declaration of a public welfare emergency is effective on the day on which it is issued, but a motion for confirmation of the declaration shall be laid before each House of Parliament and be considered in accordance with section 58. **7(2)** A declaration of a public welfare emergency expires at the end of ninety days unless the declaration is previously revoked or continued in accordance with this Act. **8(1)** While a declaration of a public welfare emergency is in effect, the Governor in Council may make such orders or regulations with respect to the following matters as the Governor in Council believes, on reasonable grounds, are necessary for dealing with the emergency: (a) the regulation or prohibition of travel to, from or within any specified area, where necessary for the protection of the health or safety of individuals; (b) the evacuation of persons and the removal of personal property from any specified area and the making of arrangements for the adequate care and protection of the persons and property; (c) the requisition, use or disposition of property; (d) the authorization of or direction to any person, or any person of a class of persons, to render essential services of a type that that person, or a person of that class, is competent to provide and the provision of reasonable compensation in respect of services so rendered;

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
5(1) Except as otherwise provided, the Governor in Council may make any regulation that is referred to in this Act or that prescribes any matter whose prescription is referred to in this Act.	reasonable compensation in respect of services so rendered; (e) the regulation of the distribution and availability of essential goods, services and resources; (f) the authorization and making of emergency payments; (g) the establishment of emergency shelters and hospitals; (h) the assessment of damage to any works or undertakings and the repair, replacement or restoration thereof; (i) the assessment of damage to the environment and the elimination or alleviation of the damage; and (j) the imposition (i) on summary conviction, of a fine not exceeding five hundred dollars or imprisonment not exceeding six months or both that fine and imprisonment, or (ii) on indictment, of a fine not exceeding five thousand dollars or imprisonment not exceeding five years or both that fine and imprisonment, for contravention of any order or regulation made under this section. **8(2)** Where a declaration of a public welfare emergency specifies that the direct effects of the emergency extend only to a specified area of Canada, the power under subsection (1) to make orders and regulations, and any powers, duties or functions conferred or imposed by or pursuant to any such order or regulation, may be exercised or performed only with respect to that area. **8(3)** The power under subsection (1) to make orders and regulations, and any powers, duties or functions conferred or imposed by or pursuant to any such order or regulation, (a) shall be exercised or performed (i) in a manner that will not unduly impair the ability of any province to take measures, under an Act of the legislature of the province, for dealing with an emergency in the province, and (ii) with the view of achieving, to the extent possible, concerted action with each province with respect to which the power, duty or function is exercised or performed; and (b) shall not be exercised or performed for the purpose of terminating a strike or lock-out or imposing a settlement in a labour dispute. **Immigration and Refugee Protection Act,** S.C. 2001, c. 27 (consolidated up to S.C. 2003, c. 22). **55(1)** An officer may issue a warrant for the arrest and detention of a permanent resident or a foreign national who the officer has reasonable grounds to believe is inadmissible and is a danger to the public or is unlikely to appear for examination, an admissibility hearing or removal from Canada. **55(2)** An officer may, without a warrant, arrest and detain a foreign national, other than a protected

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
	person, (a) who the officer has reasonable grounds to believe is inadmissible and is a danger to the public or is unlikely to appear for examination, an admissibility hearing, removal from Canada, or at a proceeding that could lead to the making of a removal order by the Minister under subsection 44(2); or (b) if the officer is not satisfied of the identity of the foreign national in the course of any procedure under this Act. **55(3)** A permanent resident or a foreign national may, on entry into Canada, be detained if an officer (a) considers it necessary to do so in order for the examination to be completed; or (b) has reasonable grounds to suspect that the permanent resident or the foreign national is inadmissible on grounds of security or for violating human or international rights. **55(4)** If a permanent resident or a foreign national is taken into detention, an officer shall without delay give notice to the Immigration Division.

ALBERTA

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
Public Health Act, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003, c. 2). **14(1)** The Chief Medical Officer (a) shall, on behalf of the Minister, monitor the health of Albertans and make recommendations to the Minister and regional health authorities on measures to protect and promote the health of the public and to prevent disease and injury, (b) shall act as a liaison between the Government and regional health authorities, medical officers of health and executive officers in the administration of this Act, (c) shall monitor activities of regional health authorities, medical officers of health and executive officers in the administration of this Act, and (d) may give directions to regional health authorities, medical officers of health and executive officers in the exercise of their powers and the carrying out of their responsibilities under this Act. **15(1)** Where (a) a disease is not prescribed as a notifiable disease under the regulations, and (b) the Chief Medical Officer considers that it is advisable to keep the disease under surveillance in order to assess the impact of the disease and the need for further intervention under this Act, the Chief Medical Officer may by notice in writing require a medical officer of health, a physician or a director of a laboratory to provide to the Chief Medical Officer at the times and in the manner set out in the notice any information in respect of the disease that is set out in the notice. **15(2)** A person who receives a notice under subsection (1) shall comply with it. _____ **Communicable Diseases Regulation**, Alta. Reg. 238/1985 (made under the Public Health Act, consolidated up to Alta. Reg. 206/2001). **8(1)** A medical officer of health shall, in accordance with Schedule 4, investigate all occurrences of notifiable diseases to establish the cause, the mode of transmission and the probable source and to identify others who may be at risk.	**Public Health Act**, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003, c. 2). **19.1(1)** Where a medical officer of health (a)knows of or has reason to suspect the existence of, or the threat of the existence of, a public health emergency, and (b)has reason to believe that a person has information relevant to the public health emergency that will assist the medical officer of health in carrying out duties and exercising powers under section 29 in respect of the public health emergency, the medical officer of health or an executive officer or community health nurse designated for that purpose by the medical officer of health may, by notice in writing, require the person who has the information to provide the information that is specified in the notice to the medical officer of health, executive officer or community health nurse. **19.1(2)** A person who receives a notice referred to in subsection (1) shall comply with it. **29(2.1)** Where the investigation confirms the existence of a public health emergency, the medical officer of health (a)has all the same powers and duties in respect of the public health emergency as he or she has under subsection (2) in the case of a communicable disease, and (b)may take whatever other steps are, in the medical officer of health's opinion, necessary in order to lessen the impact of the public health emergency. **29(3)** A medical officer of health shall forthwith notify the Chief Medical Officer of any action taken under subsection (2)(b) or of the existence of a public health emergency. **29(3.1)** On being notified of the existence of a public health emergency under subsection (3) the Chief Medical Officer shall forthwith notify the Minister. **29(4)** The jurisdiction of a medical officer of health extends to any person who is known or suspected to be (a) infected with a communicable disease, illness or health condition,

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
Sch. **4** […] Epidemics and diseases in rare or unusual form (any communicable disease) **1(1)** A physician, health practitioner, teacher or person in charge of an institution who knows of or has reason to suspect the existence of a communicable disease in epidemic form shall immediately notify the medical officer of health of the local board by the fastest means possible. **1(2)** Individual occurrences of diseases in a rare or unusual form are reportable by all sources to the medical officer of health within 48 hours (see sections 33(1)(b) and 34(a)(ii) of the Act).	(b) a carrier, (c) a contact, or (d) susceptible to and at risk of contact with a communicable disease, illness or health condition, or (e)exposed to a chemical agent or radioactive material, whether or not that person resides within the boundaries of the health region. **37(1)** When a medical officer of health is of the opinion that (a)a communicable disease is in epidemic form, and (b) hospital facilities within the area are inadequate to provide the necessary isolation or quarantine facilities, the medical officer of health shall immediately inform the Minister. **37(2)** On the recommendation of the Minister, the Lieutenant Governor in Council (a) may order a board of an approved hospital as defined in the Hospitals Act to provide isolation or quarantine accommodation in the amount and manner prescribed in the order, and (b) may order the owner of a facility to provide isolation or quarantine accommodation in the amount and manner prescribed in the order. **37(3)** Where an order is made pursuant to subsection (2)(b), any reasonable expense incurred by the owner of a facility in compliance with the order is the responsibility of the Crown in right of Alberta. **38(1)** Where the Lieutenant Governor in Council is satisfied that a communicable disease referred to in section 20(1) has become or may become epidemic, the Lieutenant Governor in Council may do any or all of the following: (a) order the closure of any public place; (b) subject to the Legislative Assembly Act and the Senatorial Selection Act, order the postponement of any intended election for a period not exceeding 3 months; (c) in the case of a communicable disease, order the immunization or re-immunization of persons who are not then immunized against the disease or who do not have sufficient other evidence of immunity to the disease. **38(3)** Where a person refuses to be immunized pursuant to an order of the Lieutenant Governor in Council, the person shall be subject to this Part with respect to the disease concerned as if the person were proven to be infected with that disease. **52.1** Where, on the advice of the Chief Medical Officer, the Lieutenant Governor in Council is satisfied

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
	that (a)a public health emergency exists or may exist, and (b)prompt co-ordination of action or special regulation of persons or property is required in order to protect the public health, the Lieutenant Governor in Council may make an order declaring a state of public health emergency relating to all or any part of Alberta. **52.2(1)** Where, on the advice of the medical officer of health and in consultation with the Chief Medical Officer, a regional health authority is satisfied that (a)a public health emergency exists or may exist in the health region, and (b)prompt co-ordination of action or special regulation of persons or property is required in order to protect the public health, the regional health authority may make an order declaring a local state of public health emergency relating to all or part of the health region. **52.3** An order under section 52.1 or 52.2 must identify the nature of the public health emergency and the area to which it relates. **52.4** Immediately after the making of an order under section 52.1 or 52.2, the Minister or the regional health authority shall cause the details of the order to be published by any means of communication that the Minister or regional health authority considers will make the details of the order known to the majority of the population of the area to which the order relates. **52.5** A regional health authority shall, forthwith on making an order under section 52.2, provide a copy of the order to the Minister. **52.6(1)** On the making of an order under section 52.1 or 52.2 and during the state of public health emergency the Minister or the regional health authority may do any or all of the following for the purpose of preventing, combating or alleviating the effects of the public health emergency and protecting the public health: (a)acquire or use any real or personal property; (b)authorize or require any qualified person to render aid of a type the person is qualified to provide; (c)authorize the conscription of persons needed to meet an emergency; (d)authorize the entry into any building or on any land, without warrant, by any person; (e)provide for the distribution of essential health and medical supplies and provide, maintain and co-

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
	ordinate the delivery of health services. **52.6(2)** Nothing in this section limits or abrogates the operation of any other provision in this Act or the regulations that imposes a duty or confers a power on any person. **52.7(1)** Where the Minister or a regional health authority acquires or uses real or personal property under section 52.6 or where real or personal property is damaged or destroyed due to the exercise of any powers under that section, the Minister or regional health authority shall pay reasonable compensation in respect of the acquisition, use, damage or destruction. **52.7(2)** If any dispute arises concerning the amount of compensation payable under subsection (1) the matter is to be determined by arbitration, and the Arbitration Act applies in such a case. **52.8(1)** An order under section 52.1 lapses at the end of 30 days unless it is sooner terminated by the Lieutenant Governor in Council or is continued by a resolution of the Legislative Assembly. **52.8(2)** Where, on the advice of the Chief Medical Officer, the Lieutenant Governor in Council considers that a public health emergency no longer exists in an area in relation to which an order was made under section 52.1, the Lieutenant Governor in Council shall make an order terminating the declaration in respect of that area. **52.81(1)** The Minister may cancel an order made under section 52.2 at any time the Minister considers appropriate in the circumstances. **52.81(2)** An order under section 52.2 ceases to be of any force or effect on the making of an order under section 52.1 relating to the same area of the health region. **52.81(3)** An order under section 52.2 lapses at the end of 30 days unless (a)it is sooner cancelled by the Minister or terminated by the regional health authority, or (b)it is renewed for an additional period not exceeding 30 days. **52.81(4)** Sections 52.4 and 52.5 apply to the renewal of an order under section 52.2. **52.81(5)** Where, on the advice of the medical officer of health and in consultation with the Chief Medical Officer, a regional health authority considers that a public health emergency no longer exists in

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
	an area in relation to which an order under section 52.2 was made, the regional health authority shall make an order terminating the declaration in respect of that area. **52.82** Immediately after an order is made under section 52.8(2) or 52.81(5), the Minister or regional health authority shall cause the details of the order to be published by any means of communication that the Minister or regional health authority considers will make the details of the order known to the majority of the population of the area affected by the termination order. _____ **Communicable Diseases Regulation**, Alta. Reg. 238/1985 (made under the Public Health Act, consolidated up to Alta. Reg. 206/2001). **Sch**. **4** […] Epidemics and diseases in rare or unusual form (any communicable disease) **1(1)** A physician, health practitioner, teacher or person in charge of an institution who knows of or has reason to suspect the existence of a communicable disease in epidemic form shall immediately notify the medical officer of health of the local board by the fastest means possible. **1(2)** Individual occurrences of diseases in a rare or unusual form are reportable by all sources to the medical officer of health within 48 hours (see sections 33(1)(b) and 34(a)(ii) of the Act). **2** The medical officer of health shall investigate as is required under this Schedule for the specific disease and may carry out any further investigation he considers necessary in the circumstances. **3** The isolation procedures required under this Schedule for the specific disease apply except as modified by the medical officer of health in the circumstances, and where the specific disease is not listed in this Schedule, the medical officer of health may impose any isolation requirements that he considers to be necessary. **4** The quarantine procedures required under this Schedule for the specific disease apply except as modified by the medical officer of health in the circumstances, and where the specific disease is not listed in this Schedule, the medical officer of health may impose any quarantine requirements that he considers to be necessary. **5** The special measures required under this Schedule for the specific disease apply except as modified by the medical officer of health in the circumstances and, where the specific disease is not listed in this

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
	Schedule, the medical officer of health may impose any special measures that he considers to be necessary.

BRITISH COLUMBIA

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
Health Act, R.S.B.C. 1996, c. 179 (consolidated up to B.C. Reg. 317/2004). **7(1)** The minister must do the following: (a) take account of the interests of health and life among the people of British Columbia; (b) especially study the vital statistics of British Columbia; (c) endeavour to make an intelligent and profitable use of the collected records of death and of sickness among the people; (d) make sanitary investigations and inquiries about the cause of disease, and especially of an epidemic; (e) inquire into the causes of varying rates of mortality and the effect of locality, employment and other circumstances on health; (f) make suggestions as to the prevention and interception of contagious and infectious diseases the minister believes most effective and proper, and as will tend to prevent and limit as far as possible the rise and spread of disease; (g) inquire into the measures that are being taken by local boards for the limitation of any existing dangerous, contagious or infectious disease, through powers conferred on local boards by this or any other Act; (h) if the minister believes it is necessary, advise officers of the government and local boards about public health, and of the means to be adopted to secure it, and of the location, drainage, water supply, disposal of excreta, heating and ventilation of any public institution or building. **7(2)** If after an inquiry under subsection (1) (g), it appears that sufficient measures are not being taken, or that powers are not being properly enforced, it is competent for and the duty of the minister, in the interests of public health, to require local boards to exercise and enforce any of the powers that, in the opinion of the minister, the urgency of the case demands. **7(3**) In any case where the local board, after request by the minister neglects or refuses to properly exercise its powers, the minister may exercise and enforce at the expense of the municipality, in the case of municipalities, any of the powers the local boards that, under the circumstances, the minister may consider necessary. **15(1**) The Lieutenant Governor in Council may appoint the Provincial health officer, or any other	**Emergency Program Management Regulation**, B.C. Reg. 477/1994 (made under the Emergency Program Act, consolidated up to B.C. Reg. 200/1998). **4** Each government corporation referred to in Schedule 2 must develop emergency plans and procedures that set out the manner in which and the means by which the government corporation will perform the duties set out for it in Schedule 2. **6** A minister referred to in Schedule 1 is responsible for coordinating the government's response to the occurrence of any of the hazards for which the minister is designated as the key minister in that schedule. **8** In the event of an emergency or disaster, each government corporation referred to in Schedule 2 must implement its emergency plans and procedures to the extent required. **Sch. 1** [For Disease and Epidemics (Human Diseases) and Hazardous Materials (infectious Materials), the key Minister is the Minister of Health]. **Sch. 2** […] **MINISTER OF HEALTH** • provide public health measures including epidemic control and immunization programs; • provide and coordinate ambulance services and triage, treatment, transportation and care of casualties; • provide the continuity of care for persons evacuated from hospitals or other health institutions and for medically dependant persons from other care facilities; • provide standard medical units consisting of emergency hospitals, advanced treatment centres, casualty collection units and blood donor packs; • inspect and monitor potable water supplies; • inspect and regulate food quality with the assistance of the Minister of Agriculture, Fisheries and Food; • provide critical incident stress debriefing and counselling services; • provide support and supervision services for physically challenged or medically disabled persons

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
person, a commissioner to investigate the sanitary condition and surroundings of any city, district or place, or the cause and treatment of any contagious or other disease or mortality. **15(2)** At an investigation under subsection (1), evidence may be taken on oath or otherwise, as the commissioner believes expedient. **15(3)** The commissioner may, by warrant under his or her signature and seal, call on any person to give evidence regarding any matter in question in the investigation, and the commissioner has all the powers that may be conferred on a commissioner appointed under Part 2 of the *Inquiry Act*. --- **Sanitary Regulation**, B.C. Reg. 142/1959 (made under the Health Act, consolidated up to B.C. Reg. 266/1996). **5** Every local board of health shall […] (h) provide each medical practitioner practising within its district with blank forms, as recommended by the Provincial Board of Health, on which to report to the said local board or its medical officer any case of infectious, contagious or epidemic disease of a character dangerous to the public health, and also with blank forms on which to report death or recovery from any such disease, […]. **6** The following shall be the duties for the medical health officer in respect of the district for which he is appointed: (a) He shall inform himself, as far as practicable, respecting all influences affecting threatening to affect, injuriously, the public health within the district; […] (e) On receiving information of the outbreak of any contagious, infectious or epidemic disease of a dangerous character within the district, he shall visit without delay the spot where the outbreak has occurred and inquire into the causes and circumstances of such outbreak, and in case he is not satisfied that all due precautions are being taken, he shall advise the persons competent to act as to the measures which may appear to him to be requires to prevent the extension of the disease and so far as he may be able, assist in the execution of the same; […] (h) He shall keep a journal, in which he shall enter his visits, inspections and other proceedings, with notes of his observations and any instructions he may give. […] He shall also keep a record of all cases of infectious disease reported to him; […]. (j) He shall annually prepare a report, in duplicate, for presentation to the local board, for the year ending December 1, which report shall contain	affected by an emergency […]. --- **Compensation and Disaster Financial Assistance Regulation**, B.C. Reg. 124/1995 (made under the Emergency Program Act, consolidated up to B.C. Reg. 238/1995). **22(1)** Subject to sections 23 to 27 and subsection (2) of this section, a claim for eligible local government body expenses as that term is defined in Schedule 5 may be accepted from a local government body. **Sch. 5** **1** For the purposes of section 22 (1) **"eligible local government body expenses"** means eligible costs incurred or required for […] (d) emergency response measures including […] (vi) the provision of emergency medical care to casualties of the disaster or of a resulting epidemic including the transportation of casualties from an apprehended disaster area and their return following the disaster or the transportation of regular patients to make way for casualties and their return following the disaster, […]. --- **Health Act**, R.S.B.C. 1996, c. 179 (consolidated up to B.C. Reg. 317/2004). **4(1)** Despite other provisions of this Act or the regulations, if the Provincial Health Officer considers that the health of the public is or may be in danger, the Provincial health officer may order a medical health officer to take the action the Provincial Health Officer considers appropriate. **16(1)** If British Columbia, or any part of it or place in it, appears to be threatened with any formidable epidemic, endemic, infectious or contagious disease, the Lieutenant Governor in Council may make regulations the Lieutenant Governor in Council believes necessary for the prevention, treatment, mitigation and suppression of disease.

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
(i) a general account of the sanitary state of his district and the measures which, in his opinion, should be adopted for its improvement, (ii) a statement of his inquiries and proceedings, and the matters in regard to which he has given evidence or taken action during the year, (iii) A statement of the causes, origin and distribution of diseases in the district, and the extent to which the same have depended upon or been influenced by conditions capable of removal or mitigation, (iv) a summary of the actions taken to prevent the outbreak or spread of infectious disease, and an account of the hospitals or other means of isolation existing within the district, and (v) a tabular statement of the sickness and mortality within the district, provided that, if the medical health officer ceases to hold office before December 1, he shall make the like report for so much of the year as shall have expired when he ceases to hold office; […]. **8** The following are the duties of the public health inspector in respect to the district for which he is appointed: […] (g) He shall give immediate notice to the medical health officer of the occurrence within the district of any contagious, infectious or epidemic disease, and whenever it appears to him that the intervention of such officer is necessary, in consequence of the existence of any nuisance injurious to health, or any overcrowding in a house, he shall forthwith inform the medical health officer thereof; (h) He shall attend to the instructions of the medical health officer with respect to any measures, such as the quarantining or disinfecting of a house or any infected person or thing, or any other measures that may be lawfully taken by a public health officer or inspector for preventing the spread of any contagious, infectious or epidemic of a dangerous character; (i) He shall enter from day to day, in a book to be provided by the local board, particulars of his inspections and of the action taken by him in the execution of his duties. He shall also keep a book or books so arranged as to form, as far as possible, a continued record of the sanitary condition of each of the premises inspected, or in respect to which any action has been taken, and shall keep any other systematic records required. He shall produce any such book whenever requested by the local board or the medical officer, and give information that he may be able to furnish with respect to any matter […].	**16(2)** The Lieutenant Governor in Council may, by the regulations referred to in subsection (1), provide for the following: (a) the frequent and effectual cleansing of streets, yards and outhouses by the local health authorities, or by the owners or occupiers of houses and tenements adjoining streets, yards and outhouses; (b) the removal of nuisances or health hazards; (c) the cleansing, purifying, ventilating and disinfecting of houses, churches, buildings and places of assembly, railway stations, carriages and cars, as well as other public conveyances, by the owners and occupiers and persons having care and ordering of them; (d) regulating, so far as the Legislature has jurisdiction in this behalf, with a view to preventing the spread of contagious or infectious disease, the entry or departure of boats or vessels at the different ports or places in British Columbia, and the landing of passengers or cargo from the boats or vessels, or from railway carriages or cars, and the receiving of passengers or cargo on board of them; (e) the safe and speedy interment of the dead and the conduct of funerals, with a view to preventing the spread of contagious or infectious diseases; (f) the supplying of medical aid and accommodation and medicine and other articles considered necessary for mitigating epidemic, endemic, infectious or contagious disease; (g) house to house visitation; (h) the inspection of houses, schools, churches, railway stations and other buildings, steamboats, vessels, railway carriages and cars and public conveyances by the local board, or an officer, and the cleansing, purifying and disinfecting of them, and anything contained in them, when required by the local board or officer, at the expense of the owner, occupier or the person having the care and ordering of them, and for detaining for this purpose the steamboat, vessel, railway carriage and car or public conveyance and anything contained in them, as long as necessary, and any person travelling by them; (i) preventing the departure of persons from localities infected with epidemic, endemic, infectious or contagious disease, and for preventing persons or conveyances from passing from one locality to another, and for detaining persons or conveyances that have been exposed to infection, for inspection or disinfection, until the danger of infection is past; (j) requiring the appointment in municipalities of sanitary police, to be paid by the municipality in which they act, to assist and carry out the health regulations in force in the municipality, and for the appointment of sanitary police in any rural area; (k) the removal, under the direction of a medical practitioner, or keeping under surveillance of persons living in localities infected with epidemic, endemic, infectious or contagious disease; (l) preventing or mitigating epidemic, endemic, infectious or contagious disease in any other manner that the Lieutenant Governor in Council considers expedient. **16(3)** The Lieutenant Governor in Council may, by regulation, declare any of the regulations made under

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	subsection (1) or (2) to be in force in all or any part of the district of any local board, municipality or rural area, and, so far as the Legislature has jurisdiction, to apply to boats, vessels, railway carriages and cars or other conveyances in any portion of British Columbia. **16(4)** While regulations made under subsection (1) or (2) are in force in any municipality or health district, as provided by this section, all bylaws of the local board of the municipality or health district, and any bylaw or regulation of a municipality or its council, that in any manner conflict with the regulations are suspended. **18(1)** The Lieutenant Governor in Council may also make regulations for taking possession of any land or any building on it, by the authority of the minister, local board or health officers, for any of the purposes referred to in section 16 or 96. **18(2)** The regulations made under subsection (1) must not authorize the taking or obtaining for the hospital of a municipality any land or buildings within the limits of another municipality without the consent of the other municipality. **19** In case of actual or apprehended emergency, possession under section 18 may be taken without a prior agreement with the owner of the land or building and without the owner's consent, and may be retained for a period as may appear to the minister, or officers who took possession, to be necessary. **20(1**) If possession is taken without the consent of the owner, the minister or health officer by whom or under whose direction or authority possession is taken must within 5 days after taking possession give notice of it to the owner, the notice to be according to the form prescribed, or to the same effect. **20(2)** If an owner is not known, or is not resident in British Columbia or the owner's residence in British Columbia is unknown to the minister or health officer required to give the notice, the minister or health officer must (a) publish the notice for 2 insertions in a local newspaper, and (b) mail to the last known address, if any, of the owner a copy of the notice in a registered letter prepaid, and that publication is sufficient notice to the owner. **21** If any land or building is taken, used or occupied under section 18 or 19, compensation must be determined by the Expropriation Compensation Board established under the *Expropriation Act.* **23** A building to be used for any of the purposes referred to in sections 16 and 96 must not be nearer

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	than 137 m to an inhabited dwelling, except by special permission of the minister. **98(1)** If smallpox or any other infectious or contagious disease dangerous to public health breaks out in a municipality or rural area, the health officer or local board, if a hospital or hospital tent has not already been provided, must immediately provide a temporary hospital, hospital tent or other place of reception for the sick and infected as the officer or board judges best for their accommodation and the safety of the inhabitants, at the cost of the municipality, if in a municipality, or in a rural area at the cost of the proper authority. **98(2)** For the purposes of subsection (1), the health officer or local board may (a) erect a hospital tent, hospital or place of reception, (b) contract for the use of any such hospital or part of a hospital or place of reception, whether inside or outside the same jurisdiction, or (c) enter into an agreement with the person who has the management of any hospital, for the reception of the sick inhabitants of the district, on payment of the annual or other sum to be agreed on, or 2 or more local boards may combine in providing a common hospital. **99** The hospital or place of reception is subject to regulations made by the Lieutenant Governor in Council. **100** If a local board or a health officer is required or empowered under this Act, or any Act relating to public health, or under any regulations made under those Acts, to disinfect any person or thing or to isolate any person, the local board or health officer may use the force and employ the assistance necessary in order to accomplish what is required. **101** A local board, or any member of it, or any medical health officer or public health inspector may, when obstructed in the performance of his or her duty, call to his or her assistance any constable or other person he or she thinks fit, and every constable or person called on must render assistance. _____ **Health Act Communicable Disease Regulation**, B.C. Reg. 4/1983 (made under the Health Act, consolidated up to B.C. Reg. 281/2004). **18** A medical health officer may order a publicly or privately operated school, public swimming pool, bathing beach, theatre, recreation hall or any other public gathering place to be closed for the purpose of

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	controlling the spread of a communicable disease. **Sanitary Regulation**, B.C. Reg. 142/1959 (made under the Health Act, consolidated up to B.C. Reg. 266/1996). **5** Every local board of health shall […] (i) give notice within 24 hours, by telegraph or registered letter, to the Provincial Board of Health of the first case of such dangerous disease within its district; and shall further furnish, every 7 days, or oftener if the Provincial Board of Health so requires, a statement showing the number of new cases developed, the number of those who have died and the number who have recovered or are still sick, […]. **6** The following shall be the duties for the medical health officer in respect of the district for which he is appointed: (a) He shall inform himself, as far as practicable, respecting all influences affecting threatening to affect, injuriously, the public health within the district; […] (e) On receiving information of the outbreak of any contagious, infectious or epidemic disease of a dangerous character within the district, he shall visit without delay the spot where the outbreak has occurred and inquire into the causes and circumstances of such outbreak, and in case he is not satisfied that all due precautions are being taken, he shall advise the persons competent to act as to the measures which may appear to him to be requires to prevent the extension of the disease and so far as he may be able, assist in the execution of the same; (f) He shall direct or superintend the work of the public health inspector in the way and to the extent that he shall deem necessary, and on receiving information from the public health inspector that his intervention or aid is required in consequence of the existence of any nuisance injurious to health, or of any overcrowding in a house, or in connection with the inspection of food, drink or drugs, he shall as early as practicable, take such steps as he is authorized to take by any statute, bylaw or regulation, or by regulation of the local board as the circumstances of the case may justify or require; […]. **8** The following are the duties of the public health inspector in respect to the district for which he is appointed : […] (g) He shall give immediate notice to the medical health officer of the occurrence within the district of any contagious, infectious or epidemic disease, and whenever it appears to him that the intervention of such officer is necessary, in consequence of the existence of any nuisance injurious to health, or any overcrowding in a house, he shall forthwith inform the medical health officer thereof;

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	(h) He shall attend to the instructions of the medical health officer with respect to any measures, such as the quarantining or disinfecting of a house or any infected person or thing, or any other measures that may be lawfully taken by a public health officer or inspector for preventing the spread of any contagious, infectious or epidemic of a dangerous character; […].

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The Public Health Act, C.C.S.M. c. P210 (consolidated up to S.M. 2002, c. 26). **2(1)** The minister has the supervision of all matters relating to the preservation of life and the health of the people of the province, and of all matters relating to the prevention of injury to life and limb not specifically dealt with under some other Act of the Legislature; and, without limiting the generality of the foregoing, he shall (a) make or cause to be made investigations and inquiries respecting the causes of disease, ill health, and death, in the province, and the causes of injuries to life or limb the prevention of which is not specifically dealt with under some other Act of the Legislature, and the steps that may be taken to reduce the causes of disease, ill health, death, and such injuries; (b) advise the government and officers of the government on matters relating to public health and safety in matters not dealt with specifically under some other Act of the Legislature; (c) cause to be inspected all public or private institutions for the care or treatment, or both, of persons suffering from mental or physical disability or disease for the purpose of maintaining proper sanitary conditions therein and conformity with this Act and the regulations; and (d) for and on behalf of the government, enter into agreements with municipalities, municipal districts, local government districts, and school districts in unorganized territory, for the supply of medical or nursing services and inspection staff by the government. **11.1(1)** When reasonably required to administer or determine compliance with this Act, the regulations or a municipal by-law relating to health, a medical officer of health may enter and inspect any place or premises, other than a dwelling, at any reasonable time. **11.1(4)** On application by a medical officer of health, a justice may at any time issue a warrant authorizing the medical officer of health and any other person named in the warrant to enter and inspect a dwelling, if the justice is satisfied there are reasonable grounds to believe that (a) entry to the dwelling is necessary for the purpose of administering or determining compliance with this Act, the regulations or a municipal by-law relating to health; and (b) in respect of the dwelling, (i) entry has been refused or there are reasonable grounds to believe that entry will be refused, (ii) the occupant is temporarily absent, or	**The Emergency Measures Act**, C.C.S.M. c. E80 (consolidated up to S.M. 2002, c. 26). **12** Upon the declaration of, and during a state of emergency or a state of local emergency, the minister may, in respect of the province or any area thereof, or the local authority may, in respect of the municipality or an area thereof, issue an order to any party to do everything necessary to prevent or limit loss of life and damage to property or the environment, including any one or more of the following things: (a) cause emergency plans to be implemented; (b) utilize any real or personal property considered necessary to prevent, combat or alleviate the effects of any emergency or disaster; (c) authorize or require any qualified person to render aid of such type as that person may be qualified to provide; (d) control, permit or prohibit travel to or from any area or on any road, street or highway; (e) cause the evacuation of persons and the removal of livestock and personal property and make arrangements for the adequate care and protection thereof; (f) control or prevent the movement of people and the removal of livestock from any designated area that may have a contaminating disease; (g) authorize the entry into any building, or upon any land without warrant; (h) cause the demolition or removal of any trees, structure or crops in order to prevent, combat or alleviate the effects of an emergency or a disaster; (i) authorize the procurement and distribution of essential resources and the provision of essential services; (i.1) regulate the distribution and availability of essential goods, services and resources; (j) provide for the restoration of essential facilities, the distribution of essential supplies and the maintenance and co-ordination of emergency medical, social and other essential services; (k) expend such sums as are necessary to pay expenses caused by the emergency. **The Public Health Act**, C.C.S.M. c. P210 (consolidated up to S.M. 2002, c. 26). **11.1(6)** A medical officer of health may enter and inspect a dwelling without a warrant if the conditions

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(iii) the dwelling is unoccupied. **12.2(1)** For the purpose of preventing, controlling or dealing with a threat to public health, the minister, a person designated by the minister or the chief medical officer of health may provide information to and obtain information from any of the following: (a) a government department or government agency; (b) a municipality, local government district, school division or school district established under *The Public Schools Act*, regional health authority or other local authority established by or under an enactment; (c) a band as defined in the *Indian Act* (Canada); (d) a department or agency of the government of Canada or of another province or territory of Canada, or the government or agency of the government of a foreign country or of a state, province or territory of a foreign country. **12.2(2)** The information referred to in subsection (1) may include personal information, personal health information and proprietary or confidential business information. **14** For the purposes of enforcing this Act and the regulations, and any by-law of a municipality relating to health, the public health nurse may, upon presentation of a certificate or other means of identification as prescribed in the regulations, (a) at all reasonable times enter any school, hospital, or institution offering care or treatment, and inspect the same without the consent of the person in charge thereof, and, with the written authority of the medical officer of health, examine any pupil, patient, or inmate of any such school, hospital, or institution, without the consent of the person in charge thereof or the person being examined; **[**…**]** (c) with the written authority of the medical officer of health, examine any person suspected of having a communicable disease without his consent. **15** The minister may, in writing, direct a medical officer of health, a public health inspector, or a public health nurse, to investigate the cause of any communicable disease, or a death, or any accident or injury not specifically dealt with under another Act of the Legislature, in any part of the province; and for the purposes of the investigation the medical officer of health, public health inspector, or public health nurse, as the case may be, has all the powers of a commissioner appointed under Part V of *The Manitoba Evidence Act*.	for obtaining a warrant under subsection (4) exist but, because of exigent circumstances, it would not be practical to obtain a warrant. **11.1(7)** Where a medical officer of health reasonably believes there is an immediate threat to public health due to a serious health hazard or a dangerous disease, he or she may (a) enter and inspect any place or premises, including a dwelling, at any time and without a warrant; and (b) exercise any of his or her powers under this Act and the regulations, for the purpose of preventing, controlling or dealing with the threat. **12** For the purposes of enforcing this Act and the regulations and any by-law of the municipality relating to health, a medical officer of health may […] (d) subject to section 32, in the case of an epidemic or a threatened epidemic of a communicable disease, order any person whom he has reason to believe has or might contract or catch the communicable disease to (i) submit to a medical examination, (ii) submit to or obtain medical treatment, (iii) be vaccinated, inoculated or immunized, (iv) be isolated, quarantined or hospitalized, (v) conduct himself or herself in such a manner as to not expose another person to infection; […]. **22.1(1)** In addition to the powers under sections 11.1 and 12 and the regulations, when reasonably required to administer or determine compliance with this Act or the regulations in relation to a serious health hazard or a dangerous disease, a medical officer of health may (a) make any inspection, investigation, examination, test, analysis or inquiry that he or she considers necessary; (b) detain or cause to be detained any motor vehicle, trailer, train, railway car, aircraft, boat, ship or similar vessel; (c) require any substance, thing, solid, liquid, gas, plant, animal or other organism to be produced for inspection, examination, testing or analysis; (d) seize or take samples of any substance, thing, solid, liquid, gas, plant, animal or other organism; (e) require any person to (i) provide information, including personal information, personal health information or proprietary or confidential business information, and (ii) produce any document or record, including a document or record containing personal information, personal health information or proprietary or confidential business information, and the medical officer of

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	health may examine or copy it, or take it to copy or retain as evidence; (f) take photographs or videotapes of a place or premises, or any condition, process, substance, thing, solid, liquid, gas, plant, animal or other organism located at or in it; or (g) do any of the following: (i) bring any machinery, equipment or other thing into or onto a place or premises, (ii) use any machinery, equipment or other thing located at or in a place or premises, (iii) require that any machinery, equipment or other thing be operated, used or dismantled under specified conditions, (iv) make or cause an excavation to be carried out. _____ **Diseases and Dead Bodies Regulation**, Man. Reg. 338/88R (made under The Public Health Act, consolidated up to Man. Reg. 62/2001). **18(1)** In the event of an epidemic or a threatened epidemic, a medical officer of health may order any person, whether vaccinated, inoculated, or not, to be quarantined for a period of up to four weeks, and for a further period of up to four weeks if, in the opinion of the medical officer of health, the quarantine is required for the protection of the community. **18(2)** In the event of an epidemic or threatened epidemic, a medical officer of health, or the director, may, with the consent of the minister, order the closing or quarantining, or both, of any school, church, or any other place or any other premises in the municipality or other area over which the medical officer of health or director has jurisdiction, for such period of time as the medical officer of health or director may deem necessary for the prevention, treatment, mitigation, and suppression of disease. **18(3)** Where milk is suspected as the vehicle of the spread of a communicable disease, the medical officer of health may prohibit the sale or use of milk that has not been pasteurized or otherwise treated to his or her satisfaction. **18(4)** Where water is suspected as the source of a communicable disease the medical officer of health may order that the water supply be not used unless it is chlorinated, boiled, or otherwise treated to his or her satisfaction. **18(5)** Where food is suspected of being the cause of a communicable disease that food may be seized or

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	disposed of to the satisfaction of the medical officer of health.

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Public Health Act, S.N.B. 1998, c. P-22.4 (consolidated up to S.N.B. 2002, c. 23). **5** Where a medical officer of health or public health inspector has reasonable and probable grounds to believe that a health hazard may exist in or on any premises, the medical officer of health or public health inspector shall investigate or cause an investigation to be carried out to determine whether a health hazard exists. **43(1)** A medical officer of health or a public health inspector may, for the purpose of this Act, for the purpose of ensuring compliance with any provision of this Act or the regulations or for the purpose of exercising a power or carrying out of a duty under this Act or the regulations, do any of the following: (a)enter and have access to, through or over any premises; (b)make inspections, examinations, tests and inquiries; (c)make or require the making of copies or extracts of documents or records related to an examination, inspection, test or inquiry; (d)take or require the taking of samples related to an inspection, examination, test or inquiry; (e)require the production of any substance, thing, plant or animal other than man for the purpose of an inspection, examination, test or inquiry; (f) make or cause to be made any necessary excavations for the purposes of an inspection, examination, test or inquiry; (g)require that any thing be dismantled, operated, used or set in motion under specified conditions for the purposes of an inspection, examination, test or inquiry. **43(2)** The authority under subsection (1) shall be exercised only at reasonable times. **43(3)** A medical officer of health or a public health inspector shall not enter a private dwelling under subsection (1) unless the officer or inspector (a)has the consent of the occupier, (b)has obtained a warrant under the *Entry Warrants Act*, or (c)is acting in an emergency situation. **43(4)** Before or after attempting to enter or have access to, through or over any premises for a purpose	**Emergency Measures Act,** S.N.B. 1978, c. E-7.1 (consolidated up to S.N.B. 2000, c. 42). **11(1)** The Minister may at any time, when he is satisfied that an emergency exists or may exist, declare a state of emergency in respect to all or any area of the Province. **11(2)** A municipality may, when satisfied that an emergency exists or may exist in all or any area of that municipality, declare a state of local emergency in respect of that municipality or area thereof. **13** Upon a state of emergency being declared in respect to the Province or an area thereof, or upon a state of local emergency being declared in respect to a municipality or an area thereof, the Minister may, during the state of emergency, in respect of the Province or an area thereof, or the municipality may, during the state of local emergency, in respect of such municipality or an area thereof, as the case may be, do everything necessary for the protection of property, the environment and the health or safety of persons therein, including (a) to cause an emergency measures plan to be implemented; (b) to acquire or utilize or cause the acquisition or utilization of any personal property by confiscation or any means considered necessary; (c) to authorize or require any person to render such aid as that person is competent to provide; (d) to control or prohibit travel to or from any area or on any road, street or highway; (e) to provide for the maintenance and restoration of essential facilities, the distribution of essential supplies and the maintenance and co-ordination of emergency medical, social and other essential services; (f) to cause the evacuation of persons and the removal of livestock and personal property threatened by a disaster or emergency, and make arrangements for the adequate care and protection thereof; (g) to authorize any person properly identified as authorized by the Minister, by the Emergency Measures Organization or by the municipal emergency measures organization to enter into any building or upon any land without warrant; (h) to cause the demolition or removal of any building, structure, tree or crop where the demolition or removal is necessary or advisable for the purposes of reaching the scene of a disaster, of attempting to forestall its occurrence or of combatting its progress; (i) to procure or fix prices for food, clothing, fuel, equipment, medical or other essential supplies and the

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mentioned in subsection (1), a medical officer of health or public health inspector may apply to a judge for an entry warrant under the *Entry Warrants Act*. **43(5)** A medical officer of health or public health inspector may request the assistance of a peace officer for the purposes of subsection (1) and the peace officer shall assist the officer or inspector. **57** The Minister may protect the health and well-being of the people of New Brunswick by any means, including (a) establishing goals for the health of the population, (b) pursuing policies that promote and support the health of the population, (c) facilitating public awareness of health issues and changing health needs, and (d) monitoring and evaluating the efficiency of programs and services and their effectiveness in achieving goals established for the health of the population. **58(1)** The Minister may, subject to the approval of the Lieutenant-Governor in Council, enter into and amend an agreement with (a) the government of Canada or the government of a state of the United States of America or a department, agency or body under the jurisdiction of that government, (b) the government of a province or a territory or a department, agency or body under the jurisdiction of that province or territory, or (c) a band council as defined in the *Indian Act* (Canada) or a municipality, for the purpose of the organization and delivery of public health programs and services, the prevention of diseases and injuries and the promotion and protection of the health of the people of New Brunswick or any group of them. **58(2)** The Minister may enter into and amend an agreement with any person for the purpose of the organization and delivery of public health programs and services, the prevention of diseases and injuries and the promotion and protection of the health of the people of New Brunswick or any group of them. _____ **Emergency Measures Act**, S.N.B. 1978, c. E-7.1 (consolidated up to S.N.B. 2000, c. 42). **7** The Emergency Measures Organization may, subject to the approval of the Minister, (a) review and approve, or require modification to Provincial and municipal emergency measures plans; (b) make surveys and studies to identify and record actual and potential hazards which may cause an	use of property, services, resources or equipment; and (j) to order the assistance, with or without remuneration, of persons needed to carry out the provisions mentioned in this section; and in addition the Minister may authorize or require a municipality to cause an emergency measures plan for the municipality, or any part thereof, to be implemented. **Public Health Act,** S.B.N. 1998, c. P-22.4 (consolidated up to S.N.B. 2002, c. 23). **26(1)** Where the Minister is of the opinion that a public health emergency exists and any land or building is required for the purpose of responding to that emergency, the Minister may, subject to the approval of the Lieutenant-Governor in Council, take possession of the land or building without the consent of the owner or occupant and may retain possession for such period that the Minister considers necessary.

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emergency or disaster; (c) make surveys and studies of resources and facilities to provide information for the effective preparation of emergency measures plans; (d) conduct public information programs related to the prevention and mitigation of damage by disaster; (e) conduct training and training exercises for the effective implementation of emergency measures plans; (f) procure food, clothing, medicines, equipment and goods of any nature or kind for the purposes of emergencies and disasters; and (g) authorize or require the implementation of any emergency measures plan. _____ **Health Act**, **R.**S.N.B. 1973, c. H-2 (consolidated up to S.N.B. 2002, c. 23). **6(1)** Subject to section 35, the Minister may make such rules, orders and regulations, not inconsistent with this Act, as he may deem necessary for the prevention, treatment, mitigation and suppression of disease and the conservation of human health and life, and he may by such rules, orders and regulations, among other things, provide for and regulate […] (n) the prevention, control and reporting of communicable and other diseases; (o) the specifying of certain communicable diseases, and the requiring of medical practitioners attending a person suffering from one of those diseases to notify the district medical health officer for that district; (p) the immunization of all children in the Province to communicable diseases including vaccination, and the vaccination of persons entering or residing in the Province not already vaccinated or not sufficiently protected by previous vaccination; (q) the supply, quality, sale and use of vaccines, serums, drugs and biological preparations; […] (v) the prevention or restriction of the departure of persons from localities infected with epidemic, endemic, infectious or contagious diseases, or of persons or conveyances passing from one locality to another, and the detention of persons or conveyances who or which have been exposed to infection, for inspection or disinfection, until the danger of infection is past; (w) the prevention or mitigation of epidemic, endemic, infectious or contagious disease; […].	

NEWFOUNDLAND AND LABRADOR

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Communicable Diseases Act, R.S.N. 1990, c. C-26 (consolidated up to N.L.R. 44/03). **14(1)** The minister may in writing authorize and direct an appropriate and adequately qualified person to **investigate** the causes and circumstances of an outbreak of communicable disease or outbreak of unusual and unexplained mortality; and the person so authorized and directed shall, for the purposes of the investigation, have and exercise the powers ordinarily conferred upon a commissioner under the *Public Inquiries Act.* **14(2)** Where upon the investigation the minister is of opinion that a remediable insanitary condition exists, the minister may direct its immediate removal or abatement by the person responsible for it, and where the person neglects or refuses after 3 days' written notice to remove or abate the condition, may cause the removal or abatement to be made. **14(3)** A person who, after written notice fails to remove or put an end to the insanitary condition to the satisfaction of the minister within the time limited, is guilty of an offence and liable on summary conviction to a fine of not more than $100 a day for every day of default.	**Communicable Diseases Act**, R.S.N. 1990, c. C-26 (consolidated up to N.L.R. 44/03). **18** Where a part of the province becomes exposed to an epidemic communicable disease existing outside the province, the Lieutenant-Governor in Council may declare that the disease exists in those places outside the province and prescribe the precautions that are considered necessary to prevent the spread of the epidemic into this province from the place for a period to be named in the order. **31** Where the minister is of the opinion that a communicable disease is epidemic or threatens to become epidemic in a community, he or she shall have authority to issue an order, declaring the disease epidemic, and to order and enforce those measures in the way of quarantine, isolation of the sick, vaccination, disinfectant, closing of schools, public or private or prohibition of public gatherings that in his or her judgment may be necessary to stamp out the infection or contagion. **32** Where a communicable disease is unusually prevalent, or it is considered by the minister that in the absence of suitable preventive measures it may become epidemic, and a health officer considers it necessary to order the closing of 1 or more schools and to prohibit public gatherings for the purpose of preventing or checking the spread of a disease, the health officer shall have power to so order for the period that he or she may specify, and the persons in charge of the schools shall not receive or admit a pupil into those schools, nor shall public gatherings take place or be resumed, until permission for that purpose is granted by the health officer. --- **Emergency Measures Act**, R.S.N. 1990, c. E-8 (consolidated up to S.N.L. 2004, c. L-3.1). **6(4)** Where a disaster affecting a municipality occurs and a state of civil disaster has not been declared under section 7 the minister may, by order, authorize the council to put into operation the plan adopted by the council under subsection (1). **7** The Lieutenant-Governor in Council may, by proclamation, declare that a state of civil disaster or a state of war emergency exists or has, for the purpose of this Act, ended in the province or in a part of the province and the proclamation is proof that the state of civil disaster or war emergency exists, has

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
	existed or has ended from the date of the proclamation or from an earlier or later date that may be stated in the proclamation. **8(1)** On the proclamation of a state of civil disaster by the Lieutenant-Governor in Council, the Lieutenant-Governor in Council may do and authorize the doing of those acts and things and make those regulations that may be necessary to give effect to a civil disaster plan where the plan has been established or, where a plan has not been established, that may be necessary for the protection of persons and property from injury or loss arising from civil disaster or during a state of civil disaster and the powers of the Lieutenant-Governor in Council under this section extend within the province to (a) transportation by land, air or water, the control of highways and vehicles and the regulation of travel in, into or out of a part of the province which is or may be affected by the civil disaster; (b) the acquisition by purchase, lease or otherwise of goods, chattels or lands and the sale, lease, allocation or other disposition of those goods, chattels or lands; (c) the relief of suffering, the restoration and distribution of essential supplies and the provision, maintenance and co-ordination of medical, welfare and other essential services in the province; (d) the appointment of persons, boards or committees to perform those duties that may be specified by the Lieutenant-Governor in Council and fixing the remuneration of those persons or the members of those boards or committees; (e) the delegation to a person, board or committee appointed under paragraph (d) of a power vested by this subsection in the Lieutenant-Governor in Council; (f) the evacuation of persons and livestock and the removal of goods and chattels from an area in the province and arrangements for the adequate housing, feeding, care and protection of those persons and that livestock and for the care and protection of the goods and chattels; (g) entry into or upon a house, building or other private property for a purpose relating to a state of civil disaster or for the welfare or safety of the civil population or for the purpose of exercising a power given under this section and the delegation to a council of the powers referred to in this paragraph; (h) the demolition or removal of trees, buildings or other structures where the demolition or removal is necessary or desirable in order to reach the scene of a civil disaster or in an effort to combat or stay the progress of that disaster; (i) ascertaining the requirements of the people of the province or of a part of the province for, and the procurement, control and distribution of and fixing the maximum prices which may be charged for, food, clothing, fuel or other necessities of life and essential supplies, medicines and equipment and the use and employment from time to time of the property, services, resources, supplies and equipment within the province for the purpose of this Act; (j) the making of regulations that are considered necessary or advisable for the safety, health and welfare of the civil population; and

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	(k) authorizing the minister (i) to employ or conscript persons for the purpose of carrying out this Act or the regulations, and (ii) to conscript and to empower persons whose training and qualifications appear to the minister to be adequate to perform within the province medical, dental, nursing, pharmaceutical, optometrical, engineering or other professional services. **8(2)** Where a person, board or committee is appointed under paragraph (1)(e), (a) the Lieutenant-Governor in Council may, by order, authorize that person, board or committee to incur expenditures for the purpose of discharging his, her or its duties up to an amount which may be fixed by the order and subject to the prior approval of the Minister of Finance; (b) the person, board or committee may, subject to the approval of the Lieutenant-Governor in Council, appoint consultative committees consisting of those members of councils, municipal officials or other persons necessary for the purpose of effecting or facilitating adequate liaison with councils in the discharge of the duties of that person, board or committee; (c) the Lieutenant-Governor in Council may authorize the person, board or committee to give general directions to the Royal Newfoundland Constabulary, the Royal Canadian Mounted Police Force or other police force or police officer in the province respecting the duties to be performed by each of those forces or a police officer in connection with the carrying out of the provisions of this Act and may require each of those forces or a police officer to carry out, observe and perform the directions given; and (d) the Lieutenant-Governor in Council may require that person, board or committee to establish and keep books and observe accounting methods and procedure that may be directed by the Comptroller General of Finance acting in consultation with the auditor general.

NORTHWEST TERRITORIES & NUNAVUT

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
In the Northwest Territories : **Cities, Towns and Villages Act**, S.N.W.T. 2003, c. 22 (consolidated up to S.N.W.T. 2004, c. 11). **148(1)** If council, or an employee designated by council for this purpose, is of the opinion that there is an imminent and serious danger to public health or safety, the municipal corporation may take any action or measure necessary to eliminate the danger. **148(2)** This section applies whether or not the danger involves a contravention of a law. **148(3)** A person may be given a verbal or written order under this section to provide labour, services, equipment or materials, and on receipt the person shall comply with the order. **148(4)** A person who provides labour, services, equipment or materials under this section is entitled to reasonable compensation from the municipal corporation unless he or she caused the danger to arise. In the Nunavut : **Cities, Towns and Villages Act**, R.S.N.W.T. 1988, c. C-8 (consolidated up to S.Nu. 2003, c. 02). **102** A council may make by-laws respecting public health and the prevention of contagious diseases and may, by by-law, (a) compel the removal of any insanitary thing or thing dangerous to public health and safety from public or private property; (b) prohibit or regulate the construction and use of outdoor toilets, cesspools and septic tanks; (c) prohibit or regulate the construction and operation of slaughterhouses, gas works, tanneries and other trades or factories that may create a nuisance to the public; (d) prohibit or regulate the deposit of anything prejudicial to public health in any stream or body of water in or used by the municipality; and (e) prohibit or regulate smoking in public places.	**Public Health Act**, R.S.N.W.T. 1988, c. P-12 (Northwest Territories: consolidated up to S.N.W.T. 2004, c. 11; Nunavut: consolidated up to S.N.W.T. 1998, c. 5). **13(1)** The Minister[1] may by order declare any area or district in the Territories to be a quarantine district where the Minister[1] has reason to believe that an epidemic of communicable disease exists in the area or district. **13(2)** Where any area or district is declared to be a quarantine district, a Health Officer may (a) prevent the entry or departure of persons, vehicles, vessels or other conveyances, including aircraft, into or from the quarantine district; (b) detain for observation and surveillance persons who have been exposed to a communicable disease; and (c) order the cleansing, purifying, disinfection or disinfestation of persons who have been exposed to a communicable disease, or of articles or things used by persons suffering from a communicable disease at the expense of the owner, occupier, custodian or person in charge or possession of the article or thing. --- **Civil Emergency Measures Act**, R.S.N.W.T. 1988, c. C-9 (Northwest Territories: consolidated up to S.N.W.T. 1998, c. 21 ; Nunavut : consolidated up to S.N.W.T. 1998, c. 21). **12(1)** On making a declaration of a state of emergency, the Minister may, for the duration of the declaration, do all acts and take all necessary proceedings, including (a) causing an emergency plan or program to be put into effect; (b) authorizing or requiring a local authority to cause an emergency plan or program for the community to be put into effect; (c) acquiring or using real or personal property, whether private or public, considered necessary to prevent, combat or alleviate the effects of an emergency or disaster;

[1] Section 13 (1) : the Nunavut **Public Health Act** states “The Commissioner may by order declare […]where the Commissioner has reason […]”.

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	(d) authorizing or requiring a qualified person to render aid of the type that the person is qualified to provide; (e) controlling or prohibiting travel to or from any area within the Territories; (f)providing for the restoration of essential facilities and the distribution of essential supplies; (g) providing, maintaining and co-ordinating emergency medical, welfare and other essential services in any part of the Territories; (h) causing the evacuation of persons and removal of personal property from any area within the Territories that is or may be affected by a disaster; (i)arranging for the adequate care and protection of persons or property referred to in paragraph (h); (j)authorizing the entry into any building or onto any land, without warrant, by a person implementing an emergency plan or program; (k) causing the demolition or removal of vegetation, structures, equipment or vehicles, if it is necessary or appropriate to reach the scene of a disaster or to attempt to prevent or combat a disaster; (l)fixing prices for or procuring (i)food, clothing, fuel, equipment, medical supplies or other essential supplies, or (ii) the use of property, services, resources or equipment within the Territories; or (m) authorizing the conscription of persons needed to meet an emergency. **17(1)** On making a declaration of a state of local emergency the local authority may, for the duration of the order, do all acts and take all necessary proceedings, including (a) causing an emergency plan or program to be put into operation; (b) acquiring or using real or personal property, whether private or public considered necessary to prevent, combat or alleviate the effects of an emergency or disaster; (c) authorizing or requiring a qualified person to render aid of the type that the person is qualified to provide; or (d) causing the demolition or removal of vegetation, structures, equipment or vehicles, if this is necessary or appropriate to reach the scene of a disaster or to attempt to prevent or combat a disaster.

NOVA SCOTIA

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
Health Act, R.S.N.S. 1989, c. 195 (consolidated up to S.N.S. 2001, c. 5). **4** The Deputy Minister of Health, when he considers it necessary, may visit any part of the Province to investigate any matter that he considers relevant to the public health and at such investigation evidence may be taken on oath or otherwise as he considers expedient and, for the purposes of such an investigation, he shall have all the powers of a commissioner appointed under the *Public Inquiries Act*.	**Health Act,** R.S.N.S. 1989, c. 195 (consolidated up to S.N.S. 2001, c. 5). **63** On the outbreak or threatened outbreak of an epidemic the medical health officer may order in writing that any school or schools be closed and public gatherings prohibited for a period of not more than forty-eight hours and, with the approval of the board of health, may extend the period of closing or prohibition for a longer period than forty-eight hours. _____ **Emergency Measures Act**, S.N.S. 1990, c. 8. **14** Upon a state of emergency being declared in respect to the Province or an area thereof, or upon a state of local emergency being declared in respect to a municipality or an area thereof, the Minister may, during the state of emergency, in respect of the Province or an area thereof, or the mayor or warden, as the case may be, may, during the state of local emergency, in respect of such municipality or an area thereof, as the case may be, do everything necessary for the protection of property and the health or safety of persons therein and, without restricting the generality of the foregoing, may (a) cause an emergency measures plan or any part thereof to be implemented; (b) acquire or utilize or cause the acquisition or utilization of personal property by confiscation or any means considered necessary; (c) authorize or require a qualified person to render aid of such type as that person may be qualified to provide; (d) control or prohibit travel to or from an area or on a road, street or highway; (e) provide for the maintenance and restoration of essential facilities, the distribution of essential supplies and the maintenance and co-ordination of emergency medical, social and other essential services; (f) cause or order the evacuation of persons and the removal of livestock and personal property threatened by an emergency and make arrangements for the adequate care and protection thereof; (g) authorize the entry by a person into any building or upon land without warrant; (h) cause or order the demolition or removal of any thing where the demolition or removal is necessary or advisable for the purpose of reaching the scene of an emergency, of attempting to forestall its occurrence or of combating its progress;

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	(i) order the assistance of persons needed to carry out the provisions mentioned in this Section; (j) regulate the distribution and availability of essential goods, services and resources; (k) authorize and make emergency payments; (l) assess damage to any works, property or undertaking and the costs to repair, replace or restore the same; (m) assess damage to the environment and the costs and methods to eliminate or alleviate the damage.

ONTARIO

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
Health Protection and Promotion Act, R.S.O. 1990, c. H.7 (consolidated up to S.O. 2004, c. 30). **4** Every board of health, (a) shall superintend, provide or ensure the provision of the health programs and services required by this Act and the regulations to the persons who reside in the health unit served by the board; and (b) shall perform such other functions as are required by or under this or any other Act. **5** Every board of health shall superintend, provide or ensure the provision of health programs and services in the following areas: 1. Community sanitation, to ensure the maintenance of sanitary conditions and the prevention or elimination of health hazards. 2. Control of infectious diseases and reportable diseases, including provision of immunization services to children and adults. 3. Health promotion, health protection and disease and injury prevention, including the prevention and control of cardiovascular disease, cancer, AIDS and other diseases. 4. Family health, including, i. counselling services, ii. family planning services, iii. health services to infants, pregnant women in high risk health categories and the elderly, iv. preschool and school health services, including dental services, v. screening programs to reduce the morbidity and mortality of disease, vi. tobacco use prevention programs, and vii. nutrition services. 4.1 Collection and analysis of epidemiological data. 4.2 Such additional health programs and services as are prescribed by the regulations. 5. Home care services that are insured services under the Health Insurance Act , including services to the acutely ill and the chronically ill. Note: On a day to be named by proclamation of the Lieutenant Governor, paragraph 5 is repealed by the Statutes of Ontario, 1994, chapter 26, section 71. See: 1994, c. 26, ss. 71, 76. **6(1)** Every board of health shall provide such of the health programs and services as are prescribed by	**Health Protection and Promotion Act**, R.S.O. 1990, c. H.7 (consolidated up to S.O. 2004, c. 30). **86(1)** If the Chief Medical Officer of Health is of the opinion that a situation exists anywhere in Ontario that constitutes or may constitute a risk to the health of any persons, he or she may investigate the situation and take such action as he or she considers appropriate to prevent, eliminate or decrease the risk. **86(2**) For the purpose of subsection (1), the Chief Medical Officer of Health, (a) may exercise anywhere in Ontario any of the powers of a board of health and any of the powers of a medical officer of health; and (b) may direct a person whose services are engaged by a board of health to do, anywhere in Ontario (whether within or outside the health unit served by the board of health), any act, (i) that the person has power to do under this Act, or (ii) that the medical officer of health for the health unit served by the board of health has authority to direct the person to do within the health unit. **86(3)** If the Chief Medical Officer of Health gives a direction under subsection (2) to a person whose services are engaged by a board of health, (a) the person has authority to act, anywhere in Ontario (whether within or outside the health unit served by the board of health), to the same extent as if the direction had been given by the medical officer of health of the board of health and the act had been done in the health unit; and (b) the person shall carry out the direction as soon as practicable. **86(4)** For the purpose of the exercise by the Chief Medical Officer of Health under subsection (2) of the powers of a medical officer of health, a reference in section 22 to a communicable disease shall be

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the regulations for the purposes of this section to the pupils attending schools within the health unit served by the board of health. **6(2)** Subsection (1) does not apply in respect of pupils attending a school unless the person or organization that operates the school has agreed to the provision of the particular health program or service to the pupils attending the school. **6(3)** Subsection (1) applies only in respect of the classifications of pupils prescribed by the regulations in respect of a health program or service. **6(4)** Where a board of health is required by this Act or the regulations, on request of a person or organization that operates a school, to provide or ensure the provision of a health program or service, no person or organization that operates a school in the health unit served by the board of health shall provide or ensure the provision of the health program or service to a pupil in the school without the approval of the medical officer of health for the health unit. **6(5)** Subsections (1) to (4) shall not be construed to adversely affect any right or privilege respecting separate schools enjoyed by separate school boards or their supporters under the *Constitution Act, 1867* and the *Education Act* . **7(1)** The Minister may publish guidelines for the provision of mandatory health programs and services and every board of health shall comply with the published guidelines. **7(2)** Guidelines shall be transmitted to each board of health and shall be available for public inspection in the Ministry. **7(3)** A guideline is not a regulation within the meaning of the *Regulations Act* . **7(4)** In the event of conflict between a regulation and a guideline, the regulation prevails. **8** A board of health is not required by this Part to provide or ensure the provision of a mandatory health program or service referred to in this Part except to the extent and under the conditions prescribed by the regulations and the guidelines. **9** A board of health may provide any other health program or service in any area in the health unit served by the board of health if,	deemed to be a reference to an infectious disease. **86.1(1)** If the Chief Medical Officer of Health is of the opinion that a situation exists anywhere in Ontario that constitutes or may constitute a risk to the health of any persons, he or she may apply to a judge of the Superior Court of Justice for an order under subsection (2). **86.1(2)** If an application is made under subsection (1), the judge, (a) may order the board of health of a health unit in which the situation causing the risk exists to take such action as the judge considers appropriate to prevent, eliminate or decrease the risk caused by the situation; and (b) may order the board of health of a health unit in which the health of any persons is at risk as a result of a situation existing outside the health unit to take such action as the judge considers appropriate to prevent, eliminate or decrease the risk to the health of the persons in the health unit. **86.2(1)** The Chief Medical Officer of Health may request a board of health to provide such information in respect of the board of health and the health unit served by the board of health as the Chief Medical Officer of Health specifies. **86.2(2)** The Chief Medical Officer of Health may specify the time at which, and the form in which, the information must be provided. **86.2(3)** A board of health that receives a request for information under this section shall provide the information in accordance with the request. **86.3(1)** The Minister may authorize or direct the Chief Medical Officer of Health in writing to exercise any right or power or perform any duty that is granted to or vested in the Minister under section 82, 83, 84 or 85. **86.3(2)** An authorization or a direction under subsection (1) may contain such limitations, restrictions, conditions and requirements as the Minister considers appropriate. **87(1)** The Minister, in the circumstances mentioned in subsection (2), by order may require the occupier of any premises to deliver possession of all or any specified part of the premises to the Minister to be used as a temporary isolation facility or as part of a temporary isolation facility. **87(1.1)** An order under subsection (1) shall set out an expiry date for the order that is not more than 12

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(a) the board of health is of the opinion that the health program or service is necessary or desirable, having regard to the needs of persons in the area; and (b) the councils of the municipalities in the area approve of the provision of the health program or service. **78(1)** The Minister has power to make investigations respecting the causes of disease and mortality in any part of Ontario. **78(2**) The Minister may direct an officer of the Ministry or any other person to investigate the causes of any disease or mortality in any part of Ontario. **78(3)** For the purposes of the investigation, the person directed by the Minister has the powers of a commission under Part II of the *Public Inquiries Act,* which Part applies to the investigation as if it were an inquiry under that Act. **79(1)** The Minister may establish and maintain public health laboratory centres at such places and with such buildings, appliances and equipment as the Minister considers proper. **79(2)** The Minister may give direction from time to time to a public health laboratory centre as to its operation and the nature and extent of its work, and the public health laboratory centre shall comply with the direction. _____ **General**, R.R.O. 1990, Reg. 637 (made under the Homes for the Aged and Rest Homes Act, consolidated up to O. Reg. 413/04). **28.2** If the Ministry of Health gives the municipality, municipalities or board maintaining and operating a home a surveillance protocol for a particular communicable disease, the municipality, municipalities or board, as the case may be, shall implement the protocol. _____ **General**, R.R.O. 1990, Reg. 69 (made under the Charitable Institutions Act, consolidated up to O. Reg. 414/04). **18.2** If the Ministry of Health gives an approved corporation maintaining and operating an approved	months after the day of its making and the Minister may extend the order for a further period of not more than 12 months. **87(2)** The Minister may make an order in writing under subsection (1) where the Chief Medical Officer of Health certifies to the Minister that, (a) there exists or there is an immediate risk of an outbreak of a communicable disease anywhere in Ontario; and (b) the premises are needed for use as a temporary isolation facility or as part of a temporary isolation facility in respect of the communicable disease. **87(3)** An order under subsection (1) may require delivery of possession on the date specified in the order. **87(4)** The Minister need not hold or afford to any person an opportunity for a hearing or afford to any person an opportunity to make submissions before making an order under subsection (1). **87(5)** Where a judge of the Superior Court of Justice is satisfied on evidence upon oath, (a) that there has been or is an immediate risk of an outbreak of a communicable disease anywhere in Ontario; (b) that the premises are needed for use as a temporary isolation facility or as part of a temporary isolation facility in respect of the communicable disease; and (c) that the occupier of the premises, (i) has refused to deliver possession of the premises to the Minister in accordance with the Minister's order under subsection (1), (ii) is not likely to comply with the Minister's order under subsection (1), or (iii) cannot be readily identified or located and as a result the Minister's order under subsection (1) cannot be carried out promptly, the judge may issue an order directing the sheriff for the area in which the premises are located, or any other person whom the judge considers suitable, to put and maintain the Minister and any persons designated by the Minister in possession of the premises, by force if necessary. **87(6)** An order made under this section shall be executed at reasonable times as specified in the order. **87(7)** A judge may receive and consider an application for an order under this section without notice to and in the absence of the owner or the occupier of the premises.

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charitable home for the aged a surveillance protocol for a particular communicable disease, the approved corporation shall implement the protocol. _____ **Hospital Management**, R.R.O. 1990, Reg. 965 (made under the Public Hospitals Act, consolidated up to O. Reg. 332/04). **4(1)** Every board shall pass by-laws that, […]. (e) establish and provide for the operation of a health surveillance program including a communicable disease surveillance program in respect of all persons carrying on activities in the hospital**;** […]. **4(2)** The program referred to in clause (1) (e) shall, with respect to a particular communicable disease, include the tests and examinations set out in any applicable communicable disease surveillance protocol published jointly by the Ontario Hospital Association and the Ontario Medical Association for that disease and approved by the Minister. _____ **General**, R.R.O. 1990, Reg. 832 (made under the Nursing Homes Act., consolidated up to O. Reg. 412/04). **77.2** If the Ministry of Health gives the licensee of a nursing home a surveillance protocol for a particular communicable disease, the licensee shall implement the protocol.	**87(9)** The occupier of the premises is entitled to compensation from the Crown in right of Ontario for the use and occupation of the premises and in the absence of agreement as to the compensation the Ontario Municipal Board, upon application in accordance with the rules governing the practice and procedure of that board, shall determine the compensation in accordance with the *Expropriations Act.* **87(10)** Except in respect of proceedings before the Ontario Municipal Board in accordance with subsection (9), the *Expropriations Act* does not apply to proceedings under this section. _____ **Emergency Management Act**, R.S.O. 1990, c. E.9 (consolidated up to S.O. 2003, c. 1). **1** In this Act, […] "**emergency**" means a situation or an impending situation caused by the forces of nature, an accident, an intentional act or otherwise that constitutes a danger of major proportions to life or property; ("situation d'urgence") […]. **4(1)** The head of council of a municipality may declare that an emergency exists in the municipality or in any part thereof and may take such action and make such orders as he or she considers necessary and are not contrary to law to implement the emergency plan of the municipality and to protect property and the health, safety and welfare of the inhabitants of the emergency area. **4(2)** The head of council or the council of a municipality may at any time declare that an emergency has terminated. **4(3)** The head of council shall ensure that the Solicitor General is notified forthwith of a declaration made under subsection (1) or (2). **4(4)** The Premier of Ontario may at any time declare that an emergency has terminated. **6(1)** It is the responsibility of, (a) each minister of the Crown presiding over a ministry of the Government of Ontario; and (b) each agency, board, commission or other branch of government designated by the Lieutenant Governor in Council,

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	to formulate an emergency plan for the ministry or branch of government, as the case may be, in respect of the type of emergency assigned to it by the Lieutenant Governor in Council, governing the provision of necessary services during an emergency and the procedures under and the manner in which Crown employees and other persons will respond to the emergency. **6(2)** Every minister of the Crown described in clause (1) (a) and every agency, board, commission or other branch of government described in clause (1) (b) shall conduct training programs and exercises to ensure the readiness of Crown employees and other persons to act under their emergency plans. **6(3)** Every minister of the Crown described in clause (1) (a) and every agency, board, commission or other branch of government described in clause (1) (b) shall review and, if necessary, revise its emergency plan every year. **6.1** The Lieutenant Governor in Council shall appoint a Chief, Emergency Management Ontario who, under the direction of the Solicitor General, shall be responsible for monitoring, co-ordinating and assisting in the development and implementation of emergency management programs under sections 2.1 and 5.1 and for ensuring that those programs are co-ordinated in so far as possible with emergency management programs and emergency plans of the Government of Canada and its agencies. **6.2(1)** Every municipality, minister of the Crown and designated agency, board, commission and other branch of government shall submit a copy of their emergency plans and of any revisions to their emergency plans to the Chief, Emergency Management Ontario, and shall ensure that the Chief, Emergency Management Ontario has, at any time, the most current version of their emergency plans. **6.2(2)** The Chief, Emergency Management Ontario shall keep in a secure place the most current version of every emergency plan submitted to him or her. **7(1)** The Premier of Ontario may declare that an emergency exists throughout Ontario or in any part thereof and may take such action and make such orders as he or she considers necessary and are not contrary to law to implement the emergency plans formulated under section 6 or 8 and to protect property and the health, safety and welfare of the inhabitants of the emergency area.

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	7(2) For the purposes of subsection (1), the Premier of Ontario may exercise any power or perform any duty conferred upon a minister of the Crown or a Crown employee by or under an Act of the Legislature. **7(3)** Where a declaration is made under subsection (1) and the emergency area or any part thereof is within the jurisdiction of a municipality, the Premier of Ontario may, where he or she considers it necessary, direct and control the administration, facilities and equipment of the municipality to ensure the provision of necessary services in the emergency area, and, without restricting the generality of the foregoing, the exercise by the municipality of its powers and duties in the emergency area, whether under an emergency plan or otherwise, is subject to the direction and control of the Premier. **7(4)** The Premier of Ontario may require any municipality to provide such assistance as he or she considers necessary to an emergency area or any part thereof that is not within the jurisdiction of the municipality, and may direct and control the provision of such assistance, and the Lieutenant Governor in Council may authorize the payment of the cost thereof out of the Consolidated Revenue Fund. **7(5)** Where the Premier of Ontario makes a declaration under subsection (1), he or she may designate a minister of the Crown to exercise the powers conferred on the Premier by subsections (1), (2), (3) and (4). **7(6)** For the purposes of this section, "municipality" includes a local board of a municipality and a local services board.

PRINCE EDWARD ISLAND

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
Public Health Act, R.S.P.E.I. 1988, c. P-30 (consolidated up to S.P.E.I. 2003, c. 15). **13** The Chief Health Officer may, by means of an order under subsection 5(1), close any school, church or place used for public gathering or entertainment where he considers it necessary to prevent the occurrence or spread of communicable disease.	

QUÉBEC

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
Public Health Act, R.S.Q., c. S-2.2 (consolidated up to S.Q. 2002, c. 69). **11(1)** The regional boards must, in collaboration with, in particular the institutions that operate a local community service centre in their territory, develop, implement, evaluate and regularly update a regional public health action plan. **12** The regional action plan must include a plan providing for the mobilization of the resources of the health and social services institutions in the territory concerned whenever such resources are needed by the public health director to conduct an epidemiological investigation or to take the measures considered necessary to protect the health of the population if it is threatened. **34(1)** Ongoing surveillance of the health status of the population is a function conferred exclusively on the Minister and the public health directors. **34(2)** However, the Minister may confer on the Institut national de santé publique du Québec the mandate to exercise all or part of the Minister's surveillance function or certain surveillance activities, on the conditions and to the extent the Minister considers appropriate. The Minister may also confer such a mandate on a third person, but in such a case, the mandate must first be submitted to the Commission d'accès à l'information for an opinion. **35** The Minister and the public health directors, each for their own purpose, shall develop plans for the surveillance of the health status of the population which specify the purpose and objects of the surveillance, the personal or non-personal information it will be necessary to collect, the proposed sources of information, and the analytic study necessary to be able to exercise their surveillance function. Where the Minister confers certain surveillance activities or part of the Minister's surveillance function on a third person, the surveillance plan must so provide. **39** Periodic surveys on health and social issues shall be conducted to gather the recurrent information necessary for ongoing surveillance of the health status of the population. **53** The Minister, public health directors and institutions operating a local community service centre may,	**Public Health Act**, R.S.Q., c. S-2.2 (consolidated up to S.Q. 2002, c. 69). **118** The Government may declare a public health emergency […] where a serious threat to the health of the population, whether real or imminent, requires the immediate application of certain measures provided for in section 123 to protect the health of the population. **119(1)** A public health emergency declared by the Government is effective for a maximum period of 10 days at the expiry of which it may be renewed, as many times as necessary, for a maximum period of 10 days or, with the consent of the National Assembly, for a maximum period of 30 days. **119(2)** If the Government is unable to meet immediately, the Minister may declare a public health emergency for a maximum period of 48 hours. **120** Upon a declaration of a public health emergency, the nature of the threat, the area concerned and the effective period of the public health emergency must be specified. The Minister may be authorized to exercise one or more of the powers specified in section 123. **121** The public health emergency is effective as soon as it is declared or renewed. The text declaring or renewing the public health emergency shall be published in the *Gazette officielle du Québec* and the Minister must cause it to be published and disseminated by the most efficient means available to ensure that the populations concerned are rapidly informed. **122(1)** The National Assembly may […] vote to disallow the declaration of a public health emergency or any renewal thereof. **123(1)** Notwithstanding any provision to the contrary, while the public health emergency is in effect, the Government or the Minister, if he or she has been so empowered, may, without delay and without further formality, to protect the health of the population, 1) order compulsory vaccination of the entire population or any part of it against smallpox or any other contagious disease seriously threatening the health of the population and, if necessary, prepare a list of persons or groups who require priority vaccination;

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each at the appropriate level of intervention, for the purpose of preventing disease, trauma and social problems that have an impact on the health of the population and influencing population health determinants positively, […] 3) identify and assess situations involving health risks within the population; […]. **53** The Minister, public health directors and institutions operating a local community service centre may, each at the appropriate level of intervention, for the purpose of preventing disease, trauma and social problems that have an impact on the health of the population and influencing population health determinants positively, […] 4) establish mechanisms providing for concerted action between various resources able to act on situations that may cause problems of avoidable morbidity, disability and mortality; […]. **89(1)** The Minister may, for certain contagious diseases or infections medically recognized as capable of constituting a serious threat to the health of a population, make a regulation setting out prophylactic measures to be complied with by a person suffering of likely to be suffering from such a disease or infection, as well as by any person having been in contact with that person. **89(2)** Isolation, for a maximum period of 30 days, may form part of the prophylactic measures prescribed in the regulation of the Minister. **89(3)** The regulation shall prescribe the circumstances and conditions in which specific prophylactic measures are to be complied with to prevent contagion. It may also require certain health or social services institutions to admit as an emergency patient any person suffering or likely to be suffering from one of the contagious diseases or infections to which this section applies, as well as any person who has been in contact with that person. **92** Government departments and bodies and local municipalities must report to the appropriate public health director or to the national public health director any threats to the health of the population that come to their knowledge or any situations which cause them to believe on reasonable grounds that the health of the population is threatened. **93(1)** Any physician who suspects the presence of a threat to the health of the population must notify the appropriate public health director. **93(2)** Health and social services institutions must report to the appropriate public health director any situation where they believe on reasonable grounds that there exists a threat to the health of the persons	2) order the closing of educational institutions or of any other place of assembly; 3) order any person, government department or body to communicate or give to the Government or the Minister immediate access to any document or information held, even personal or confidential information or a confidential document; 4) prohibit entry into all or part of the area concerned or allow access to an area only to certain persons and subject to certain conditions, or order, for the time necessary where there is no other means of protection, the evacuation of persons from all or part of the area or their confinement and, if the persons affected have no other resources, provide for their lodging, feeding, clothing and security needs; 5) order the construction of any work, the installation of sanitary facilities or the provision of health and social services; 6) require the assistance of any government department or body capable of assisting the personnel deployed; 7) incur such expenses and enter into such contracts as are considered necessary; 8) order any other measure necessary to protect the health of the population. **124(2)** While a public health emergency is in effect, the Minister shall act with the assistance of the national public health director, and the orders and instructions given by the national public health director must be carried out in the same manner as those given by the Minister. **128(1)** The Government may terminate the public health emergency as soon as it considers that it is no longer necessary. **128(2)** A notice must be published and disseminated by the most efficient means available to ensure that the population concerned is rapidly informed. _____ **An Act respecting Institut national de santé publique du Québec**, R.S.Q., c. I-13.1.1 (consolidated up to S.Q. 2002, c. 42). **20(1)** Where public health is endangered by an event or a particular situation that creates an emergency, the Minister may order the institute to perform, as part of its mission, the tasks assigned by the Minister with priority over its other tasks. **20(2)** In such a case, all regional boards, the regional council and all institutions to which the legislation respecting health services and social services applies must, unless otherwise provided, furnish all the

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who are present in their facilities. **94** The directors of institutions or establishments constituting work environments or living environments, such as a business establishment, an educational institution, a childcare centre and other childcare facilities, a house of detention and transition housing may report to the appropriate public health director any situation which they have cause to believe constitutes a threat to the health of the persons who are present in those places. A health professional practising in such an institution or establishment may also report such a situation to the public health director. **95(1)** Reporting a situation under this chapter [reporting to public health authorities] does not authorize the person making the report to disclose personal or confidential information unless, after evaluating the situation, the public health authority concerned requires such information in the exercise of the powers provided for in chapter XI [Powers of public health authorities and the government in the event of a threat to the health of the population]. **95(2)** The provisions of this chapter shall not be construed as authorizing a government department, a body, a local municipality, a health and social services institution or establishment or a health professional to report a threat to the health of the population arising from a sexually transmitted biological agent. **96** A public health director may conduct an epidemiological investigation in any situation where the public health director believes on reasonable grounds that the health of the population is or could be threatened and, in particular, 1) where the director receives a report of an unusual clinical manifestation following a vaccination under section 69; 2) where the director receives a report of an intoxication, infection or disease to which Chapter VIII applies; 3) where the director receives a notice under Chapter IX to the effect that a person is refusing, omitting or neglecting to be examined or treated or to comply with compulsory prophylactic measures; 4) where the director receives a report under Chapter X. **97** Where during an epidemiological investigation, a public health director is of the opinion that he or she is unable to intervene effectively or within the time required to complete the investigation or to protect the health of the population, the director may implement the resource mobilization plan of the territory's health or social services institutions that was included in the regional public health action plan, and, in that case, the institutions are required to comply with the director's instructions.	information required by the institute. They must also, to the extent possible, provide the institute with all the assistance it needs to perform the tasks expressly assigned by the Minister. **34(1)** Sections 17 to 27 of the Act respecting health services and social services (chapter S-4.2), with the necessary modifications, apply to the records kept by the institute in relation to the tests, examinations and consultations provided by the laboratories and organizations referred to in section 4, to the extent that the records contain personal medical information. **34(2)** This section applies notwithstanding the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1). _____ **An Act Respecting Medical Laboratories, Organ, Tissue, Gamete and Embryo Conservation, Ambulance Services and the Disposal of Human Bodies**, R.S.Q., c. L-0.2 (consolidated up to S.Q. 2003, c. 19). **24.1(1)** The Government may, in the event that the health of the population is threatened by insects capable of transmitting the West Nile virus to the population, establish and implement a plan of action to control the insects on the joint proposal of the Minister of Health and Social Services, the Minister of Municipal Affairs, Sports and Recreation and the Minister of Agriculture, Fisheries and Food, after consultation with the Minister of the Environment. **24.1(2)** The plan of action may provide for the use of chemical pesticides only in the case where the other measures are considered to be insufficient. **24.2(1)** The measures provided for in the government plan of action that call for the use of pesticides are exempt from the application of any general or special legislative or regulatory provision, including any provision of a municipal by-law, that prevents or delays the implementation of the measures. **24.2(2)** The provisions of the Environment Quality Act (chapter Q-2) and the regulations thereunder nonetheless remain applicable to the measures, subject to the following: when the measures are submitted to the Minister of the Environment under section 22 of that Act, the Minister may authorize the measures even in the absence of a certificate from the clerk or secretary-treasurer of a municipality stating that their implementation does not contravene any municipal by-law. **24.3** The Minister of Health and Social Services shall, using any means considered to be the most

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98(1) A public health director who becomes aware during an epidemiological investigation that a government department, a local municipality or a body has, and may exercise, under another Act, a municipal by-law or an agreement, the inspection, inquiry or investigation powers necessary to ascertain the presence of a biological, chemical or physical agent that constitutes a threat to the health of the population must notify the government department, local municipality or body concerned of the situation and request it to proceed. **98(2)** In those circumstances, the public health director's epidemiological investigation shall be continued, but only the government department, local municipality or body concerned may exercise its inquiry, investigation or inspection powers, in particular, with respect to the premises, animals or substances in respect of which it has jurisdiction. The results obtained must be communicated as soon as possible to the public health director and the latter may require the immediate communication of any information necessary to enable the public health director's investigation to be continued. **98(3)** A public health director who becomes aware that a government department, a local municipality or a body refuses to exercise its own powers, or delays in doing so, must notify the national public health director. **99(1)** A public health director who becomes aware during an epidemiological investigation that a threat to the health of the population appears to have its origin in a facility maintained by a health or social services institution or in a deficient practice within such an institution must notify the director of professional services or, if there is no such director, the executive director. **99(2)** If there is a council of physicians, dentists and pharmacists or a council of nurses within the institution, the director of professional service or, if there is no such director, the executive director must immediately inform the councils of the situation reported by the public health director. **99(3)** The public health director must also inform the national public health director of the situation, and the Minister may, if the Minister considers it necessary, request the public health director to also continue the epidemiological investigation underway in the institution. **99(4)** The institution must as soon as possible take all measures required to inspect its facilities and review its practices and, if necessary, correct the situation. The measures taken must be communicated without delay to the public health director and to the Minister.	efficient, give the public in the territory concerned prior notification of the planned application of pesticides and inform the public of the most efficient measures persons may take to protect themselves against the harmful effects of insecticide exposure. **24.4** No person may hinder the implementation of the measures provided for in the government plan of action. Every owner, lessee or occupant of a parcel of land is required to give free access to the land at all times so that the measures, in particular the use of pesticides, may be implemented. **24.5(1)** The plan of action must be revised annually and made public. **24.5(2)** As soon as the plan of action is made public, the competent committee of the National Assembly shall allow any interested person, group or organization to make observations in writing or make submissions concerning the plan, and may hold hearings. **24.6** The Minister of Health and Social Services shall table in the National Assembly, within three months of the end of the implementation of the plan of action or, if the Assembly is not in session, within 15 days of resumption, a report on the measures implemented to protect public health from the threat posed by the insects.

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100 Subject to section 98, a public health director may, where required within the scope of an epidemiological investigation, 1) require that every substance, plant, animal or other thing in a person's possession be presented for examination; 2) require that a thing in a person's possession be dismantled or that any container under lock and key be opened; 3) carry out or cause to be carried out any excavation necessary in any premises; 4) have access to any premises and inspect them at any reasonable time; 5) take or require a person to take samples of air or of any substance, plant, anima or other thing; 6) require that samples in a person's possession be transmitted for analysis to the Institut national de santé publique du Québec or to another laboratory; 7) require any director of a laboratory or of a private or public medical biology department to transmit any sample or culture the public health director considers necessary for the purposes of an investigation to the Institut national de santé publique du Québec or to another laboratory; 8) order any person, any government department or any body to immediately communicate to the public health director or give the public health director immediate access to any document or any information in their possession, even if the information is personal information or the document or information is confidential; 9) require a person to submit to a medical examination or to furnish a blood sample or a sample of any other bodily substance, if the public health director believes on reasonable grounds that the person is infected with a communicable biological agent. **101(1)** The powers granted to a public health director by paragraph 4 of section 100 may not be exercised to enter a private residence without the consent of the occupant, unless the director has obtained a court order authorizing such entry. **101(2)** A judge of the Court of Québec or of the municipal courts of the cities of Montréal, Laval or Québec having jurisdiction in the locality in which the residence is situated may grant the order if the judge is of the opinion that the protection of the health of the population warrants it. **102(1)** Except if the person concerned gives consent, the powers provided for in paragraph 9 of section 100 shall not be exercised by a public health director unless he or she has obtained a court order to that effect. **102(2)** The provisions of section 88 apply to such a situation, with the necessary modifications.	

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103(1) A public health director may, at any time during an epidemiological investigation, as a precautionary measure, order a person to remain in isolation for a maximum period of 72 hours or to comply with certain specific directives so as to prevent contagion or contamination. **103(2)** An isolation order may be issued, however, by the public health director only if the director believes on reasonable grounds that the person has been in contact with a communicable biological agent that is medically recognized as capable of seriously endangering the health of the population. The provisions of sections 108 and 109 apply to an isolation order issued under this section. **104** Every owner or possessor of a thing or occupant of premises must, at the request of a public health director, provide all reasonable assistance and furnish all information necessary to enable the director to conduct an epidemiological investigation. **105(1)** Subject to the provisions of section 135, any public health director who becomes aware that a person is neglecting or refusing to cooperate in the investigation, objects to the director exercising a power granted to the director by section 100 or refuses to comply with directives given under section 103 may apply to a judge of the Court of Québec or of the municipal courts of the cities of Montréal, Laval or Québec having jurisdiction in the locality where the person is to be found, for the issuing of an order. **105(2)** The judge shall issue any order considered appropriate in the circumstances. **106(1)** Where, during an investigation, a public health director is of the opinion that there exists a real threat to the health of the population, the director may 1) order the closing of premises or give access thereto only to certain persons or subjects to certain conditions, and cause a notice to be posted to that effect; 2) order the evacuation of a building; 3) order the disinfection, decontamination or cleaning of premises or of certain things and give clear instructions to that effect; 4) order the destruction of an animal, plant or other thing int the manner the director indicates; or order that certain animals or plants be treated; 5) order the cessation of an activity or the taking of special security measures if the activity presents a threat for the health of the population; 6) order a person to refrain from being present for the time indicated by the public health director in an educational institution, work environment or other place of assembly if the person has not been immunized against a contagious disease an outbreak of which has been detected in that place;	

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7) order the isolation of a person, for a period non exceeding 72 hours indicated by the public health director, if the person refuses to receive the treatment necessary to prevent contagion or if isolation is the only means to prevent the communication of a biological agent medically recognized as capable of seriously endangering the health of the population; 8) order a person to comply with specific directives to prevent contagion or contamination; 9) order any other measure the public health director considers necessary to prevent a threat to the health of the population from worsening or to decrease the effects of or eliminate such a threat. **106(2)** Notwithstanding the provisions of the first paragraph, the public health director may also use the powers conferred by subparagraphs 1 and 2 of that paragraph as a precautionary measure, if the public health director believes on reasonable grounds that there exists a threat of the persons present in those premises or that building. **107(1)** Notwithstanding the provisions of the first paragraph, the public health director may not use a power provided for in that section to prevent a threat to the health of the population from worsening or to decrease the effects of or eliminate such a threat if a government department, a local municipality or a body has the same power and is able to exercise it. **107(2)** The provisions of section 98 apply in those circumstances, with the necessary modifications. **108(1)** An order issued by the public health director under subparagraph 7 of the first paragraph of section 106 is sufficient to require any person, including a peace officer, to do everything reasonably possible to locate and apprehend the person whose name appears in the order and take him or her to the place indicated therein or to a health or social services institution chosen by the public health director. **108(2)** A person or peace officer acting under this section may not, however, enter a private residence without the consent of the occupant or without obtaining a court order authorizing such entry. **108(3)** Any person who is apprehended must be informed immediately of the reasons for the isolation order, the place where he or she is being taken and of his or her right to communicate with an advocate. **108(4)** The health or social services institution that receives the person pursuant to an order or the public health director or the court must admit the person as an emergency patient. **109(1)** A person may not be maintained in isolation pursuant to an order of the public health director for more than 72 hours without the person's consent or without a court order.	

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109(2) A public health director may apply to a judge of the Court of Québec or of the municipal courts of the cities of Montréal, Laval or Québec having jurisdiction in the locality where the person in respect of whom the isolation order has been made is to be found, for an order enjoining that person to comply with the public health director's order to remain in isolation for a maximum period of 30 days. **109(3)** The judge may grant the order if, in the judge's opinion, terminating the isolation would create a serious threat to the health of the population and, in the circumstances, isolation is the only effective means to protect the health of the population. The judge may also grant an order requiring the person to receive the treatment capable of eliminating any risk of contagion where such treatment is available, or make any order considered appropriate. **109(4)** Notwithstanding a court order, a person's isolation must cease as soon as the attending physician, after consulting the appropriate public health director, issues a certificate to the effect that the risk of contagion no longer exist. **110(1)** Except as regards the provisions of subparagraph 7 of the first paragraph of section 106, where a person refuses to comply with an order of the public health director issued under section 106, the public health director may apply to a judge of the Court of Québec or of the municipal courts of the cities of Montréal, Laval or Québec having jurisdiction in the locality where the person is to be found, for an order enjoining the person to comply with the public health director's order. **110(2)** The judge may grant the order if, in the judge's opinion, there exists a threat to the health of the population and the order of the public health director is appropriate. The judge may also make any amendment to the order that appears reasonable in the circumstances. **111(4)** Every order issued shall be served personally on the person concerned and may be enforced by a peace officer. **116(1)** The Minister may choose to coordinate the actions of several public health directors or to exercise, with the necessary modifications, certain or all of the powers granted to the public health director by Chapter IX or Division I of this chapter 1) where the national public health director informs the Minister that he or she has received a report concerning an intoxication, infection or disease to which Chapter VIII applies; 2) where the Minister is informed of a situation that is likely to constitute a real or apprehended threat for the population of two or more regions;	

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3) where the Minister is informed of a situation that is likely to constitute a real or apprehended threat for the population and it is necessary to inform health authorities outside Québec. **116(2)** In those circumstances, the Minister shall act with the assistance of the national public health director, and the orders and instructions given by the national public health director must be carried out in the same manner as those given by the Minister. **133(1)** Notwithstanding section 132, the national public health director may authorize the communication or disclosure, subject to the conditions specified by the national public health director, of personal or confidential information received by the national public health director from a public health director if the national public health director believes on reasonable grounds that the health of the population is threatened and that the circumstances require such communication or disclosure to protect the health of the population.	

SASKATCHEWAN

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The Public Health Act, 1994, S.S. 1994, c. P-37.1 (consolidated up to S.S. 2004, c. 51). **3** The minister may protect the health and well-being of the people of Saskatchewan by any means, including: (a) establishing goals for the health of the population; (b) pursuing policies that support the health of the population; (c) facilitating public awareness of health issues and changing health needs; (d) establishing standards for: (i) public health programs and services; (ii) public health personnel; and (iii) public health reporting systems; (e) monitoring and evaluating the efficiency of programs and services and their effectiveness in achieving goals established for the health of the population; (f) ensuring accessibility to public health services. **4** For the purpose of carrying out this Act according to its intent, the minister may enter into agreements with a local authority, the Government of Canada or its agencies, the government of another province or territory of Canada or its agencies, an Indian band or any other person. **31(1)** In accordance with subsection (2), the minister may require physicians to report to a medical health officer the occurrence of deaths, injuries, symptoms, syndromes or diseases for the purpose of assessing their causes or their impact on public health. **31(2)** For the purposes of subsection (1), the minister may: (a) specify the nature or category of deaths, injuries, symptoms, syndromes or diseases to be reported; (b) require reporting throughout Saskatchewan or in any area or areas specified by the minister; (c) require reporting on an ongoing basis or for a limited time. **The Disease Control Regulations**, R.R.S., c. P-37.1, Reg. 11 (made under The Public Health Act, 1994, consolidated up to S. Reg. 88/2003).	**The Public Health Act, 1994**, S.S. 1994, c. P-37.1 (consolidated up to S.S. 2004, c. 51). **45(1)** The minister may make an order described in subsection (2) if the minister believes, on reasonable grounds, that: (a) a serious public health threat exists in Saskatchewan; and (b) the requirements set out in the order are necessary to decrease or eliminate the serious public health threat. **45(2)** An order pursuant to this section may: (a) direct the closing of a public place; (b) restrict travel to or from a specified area of Saskatchewan; (c) prohibit public gatherings in a specified area of Saskatchewan; (d) in the case of a serious public health threat that is a communicable disease, require any person who is not known to be protected against the communicable disease: (i) to be immunized or given prophylaxis where the disease is one for which immunization or prophylaxis is available; or (ii) to be excluded from school until the danger of infection is past where the person is a pupil; (e) establish temporary hospitals; (f) require a local authority, a medical health officer or a public health officer to investigate matters relating to the serious public health threat and report to the minister the results of the investigation; (g) require any person who, in the opinion of the minister or medical health officer, is likely to have information that is necessary to decrease or eliminate the serious public health threat to disclose that information to the minister or a medical health officer; (h) authorize public health officers, peace officers or prescribed persons to confiscate substances or other materials found in any place, premises or vehicle, if those substances or materials are suspected by the public health officer, peace officer or prescribed person of causing or contributing to a

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20(1) If a designated public health officer has reason to believe that there is an outbreak or an immediate threat of an outbreak of a category I communicable disease, a category II communicable disease or a communicable disease designated by the minister, the designated public health officer shall investigate the outbreak or the circumstances that give rise to an immediate threat of an outbreak. **20(2)** A designated public health officer shall: (a) immediately notify the co-ordinator of any suspected or confirmed outbreak of a communicable disease; and (b) provide the co-ordinator with a written report of each investigation carried out pursuant to this section within 30 days after completion of the investigation. **21(1)** If, in the opinion of the co-ordinator or a designated public health officer, further testing of specimens, or isolates from specimens, taken from a person infected or suspected of being infected with a communicable disease is necessary to assist in determining whether an outbreak of the communicable disease has occurred, the co-ordinator or the designated public health officer may request the manager of the medical laboratory that has possession of the specimens or isolates to submit those specimens or isolates for further testing to a laboratory approved by the minister. **21(2)** The manager of a laboratory to which specimens or isolates are sent for further testing pursuant to subsection (1) shall: (a) on receiving the specimens or isolates, ensure that the tests required by the co-ordinator or the designated public health officer are carried out; and (b) provide a written report of the test results to the co-ordinator or the designated public health officer within 48 hours after completion of the tests. _____ **The Department of Health Act**, R.S.S. 1978, c. D-17 (consolidated up to S.S. 2003, c. 29). **6** Unless specifically dealt with under some other Act of the Legislature, the minister with the assistance of the department may, pursuant to this Act or an Act for which the minister is responsible, do such things as he considers advisable for promoting the health of the people of the province and for preventing injuries to the people of the province and without limiting the generality of the foregoing, the minister may: (a) make or cause to be made investigations and inquiries respecting the causes of disease, ill health and	serious public health threat or packages, containers or devices containing or suspected of containing any of those substances or materials; (i) in the case of a serious public health threat that is a communicable disease, require any person to be isolated from other persons until a medical health officer is satisfied that isolation is no longer necessary to decrease or eliminate the transmission of a communicable disease. **45(2.1)** An order made pursuant to clause (2)(g) applies notwithstanding any other Act or regulation. **45(2.2)** Subject to subsection (2.3), with the approval of the chief medical health officer, a medical health officer may make any order described in subsection (2) if: (a) the medical health officer believes, on reasonable grounds, that: (i) a serious public health threat exists in Saskatchewan; and (ii) the requirements set out in the order are necessary to decrease or eliminate the serious public health threat; and (b) in the opinion of the medical health officer, there will be insufficient time for the minister to make an order pursuant to this section because of the nature of the serious public health threat. **45(2.3)** An order made by a medical health officer pursuant to subsection (2.2): (a) must specify the time at which it is made; and (b) terminates 48 hours after it is made unless the minister makes an order extending its effect. **45(3)** In an order pursuant to this section, the minister or the medical health officer : (a) shall set out the reasons for the order; (b) may specify the area within which the order applies; (c) may specify when the persons to whom the order is directed must comply with the order. **45(4)** Where the minister considers it appropriate to do so, the minister may provide a grant to any person to whom an order pursuant to this section is directed for the purpose of: (a) assisting that person to comply with the order; or (b) reimbursing the person for costs incurred in complying with the order. **45(5)** Where an order made pursuant to this section is directed to the public at large or to a number of persons that, in the opinion of the minister or the medical health officer, is so large that it would be impractical to effect service in the manner

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death of the people in the province, and the causes of injuries to such people and the steps that may be taken to reduce the causes of disease, ill health, death and such injuries; […] (i) initiate, promote, conduct and maintain surveys, scientific and administrative research programs and planning studies into any matters relating to the health needs in the province and obtain statistics for purposes of the department; (j) collect such information and statistics respecting the state of health of members of the public, health resources, facilities and services and any other matters relating to the health needs or conditions affecting the public as are considered necessary or advisable, and publish any information so collected; […] (l) disseminate information in any manner and form considered advisable for promoting the health and well-being of the people of the province, for suppressing disease and for informing the public with respect to the state of health facilities, services and personnel in the province and concerning any other matter relating to health; […].	required by section 58, the minister or the medical health officer may effect service of the order by: (a) publishing the order in a newspaper having general circulation in Saskatchewan or in any area of Saskatchewan that is directly affected by the order; (b) broadcasting the order on a television station or radio station the signal of which is received in Saskatchewan or in any area of Saskatchewan that is directly affected by the order; (c) posting copies of the order in public places in the manner and to the extent considered necessary by the minister or the medical health officer; or (d) in the case of an order directed to a large number of persons in a particular place, premises or vehicle, by making a public announcement in the place, premises or vehicle. **45.1(1)** If a person fails to comply with an order pursuant to clause 45(2)(i) and a medical health officer believes on reasonable grounds that the person is endangering the lives, safety or health of the public because the person is or probably is infected with, or has been or might have been exposed to, a communicable disease, the medical health officer may detain the person for a period not exceeding the prescribed period of transmissibility of the disease. **45.1(2)** A person detained by a medical health officer pursuant to subsection (1) may request a review of his or her detention by application to the Court of Queen's Bench served on the minister, and the court may make any order with respect to the detention or the release of the person that the court considers appropriate, having regard to the danger to the lives, safety or health of the public. **66(1)** Where, in the opinion of the minister, a public health emergency exists and any land or building is required for the purpose of responding to that emergency, the minister may: (a) take possession of the land or building without the consent of the owner or occupant; and (b) retain possession of the land or building for any period that the minister considers necessary. **66(2)** Promptly after taking possession of land or buildings pursuant to subsection (1), the minister shall give a written notice to the owner stating that possession of the land or buildings has been taken and setting out the reasons for doing so. **66(3)** Before restoring land or a building to the possession of the owner, the minister shall: (a) put the land or building in the same state of repair that it was in when possession was taken; and

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	(b) give notice in writing to the owner that the actions described in clause (a) have been carried out. **66(4)** The minister shall pay to the owner a reasonable sum for the use of lands or buildings taken pursuant to subsection (1). **66(5)** *The Arbitration Act, 1992* applies to disagreements about the sum to be paid pursuant to subsection (4).

YUKON

Prevention or Investigation of Infectious Disease by the Government	Special Powers, Crisis Management by the Government
Public Health and Safety Act, R.S.Y. 2002, c. 176 (consolidated up to S.Y. 1999, c. 20). **11(1)** For the enforcement of this Act and the regulations made under it, a health officer may enter and inspect (a) any premises that are opened to the public or to customers or clients of an occupant of the premises, and (b) any part of premises that are used to prepare, or are used in connection with the business of preparing, food, goods or services to be sold or otherwise supplied to the public or the customers or clients of an occupant of the premises. **11(2)** The right of entry conferred by subsection (1) may be exercised (a) at any time that the premises are open to the public or the customers or clients of an occupant of the premises, (b) at any time if the health officer has reasonable grounds to believe and does believe that a violation of this Act or of the regulations made under it has been committed or is about to be committed and the violation is likely to cause an immediate threat to public health or safety, or (c) at any time with the consent of the occupant of the premises. **16** If a medical health officer suspects on reasonable grounds that there exists a hazard to public health or safety, the medical health officer shall notify the prescribed officer of the Department of Health and Social Services, and the mayor or chief administrative officer of the affected municipality. The prescribed officer may, in consultation with representatives of the municipality, direct the investigation to determine whether the hazard exists and what to do about it.	**Public Health and Safety Act**, R.S.Y. 2002, c. 176 (consolidated up to S.Y. 1999, c. 20). **3(1)** The Commissioner in Executive Council may by order declare any area or district in the Yukon to be a quarantine district, where the Commissioner in Executive Council has reason to believe that an epidemic of communicable disease exists. **3(2)** If any area or district is declared to be a quarantine district, a health officer has power (a) to prevent the entrance or exit of persons, or vehicles, vessels or other conveyances, including aircraft, to or from the quarantine district ; (b) to detain for observation and surveillance persons who have been exposed to a communicable disease; and (c) to order the cleansing, purifying, disinfection or disinfestation of persons who have been exposed to a communicable disease, or of articles or things used by persons suffering from a communicable disease at the expense of the owner, occupier, custodian, or person in charge or possession thereof. **17** If the prescribed officer of the Department of Health and Social Services has determined that there exists anywhere in the Yukon a hazard to public health or safety the officer may direct the medical health officer or a health officer to take any step authorized by this Act to eliminate or decrease the hazard or mitigate its effects. **18** Medical health officers and health officers may authorize other persons to exercise any of their powers or perform any of their duties on their behalf and under their supervision in order to respond effectively in an emergency or other exceptional circumstances.
Civil Emergency Measures Act, R.S.Y. 2002, c. 34 (consolidated up to R.S.Y., c. 25). **2(1)** The Commissioner in Executive Council shall appoint a civil emergency planning officer. **2(2)** It shall be the duty of the civil emergency planning officer (a) to formulate and recommend to the Minister plans for dealing with any peacetime disaster or war	**Civil Emergency Measures Act**, R.S.Y. 2002, c. 34 (consolidated up to R.S.Y., c. 25). **8(1)** If the Commissioner in Executive Council declares that a state of emergency exists, the Minister [ ] may put into operation in the area in which the state of emergency is declared to exist any civil emergency plan.

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emergency ; and (b) to undertake any other duties assigned by the Minister. **4** For the purposes of carrying out any civil emergency plan, the Commissioner in Executive Council may (a) enter into agreements with the Government of Canada, the government of any province, a municipality or any person ; (b) in conjunction with the Government of Canada, the government of any province, a municipality or any person, prepare plans for the meeting of any emergency ; (c) make surveys of the resources and facilities within the Yukon ; (d) establish training and public information program ; and (e) take any other preparatory steps as are considered necessary or advisable to ensure the existence of adequately trained and equipped personnel to meet any emergency including the complete or partial mobilization of civil emergency organizations, the testing of the sufficiency of any civil emergency plan and the efficiency of the organization relating to any such plan.	**8(2)** A municipality is authorized to put its civil emergency plan into operation when a state of emergency is in effect in the municipality under section 6 or 7. **9(1)** Despite any other Act, when a state of emergency has been declared to exist under section 6 or 7, the Minister may do all things considered advisable for the purpose of dealing with the emergency and, without restricting the generality of the foregoing, may (a) do those acts considered necessary for (i) the protection of persons and property, (ii) maintaining, clearing and controlling the use of roads and streets, (iii) requisitioning or otherwise obtaining and distributing accommodation, food and clothing and providing other welfare services, (iv) providing and maintaining water supplies, electrical power and sewage disposal, (v) assisting in the enforcement of the law, (vi) fighting or preventing fire, and (vii) protecting the health, safety and welfare of the inhabitants of the area, (b) make regulations considered proper to put into effect any civil emergency plan, and (c) require any municipality to provide assistance as considered necessary during the emergency and authorize the payment of the cost of that assistance out of the revenues of the Government of the Yukon. **9(2)** When a civil emergency plan referred to in section 8 is in effect in a municipality, (a) the council may hold its meetings at any convenient location in or outside the municipality, (b) the council is empowered to do all things it considers necessary for the purpose of dealing with the emergency including, without limiting the generality of the foregoing, such acts as it considers necessary for (i) protecting property within the municipality, (ii) maintaining, clearing and controlling the use of roads and streets in the municipality, (iii) requisitioning in the municipality or otherwise obtaining and distributing accommodation, food and clothing, (iv) providing other welfare services in addition to those referred to in clause (iii), (v) providing and maintaining water supplies, electrical power, sewage disposal and other utility services, (vi) assisting in the enforcement of the law, and (vii) generally, protecting the health and safety of persons in the municipality, and (c) the council may make any bylaws it considers necessary to put into effect the civil emergency plan of the municipality.

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	9(3) Despite any other Act, where a state of emergency has been declared to exist under section 6 or 7, every public servant and every member of the public service of the Yukon shall comply with the instructions and orders of the Minister in the exercise of any discretion or authority the public servant or public officer may have for and on behalf of the Government of the Yukon, whether statutory, delegated or otherwise, for responding to and dealing with the emergency.

APPENDIX 1
JURISDICTION OVER PUBLIC HEALTH: FEDERAL GOVERNMENT, PROVINCES AND FIRST NATIONS COMMUNITIES

CONSTITUTION

Constitution Act, 1867 (U.K.) 30 & 31 Vict., c. 3, reprinted in R.S.C. 1985, App. II, No. 5.

91 It shall be lawful for the Queen, by and with the Advice and Consent of the Senate and House of Commons, to make Laws for the Peace, Order and good Government of Canada, in relation to all Matters not coming within the Classes of Subjects by this Act assigned exclusively to the Legislature of the Provinces; and for greater Certainty, but not as to restrict the Generality of the foregoing Terms of this Section, it is hereby declared that (notwithstanding anything in this Act) the exclusive Legislative Authority of the Parliament of Canada extends to all Matters coming within the Classes of Subjects next hereinafter enumerated; that is to say, - […]

2. The Regulation of Trade and Commerce. […]
11. Quarantine and the Establishment and Maintenance of Marine Hospitals. […]
24. Indians, and Lands reserved for the Indians.
25. Naturalization and Aliens. […]
27. The Criminal Law, except the Constitution of Courts of Criminal Jurisdiction, but including the Procedure in Criminal Matters. […]
29. Such Classes of Subjects as are expressly excepted in the Enumeration of the Classes of Subjects by this Act assigned exclusively to the Legislatures of the Provinces.

92 In each Province, the Legislature may exclusively make Laws in relation to Matters coming within the Classes of Subjects next hereinafter enumerated; that is to say, - […]

6. The Establishment, Maintenance, and Management of Hospitals, Asylums, Charities, Eleemosynary Institutions in and for the Province, other than Marine Hospitals. […]
13. Property and Civil Rights in the Province. […]
16. Generally all Matters of a merely local or private Nature in the Province.

FEDERAL

Department of Health Act, S.C. 1996, c. 8.

4 (1) The powers, duties and functions of the Minister extend to and include all matters over which Parliament has jurisdiction relating to the promotion and preservation of the health of the people of Canada not by law assigned to any other department, board or agency of the Government of Canada.

4(2) Without restricting the generality of subsection (1), the Minister's powers, duties and functions relating to health include the following matters: […]
(a.1) the promotion and preservation of the physical, mental and social well-being of the people of Canada;
(b) the protection of the people of Canada against risks to health and the spreading of diseases;
(c) investigation and research into public health, including the monitoring of diseases; […]
(e) the protection of public health on railways, ships, aircraft and all other methods of transportation, and their ancillary services; […]
(g) the enforcement of any rules or regulations made by the International Joint Commission, promulgated pursuant to the treaty between the United States of America and His Majesty, King Edward VII, relating to boundary waters and questions arising between the United States and Canada, in so far as they relate to public health;
(h) subject to the *Statistics Act*, the collection, analysis, interpretation, publication and distribution of information relating to public health; and
(i) cooperation with provincial authorities with a view to the coordination of efforts made or proposed for preserving and improving public health.

Indian Act, R.S.C. 1985, c. I-5 (consolidated up to S.C. 2002, c. 8).

18(1) Subject to this Act, reserves are held by Her Majesty for the use and benefit of the respective bands for which they were set apart, and subject to this Act and to the terms of any treaty or surrender, the Governor in Council may determine whether any purpose for which lands in a reserve are used or are to be used is for the use and benefit of the band.

18(2) The Minister may authorize the use of lands in a reserve for the purpose of […] Indian health projects or, with the consent of the council of the band, for any other purpose for the general welfare of the band, and may take any lands in a reserve required for those purposes […].

81(1) The council of a band may make by-laws not inconsistent with this Act or with any regulation made by the Governor in Council or the Minister, for any or all of the following purposes, namely,
(a) to provide for the health of residents on the reserve and to prevent the spreading of contagious and infectious diseases; […].

88 Subject to the terms of any treaty and any other Act of Parliament, all laws of general application from time to time in force in any province are applicable to and in respect of Indians in the province, except to the extent that those laws are inconsistent with this Act or any order, rule, regulation or by-law made thereunder, and except to the extent that those laws make provision for any matter for which provision is made by or under this Act.

NEW BRUNSWICK

Public Health Act, S.N.B. 1998, c. P-22.4 (consolidated up to S.N.B. 2002, c. 23).

58(1) The Minister may, subject to the approval of the Lieutenant-Governor in Council, enter into and amend an agreement with […]

(c) a band council as defined in the *Indian Act* (Canada) or a municipality,

for the purpose of the organization and delivery of public health programs and services, the prevention of diseases and injuries and the promotion and protection of the health of the people of New Brunswick or any group of them.

58(2) The Minister may enter into and amend an agreement with any person for the purpose of the organization and delivery of public health programs and services, the prevention of diseases and injuries and the promotion and protection of the health of the people of New Brunswick or any group of them.

ONTARIO

Health Protection and Promotion Act, R.S.O. 1990, c. H.7 (consolidated up to S.O. 2004, c. 30).

50(1) A board of health for a health unit and the council of the band on a reserve within the health unit may enter into an agreement in writing under which,
(a) the board agrees to provide health programs and services to the members of the band; and
(b) the council of the band agrees to accept the responsibilities of the council of a municipality within the health unit.

50(2) The council of the band that has entered into the agreement has the right to appoint a member of the band to be one of the members of the board of health for the health unit.

50(3) The councils of the bands of two or more bands that have entered into agreements under subsection (1) have the right to jointly appoint a person to be one of the members of the board of health for the health unit instead of each appointing a member under subsection (2). […].

50(5) In this section,
"band", "council of the band" and "reserve" have the same meanings as in the *Indian Act* (Canada).

QUÉBEC

Public Health Act, R.S.Q., c. S-2.2 (consolidated up to S.Q. 2002, c. 69).

2 Certain measures in this Act are intended to enable public health authorities to engage in public health monitoring activities and to give public health authorities the power to take action in cases where the health of the population is threatened. […].

2(3) For the purposes of this Act, the public health authorities include the Minister of Health and Social Services, the national public health director appointed under the Act respecting the Ministère de la Santé et des Services sociaux (chapter M-19.2) and the public health directors appointed under the Act respecting health services and social services (chapter S-4.2) or the Act respecting health services and social services for Cree Native persons (chapter S-5).

An Act respecting Health services and social services for Cree Native Persons, R.S.Q., c. S-5 (consolidated up to S.Q. 2004, c. 37).

51 The Government may delineate the territory of Region 10B and establish in such Region a health and social services council which shall, in addition to fulfilling the functions, duties and powers of such a council, maintain a public institution belonging to the classes enumerated in subparagraphs *a*, *b*, *d* and *e* of the first paragraph of section 64 [local community service centres, hospital centres, social service centres, reception centres] through which health services and social services are provided to any person ordinarily resident or temporarily present in the Region.

63.3 The regional council shall

1) establish a public health department;
2) ensure the security and confidentiality of the personal or confidential information obtained by the public health department in the exercise of its functions;
3) entrust the management of the regional public health action plan provided for in section 63.16 to the public health director appointed under section 63.4;
4) organize services and allocate available resources for the purposes of the regional public health action plan.

63.9 In every situation where no person is appointed to assume the functions and exercise the powers of public health director in the territory, whether for a fixed term or an interim period and for whatever reason, the national public health director or the person designated by the latter to represent him shall assume the functions and exercise the powers of public health director in the territory.

63.14 With respect to the Public Health Act (chapter S-2.2), the regional council shall assume all the functions entrusted under that Act to a regional board or an institution operating a local community service centre, subject to the provisions of sections 63.15 to 63.18.

SASKATCHEWAN

The Public Health Act, 1994, S.S. 1994, c. P-37.1 (consolidated up to S.S. 2004, c. 51).

4 For the purpose of carrying out this Act according to its intent, the minister may enter into agreement with a local authority, the Government of Canada or its agencies, the government of another province or territory of Canada or its agencies, an Indian band or any other person.

Explanatory note:

As this Appendix shows, pursuant to the *Constitution Act, 1867*, the power to make laws in relation to public health matters is shared between Parliament and the Legislatures of the provinces. Parliament's jurisdiction over public health lies in its authority over trade and commerce; quarantine and marine hospitals; and criminal law, as well as its residual powers and its power to make laws for the peace, order and good government of Canada. The provinces' jurisdiction stems from their power to make laws in relation to hospitals, property and civil rights, and local and private matters within their boundaries. With regard to the management and control of infectious diseases, the federal government's authority is primarily exercised at Canada's international borders through the *Quarantine Act*, the *Immigration and Refugee Protection Act* and, potentially, the *Emergencies Act*. The provinces on the other hand legislate for the protection of the health of the population at the provincial or local level. As the tables of this Compendium demonstrate, provincial public health statutes create the reporting and surveillance obligations that constitute one of the bases of health surveillance within Canada.

Questions arise as to the application of this system of public health statutes and regulation to Canada's First Nations communities. The *Constitution Act, 1867* assigns to Parliament the power to make laws in relation to "Indians, and Lands reserved for the Indians" who include Inuit, Métis and First Nations persons, regardless of their Indian status and place of residence in Canada [1] The *Indian Act* adopted by Parliament creates a legislative framework for registered Indians and reserves. It principally addresses land possession and estate issues. It does not address the management and control of infectious diseases, except to provide that the council of a band may make by-laws "to provide for the health of residents on the reserve and to prevent the spreading of contagious and infectious diseases." Though many Aboriginal and Inuit health programs and agreements exist, no other federal legislation addresses matters in relation to infectious diseases as they specifically concern First Nations communities.

However, it is well settled in constitutional law that, as a general rule, provincial laws of general application also apply to Indians and lands reserved for Indians within the province to the extent that these laws concern a matter of provincial jurisdiction.[2] The Constitution does not create enclaves within provinces where provincial statutes do not apply.[3] Moreover, the *Indian Act* provides that provincial laws of general application apply to Indians, subject to the terms treaties, the *Indian Act* and other federal statutes.

It therefore seems that, as a general rule, the legislative and regulatory framework set out in this Compendium applies to First Nations communities in Canada. Obligations imposed on health care professionals and others to report cases of infectious diseases also apply on reserve lands, as well as in Inuit and Métis communities. It should however be noted that existing treaties, agreements and programs may have an impact on the application of these rules. These factors are beyond the scope of this compendium.

[1] *Constitution Act, 1982*, s. 35(2); G.A. Beaudoin, *La constitution du Canada: Institutions, Partage des pouvoirs, Charte canadienne des droits et libertés* (Montréal: Wilson & Lafleur, 2004) at 663.

[2] P.W. Hogg, *Constitutional Law of Canada* (looseleaf) (Scarborough, Ont.: Thomson Carswell, 1997) at 27-9.

[3] *Cardinal* v. *Alberta*, [1974] R.C.S. 695 at 703.

APPENDIX 2

LISTS OF INFECTIOUS DISEASES: MANDATORY REPORTING AND TREATMENT

FEDERAL

Quarantine Act, R.S.C. 1985, c. Q-1 (consolidated up to S.I./2004-24).

Schedule (Section 2)

Argentine haemorrhagic fever
Bolivian haemorrhagic fever
Brazilian haemorrhagic fever
Cholera
Crimean-Congo haemorrhagic fever
Ebola haemorrhagic fever
Lassa fever
Marburg Disease
Pandemic Influenza Type A
Plague
Severe Acute Respiratory Syndrome (SARS)
Smallpox
Venezuelan haemorrhagic fever
Yellow fever

ALBERTA

Communicable Diseases Regulation, Alta. Reg. 238/1985 (made under the Public Health Act, consolidated up to Alta. Reg. 206/2001).

Schedule 1 (Notifiable Communicable Diseases)
(Section b(1) of this Regulation; sections 31(1) and 33(1) of the Act)

Acquired Immunodeficiency Syndrome (AIDS)
Amebiasis
Anthrax
Arboviral Infections
Botulism
Brucellosis
Campylobacter
Cerebrospinal fluid isolates
Chickenpox
Cholera
Congenital Infections (includes Cytomegalovirus, Hepatitis B, Reye Syndrome, Herpes Simplex, Rubella, Rickettsial Infections, Toxoplasmosis, Varicella-zoster)
Dengue
Diphtheria
Encephalitis, specified or Rubeola unspecified
Enteric Pathogens. See note below
Foodborne Illness. See note below
Gastroenteritis, epidemic
Giardiasis
Haemophilus Influenzae Infections
Hemolytic Uremic Syndrome
Hepatitis A, B, Non-A, Non-B
Human Immunodeficiency – Virus Infections
Kawasaki Disease
Lassa Fever
Legionella Infections
Leprosy
Leptospirosis
Listeriosis (including Marburg, Ebola, Malaria Lassa, Argentinian, African Measles Hemorrhagic Fevers)
Meningitis
Meningococcal Infections
Mumps
Neonatal Herpes
Nosocomial Infections
Ophthalmia Neonatorum (including Dengue) (all causes)
Paratyphoid
Pertussis
Plague
Poliomyelitis
Psittacosis
Q-fever
Rabies
Rocky Mountain Spotted Fever
Rubella (including Congenital Rubella)
Salmonella Infections
Shigella Infections
Smallpox
Stool Pathogens, all types. See note below
Tetanus
Toxic Shock Syndrome (invasive)
Trichinosis
Tuberculosis
Tularemia
Typhoid
Typhus
Varicella
Viral Hemorrhagic Fevers
Waterborne Illness (all causes). See note below
Yellow Fever

NOTE: Enteric Pathogens, Foodborne Illness, Gastroenteritis, epidemic and Waterborne Illness include the following and any other identified or unidentified cause: Aeromonas; Bacillus cereus; Campylobacter; Clostridium botulinum and perfringens; E. Coli (enteropathogenic serotypes); Salmonella; Shigella; Staphylococcus; Viruses such as Norwalk and Rotavirus; Yersinia.

Schedule 2 (Notifiable Sexually Transmitted Communicable Diseases)

(Section 6(2) of this Regulation; Section 31(2) of the Act)

Chancroid
Chlamydia Trachomatis Infections (genito-urinary)
Gonococcal Infections
Lymphogranuloma Venereum (Muco-purulent Cervicitis, Non-gonococcal Urethritis)
Syphilis

Schedule 3 (Diseases for Which a Certificate, Isolation Order or Warrant for Examination may be Issued)

(Secion 6(3) of this Regulation; Sections 49(1), 54(1) and 57(1) of the Act)

Acquired Immunodeficiency Syndrome (AIDS)
Anthrax
Cholera
Chancroid
Chlamydia Trachomatis Infections (genito-urinary)
Diphtheria
Gonococcal Infections
Human Immunodeficiency Virus Infections
Lassa Fever
Leprosy
Lymphogranuloma Venereum
Plague
Smallpox
Syphilis
Tuberculosis
Viral Hemorrhagic Fevers

BRITISH COLUMBIA

Health Act Communicable Disease Regulation, B.C. Reg. 4/1983 (made under the Health Act, consolidated up to B.C. Reg. 281/2004).

Schedule A (List of Reportable Communicable Diseases – Reportable by all sources – section 2(2))

- Acquired Immune Deficiency Syndrome
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Congenital infections:
  - Toxoplasmosis, Rubella, Cytomegalovirus, Herpes Simplex, Varicella-zoster, Hepatitis B Virus, Listeriosis and any other congenital infection
- Cryptococcus neoformans
- Cryptosporidiosis
- Cyclospora Infection
- Diffuse Lamellar Keratitis (DLK)
- Diphtheria:
  - Cases
  - Carriers
- Encephalitis:
  - Post-infectious
  - Subacute sclerosing panencephalitis
  - Vaccine-related
  - Viral
- Foodborne illness:
  - All causes
- Gastroenteritis epidemic:
  - Bacterial
  - Parasitic
  - Viral
- Genital Chlamydia Infection
- Giardiasis
- Haemophilus Influenzae Disease, All Invasive, by Type
- Hantavirus Pulmonary Syndrome
- Hemolytic Uremic Syndrome
- Hemorrhagic Viral Fevers
- Hepatitis Viral:
  - Hepatitis A
  - Hepatitis B
  - Hepatitis C
  - Hepatitis E
  - Other Viral Hepatitis
- Human Immunodeficiency Virus
- Invasive Group A Streptococcal Disease
- Invasive Streptococcus Pneumoniae Infection
- Leprosy
- Lyme Disease
- Measles
- Meningitis: All causes
  - (i) Bacterial:
  - Hemophilus
  - Pneumococcal
  - Other
  - (ii) Viral
- Meningococcal Disease:
  - All Invasive
  - Including Primary Meningococcal Pneumonia and Primary Meningococcal Conjunctivitis
- Mumps
- Neonatal Group B Streptococcus Infection
- Paralytic Shellfish Poisoning (PSP)
- Pertussis (Whooping Cough)
- Plague
- Poliomyelitis
- Rabies
- Reye's Syndrome
- Rubella:
  - Congenital Rubella Syndrome
- Severe Acute Respiratory Syndrome
- Smallpox
- Tetanus
- Transfusion Transmitted Infection
- Tuberculosis
- Tularemia
- Typhoid Fever and Paratyphoid Fever
- Venereal Disease:
  - Chancroid
  - Gonorrhea - all sites
  - Syphilis
- Waterborne Illness:
  - All causes
- West Nile Virus Infection
- Yellow Fever

Schedule B (List of Reportable Communicable Diseases – Reportable by laboratories only – section 2(3))

All specific bacterial and viral stool pathogens:
- (i) Bacterial:
  - Campylobacter
  - Salmonella
  - Shigella
  - Yersinia
- (ii) Viral

Amoebiasis
Borrelia burgdorferi Infection
Cerebrospinal Fluid Micro-organisms
Chlamydial Diseases, including Psittacosis
Cryptococcus Neoformans
Herpes Genitalis
Human Immunodeficiency Virus
Influenza
Legionellosis
Leptospirosis
Listeriosis
Malaria
Q Fever
Rickettsial Diseases
Severe Acute Respiratory Syndrome
Smallpox
Tularemia
West Nile Virus Infection

MANITOBA

Diseases and Dead Bodies Regulation, Man. Reg. 338/88R (made under The Public Health Act, consolidated up to Man. Reg. 62/2001).

32 "sexually transmitted disease" means AIDS, chancroid, chlamydia, gonorrhea, hepatitis B, human immunodeficiency virus (HIV) and syphilis.

Schedule A (Sections 3 and 4)

Diseases Reportable by Health Professionals and Laboratories

Those diseases identified by an asterisk (*) shall be reported to the director as soon as possible by telephone or similar rapid means of communication acceptable to the director.

Amoebiasis
*Anthrax
*Bacillus cereus
*Botulism
Brucellosis
Campylobacter
*Cholera
*Clostridium perfringens (except wound specimens)
Congenital Rubella Infection/Syndrome
Cryptosporidium
Creutzfeldt – Jakob Disease
Dengue Fever
*Diphtheria (Cases and Carriers)
Encephalitis
Fish Tapeworm Infection
*Food poisoning (Other unspecified)
Giardia
Hantavirus
*Haemophilus influenza B invasive disease
Hemolytic Uremic Syndrome
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis, Viral (Other)
Legionellosis
Leprosy
Listeriosis
Lyme Disease
Malaria
*Measles
*Meningitis (Other bacterial)
*Meningococcal invasive disease
Mumps
Parapertussis
Parasitic Diseases, Other
Penicillin resistant pneumococci
Pertussis
*Plague
Pneumococcal invasive disease (any normally sterile body site)
*Polio
Psittacosis
Q fever
*Rabies
Relapsing Fever
Reye's Syndrome
Rickettsial Diseases, Other
Rocky Mountain Spotted Fever
Rubella
Salmonella
*Salmonella typhi
Shigella
Staphylococcus aureus, Food Poisoning
*Staphylococcus aureus (Staphylococcal Toxic Shock Syndrome, Methicillin Resistant Staphylococcal aureus, Vancomycin Resistant Staphylococcal aureus)
*Streptococcal invasive disease (streptococcal toxic shock syndrome, necrotizing fasciitis, necrotizing myositis)
*Tetanus
Toxoplasmosis
Trichinosis
Trypanosomiasis
Tuberculosis (Primary, Respiratory and Non-respiratory, Bacteriologically confirmed and Non-bacteriologically confirmed)
Tularemia
*Typhoid Fever
Typhus
Vancomycin Resistant Enterococci
Verotoxin-producing organisms
*Vibrio parahemolyticus
*Viral Hemorrhagic Fever
*Viral Meningitis – outbreaks only
*Western Equine Encephalitis
*Yellow Fever
*Yersinia infections

Diseases reportable only in certain cases :

4(1) […] A health professional or the operator of a laboratory shall report the disease if it is occurring in an outbreak or in large proportions in a community:
(a) chickenpox;
(b) influenza;
(c) the communicable skin diseases of impetigo, pediculosis, ringworm and scabies.

5 […] A health professional or the operator of a laboratory shall report the disease if:
(a) the disease is occurring in an outbreak;
(b) further cases are amenable to prevention;
(c) the disease is common but presents with unusual clinical manifestations; or
(d) the disease is potentially serious.

8 Each month, the person in charge of a hospital shall submit to the director, […] a report of patients who have been treated in the hospital for any communicable disease, including
(a) the diseases listed in Schedule A;
(b) the diseases referred to in sections 4 and 5; and
(c) rheumatic fever and post streptococcal glomerulonephritis.

NEW BRUNSWICK

General, N.B. Reg. 1988-200 (made under the Health Act, consolidated up to N.B. Reg. 2004-59).

94(1) The following diseases are notifiable diseases:

(a) brucellosis (undulant fever);
(b) diarrhea of the newborn (epidemic);
(c) diphtheria;
(d) dysentery
  (i) amebic,
  (ii) bacillary, and
  (iii) unspecified;
(e) infectious encephalitis;
(f) food poisoning
  (i) staphylococcus intoxication,
  (ii) salmonella infections, and
  (iii) unspecified;
(g) infectious hepatitis, including serum hepatitis;
(h) meningitis, viral or aseptic,
  (i) due to poliovirus,
  (ii) due to Coxsackie virus,
  (iii) due to ECHO virus, and
  (iv) other and unspecified;
(i) meningococcal infections;
(j) pemphigus neonatorum (impetigo of the newborn);
(k) pertussis (whooping cough);
(l) paralytic poliomyelitis;
(m) scarlet fever and streptococcal sore throat;
(n) tuberculosis
  (i) pulmonary, and
  (ii) other and unspecified;
(o) typhoid and paratyphoid fever, including carriers;
(p) venereal diseases which are reportable on an NH1 form to provincial authorities
  (i) gonorrhea,
    (A) ophthalmia neonatorum, and
    (B) all other forms,
  (ii) syphilis,
    (A) acquired
    - primary,
    - secondary,
    - latent,
    (B) prenatal, congenital, and
    (C) other and unspecified,
  (iii) chancroid,
  (iv) granuloma inguinale, and
  (v) lymphogranuloma venereum;
(q) rare diseases
  (i) anthrax,
  (ii) botulism,
  (iii) cholera,
  (iv) leprosy,
  (v) malaria,
  (vi) plague,
  (vii) psittacosis and ornithosis,
  (viii) rabies in man,
  (ix) louse-borne relapsing fever
  (x) rickettsial infections
    (A) louse-borne typhus,
    (B) Rocky Mountain spotted fever,
    (C) Q-Fever, and
    (D) other and unspecified,
  (xi) smallpox
  (xii) tetanus,
  (xiii) trichinosis,
  (xiv) tularemia, and
  (xv) yellow fever;
(r) epidemic forms of disease;
(s) acquired immune deficiency syndrome, acquired immune deficiency syndrome related complex, and any confirmed HTLV-III virus antibody reactive status; and
(t) Reye's syndrome

Reportable communicable diseases in New Brunswick revised list, September 2001
List sent by the New Brunswick Department of Health and Wellness in February 2003

Acute Flaccid Paralysis
AIDS / HIV
Anthrax
Botulism
Brucellosis
Campylobacteriosis
Chikenpox
Chlamydial Infections
Cholera
Classic CJD
New variant CJD
Condylomata acuminate
Cryptosporidiosis
Cyclosporiasis
Cytomegalovirus infections
Diphteria
E. Coli (Pathogenic)
Enteroviral disease (Norwalk)
Foodborne illnesses / Food poisoning
Giardiasis
Gonogoccal infections
Hantavirus pulmonary syndrome
Haemophilus influenzae type b invasive infection
Viral hemorrhagic fevers
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis other – viral
Herpes (congenital)
Herpes (genital)
Influenza
Legionellosis
Leprosy
Listeriosis
Lyme borreliosis
Malaria
Measles
Meningococcal invasive infections
Meningitis
Meningococcal infections (carriers)
Mumps
Pertussis
Plague
Poliomyelitis
Pneumococcal disease (invasive)
Psittacosis
Q fever
Rabies
Rickettsial infections
Rubella
Congenital rubella syndrome
Congenital rubella infection
Salmonellosis
Salmonella typhi, carriers
Shigellosis
*Smallpox / Variola
Syphilis
Invasive group A streptococal disease
Group B streptococal disease of the newborn
Tetanus
Toxoplasmosis
Tuberculosis
Tularemia
Waterborne illnesses
Yellow fever
Yersiniosis

* Disease added verbally by our contact in the Department of Health and Wellness

NEWFOUNDLAND AND LABRADOR

Communicable Diseases Act, R.S.N. 1990, c. C-26 (consolidated up to N.L.R. 44/03).

Schedule

"Communicable disease" includes:

- Acquired immunodeficiency syndrome (AIDS)
- Anthrax
- Botulism
- Brucellosis
- Chancroid
- Chickenpox
- Chlamydia
- Cholera
- Creutzfeldt-Jakob Disease
- Cryptosporidiosis
- Cyclospora
- Dengue Fever
- Diphtheria
- Dysentery; amoebic, bacillary and unspecified and believed infectious
- Encephalitis, including viral and arthropod-borne
- Food-poisoning - due to chemical, toxin, virus, bacteria or other organism (specified or unspecified) including conditions where food-poisoning is suspected but not confirmed
- Genital herpes
- Giardiasis
- Gonorrhoea in all its forms, including ophthalmia neonatorum
- Granuloma inguinale
- Haemophilus influenza type b invasive disease
- Hantavirus
- Hepatitis A, Hepatitis B, Hepatitis C and other infectious hepatitis
- Human immunodeficiency virus infection (HIV)
- Influenza A and influenza B (laboratory confirmed)
- Invasive disease due to antibiotic resistant organisms
- Leprosy
- Legionellosis
- Louse/Tick-Borne Diseases
- Malaria
- Measles
- Meningitis, viral and bacterial (specified and unspecified)
- Meningococcal invasive disease
- Mumps
- Ornithosis
- Pertussis (whooping cough)
- Plague
- Pneumococcal invasive disease
- Poliomyelitis, paralytic
- Psittacosis
- Rabies (human)
- Rubella, including congenital rubella syndrome (CRS)
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Streptococcal Group A and Group B invasive disease
- Syphilis in all its forms
- Tetanus
- Toxoplasmosis
- Trichinosis
- Tuberculosis
- Tularaemia
- Typhoid and para-typhoid fever
- Water-borne disease - due to chemical, toxin, virus, bacteria or other organism (specified or unspecified) including conditions where water-borne disease is suspected but not confirmed
- Yellow Fever, and
- Other diseases that may be declared by the minister by order to be a communicable disease.

Revised notifiable list (September 2002) : According to the Department of Health and Community Services are added:

- Cytomegalovirus
- Diarrhoea of the Newborn (epidemic and non-epidemic)
- Epidemic food poisoning
- Influenza-like illness
- Infectious Mononucleosis
- Epidemic Water-borne disease
- Enteric Pathogens
  - Bacterial : Campylobacter, Pathogenic e-coli, Listeria, Salmonella, Shigella, Staphyloccus, Other
  - Parasitic : Amoebiasis, Giardiasis, Other
- Mycobacterium (other than TB)
- Psittacosis
- Pemphigus Neonatorum
- Vaccinia

NORTHWEST TERRITORIES

Communicable Diseases Regulations, R.R.N.W.T. 1990, c. P-13 (made under the Public Health Act, consolidated up to N.W.T. Reg. 022-2004).

Schedule A (Section 1.1 and paragraphs 4(1)(a) and (b))
Communicable Diseases

Part 1

1. Amoebiasis
2. Anthrax
3. Botulism
4. Campylobacteriosis
5. Cholera
6. Diphtheria
7. Escherichia coli (veritoxigenic)
8. Food poisoning (including communicable enteric infections)
9. Gastroenteritis, epidemic (including institutional outbreaks)
10. Hantaviral disease (including Hantavirus Pulmonary Syndrome)
11. Hemorrhagic fevers
12. Hepatitis (all forms)
13. Influenza
14. Invasive Group A Streptococcal infections (including Toxic Shock Syndrome, Necrotizing Fasciitis, Myositis and Pneumonitis)
15. Invasive Haemophilus influenzae type B (Hib) infections
16. Invasive Neisseria meningitidis infections
17. Legionellosis
18. Malaria
19. Measles
20. Meningitis/Encephalitis
21. Neonatal Group B Streptococcal infections
22. Pertussis (whooping cough)
23. Plague
24. Poliomyelitis
25. Rabies (or exposure to rabies)
26. Rubella and congenital rubella syndrome
27. Salmonellosis
28. Shigellosis
29. Syphilis
30. Tetanus
31. Tuberculosis
32. Typhoid and paratyphoid fevers
32.1. West Nile virus infections
33. Yellow fever
34. Epidemic forms of other disease
35. Unusual clinical manifestations of disease

Part 2

1. Acquired Immunodeficiency Syndrome (AIDS) and any Human Immunodeficiency Virus (HIV) infection
2. Brucellosis
3. Chancroid
4. Chicken Pox (Varicella)
5. Chlamydial infection
6. Congenital Cytomegalovirus infection
7. Congenital or Neonatal Herpes simplex infections
8. Creutzfeldt - Jakob Disease
8.1. Cryptosporidiosis
8.2. Cyclospora
9. Giardiasis (symptomatic cases only)
10. Gonococcal infections
11. Hemolytic Uremic Syndrome
12. Human T-cell Lymphotropic Virus infections
13. Leprosy
14. Listeriosis
15. Lyme Disease
15.1. Methicillin-Resistant Staphylococcus Aureus (MRSA)
16. Mumps
17. Psittacosis/Ornithosis
18. Q fever
18.1. Respiratory Syncytial Virus (RSV)
19. Tapeworm infestations (including echinococcal disease)
20. Trichinosis
21. Toxoplasmosis (symptomatic only)
22. Tularemia
23. Vancomycin-Resistant Enterococci (VRE)

NOVA SCOTIA

Communicable Diseases Regulations, N.S. Reg. 28/1957 (made under the Health Act, consolidated up to N.S. Reg. 79/2003).

11 (1) The following is the list of notifiable diseases:
Notifiable diseases reportable by attending physician to local health authority

AIDS
Amebiasis
Amnesic shellfish poisoning
Anthrax
Arthropod-borne disease
Botulism
Brucellosis
Campylobacteriosis
Chancroid
Chickenpox
Chlamydia
Cholera
Congenital rubella syndrome
Creutzfeldt Jakob disease
Cryptosporidiosis
Cyclosporiosis
Diphtheria
Domoic shellfish poisoning
E. coli (O157)
Encephalitis *(viral)*
Enteric pathogens *(bacterial)*
Enteric pathogens *(parasitic)*
Food/water borne disease
Genital herpes
Giardiasis
Gonorrhea
Gonorrhea (PPNG)
Group A streptococcal disease *(invasive)*
Group B streptococcal disease *(neonates)*
Haemophilus influenza B *(invasive)*
Hantavirus pulmonary syndrome
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis D
HIV infection
Influenza *(lab. diagnosis)*
Influenza - suspect in long term care
Legionellosis
Leprosy
Listeriosis
Louse/tick-borne disease
Lyme disease
Malaria
Measles
Meningitis *(bacterial)*
Meningitis *(viral)*
Meningococcal disease *(invasive)*
Methicillin resistant staphylococcus aureus (MRSA)
Mumps
Paralytic shellfish poisoning
Paratyphoid
Pertussis
Plague
Pneumococcal disease *(invasive)*
Polio
Q fever
Rabies
Relapsing fever
Rickettsioses
Rocky Mountain spotted fever
Rubella
Salmonellosis
Severe Acute Respiratory Syndrome (pneumonia)
Shigellosis
Smallpox
Syphilis (congenital, early latent, early symptomatic or other)
Tetanus
Trichinosis
Tuberculosis
Typhoid
Vancomycin resistant enterocci (VRE)
West Nile Virus (Lethargic encephalitis or cerebrospinal meningitis)
Yellow fever
Yersiniosis

NUNAVUT

Communicable Diseases Regulations, R.R.N.W.T. 1990, c. P-13, as duplicated for Nunavut by s. 29 of the Nunavut Act, S.C. 1993, c. 28 (made under the Public Health Act, consolidated up to Nu. Reg. 015-2003).

Schedule A

Item 1

1. Amoebiasis
2. Anthrax
3. Botulism
4. Campylobacteriosis
5. Cholera
6. Diphtheria
7. Escherichia coli (veritoxigenic)
8. Food poisoning (including communicable enteric infections)
9. Gastroenteritis, epidemic (including institutional outbreaks)
10. Hantaviral disease (including Hantavirus Pulmonary Syndrome)
11. Hemorrhagic fevers
12. Hepatitis (all forms)
13. Influenza
14. Invasive Group A Streptococcal infections (including Toxic Shock Syndrome, Necrotizing Fasciitis, Myositis and Pneumonitis)
15. Invasive Haemophilus influenzae type B (Hib) infections
16. Invasive Neisseria meningitidis infections
17. Legionellosis
18. Malaria
19. Measles
20. Meningitis/Encephalitis
21. Neonatal Group B Streptococcal infections
22. Pertussis (whooping cough)
23. Plague
24. Poliomyelitis
25. Rabies (or exposure to rabies)
26. Rubella and congenital rubella syndrome
27. Salmonellosis
27.1. Severe Acute Respiratory Syndrome (SARS)
28. Shigellosis
28.1. Smallpox
29. Syphilis
30. Tetanus
31. Tuberculosis
32. Typhoid and paratyphoid fevers
32.1. West Nile Virus
33. Yellow fever
34. Epidemic forms of other disease
35. Unusual clinical manifestations of disease

Item II

1. Acquired Immunodeficiency Syndrome (AIDS) and any Human Immunodeficiency Virus (HIV) infection
2. Brucellosis
3. Chancroid
4. Chicken Pox (Varicella)
5. Chlamydial infection
6. Congenital Cytomegalovirus infection
7. Congenital or Neonatal Herpes simplex infections
8. Creutzfeldt - Jakob Disease
8.1. Cryptosporidiosis
8.2. Cyclospora
9. Giardiasis (symptomatic cases only)
10. Gonococcal infections
11. Hemolytic Uremic Syndrome
12. Human T-cell Lymphotropic Virus infections
12.1. Invasive Streptococcus Pneumoniae (Sp) infection
13. Leprosy
14. Listeriosis
15. Lyme Disease
15.1. Methicillin-Resistant Staphylococcus Aureus (MRSA)
16. Mumps
17. Psittacosis/Ornithosis
18. Q fever
18.1. Respiratory Syncytial Virus (RSV)
19. Tapeworm infestations (including echinococcal disease)
20. Trichinosis
21. Toxoplasmosis (symptomatic only)
22. Tularemia
23. Vancomycin-Resistant Enterococci (VRE)

ONTARIO

Specification of Reportable Diseases, O. Reg. 559/91 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 96/03).

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-Straüsler-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
- i. West Nile Virus Fever
- ii. West Nile Virus Neurological Manifestations

Yellow Fever
Yersiniosis

Specification of Communicable Diseases, O. Reg. 558/91 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 97/03).

1 The following diseases are specified as communicable diseases for the purposes of the Act:

Acquired Immunodeficiency Syndrome (AIDS)
Amebiasis
Anthrax
Botulism
Brucellosis
Campylobacter enteritis
Chancroid
Chickenpox (Varicella)
Chlamydia trachomatis infections
Cholera
Cytomegalovirus infection, congenital
Diphtheria
Encephalitis, primary viral
Food poisoning, all causes
Gastroenteritis, institutional outbreaks
Giardiasis
Gonorrhoea
Group A Streptococcal disease, invasive
Haemophilus influenzae b disease, invasive
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 D (Delta hepatitis)
- iv. Hepatitis C

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
Transmissible Spongiform Encephalopathy, including
- i. Creutzfeldt-Jakob Disease, all types
- ii. Gerstmann-Straüsler-Scheinker Syndrome
- iii. Fatal Familial Insomnia
- iv. Kuru

Trichinosis
Tuberculosis
Tularemia
Typhoid Fever
Verotoxin-producing E. coli infections
West Nile Virus Illness
- i. West Nile Virus Fever
- ii. West Nile Virus Neurological Manifestations

Yellow Fever
Yersiniosis

Health Protection and Promotion Act, R.S.O. 1990, c. H.7 (consolidated up to S.O. 2004, c. 30).

1 Virulent disease means:

Cholera
Diphtheria
Ebola virus disease
Gonorrhoea
Hemorrhagic fever
Lassa fever
Leprosy
Marburg virus disease
Plague
Syphilis
Smallpox
Tuberculosis
a disease specified as a virulent disease by regulation

Specification of Virulent Diseases, O. Reg. 95/03 (made under the Health Protection and Promotion Act)

1 The following disease is specified as a virulent disease for the purposes of the Act:

Severe Acute Respiratory Syndrome (SARS)

PRINCE EDWARD ISLAND

Notifiable and Communicable Diseases Regulations, P.E.I. Reg. EC1985-330 (made under the Public Health Act, consolidated up to P.E.I. Reg. EC2003-156).

17 The following are notifiable diseases or conditions, the occurrence of which must be reported to the Chief Health Officer or his delegate in such manner as the Chief Health Officer may direct:

(a) any occurrence of the following diseases must be reported:

(i) Enteritis, including
- (A) Amoebic
- (B) Campylobacter
- (C) Cholera
- (D) Cryptosporidia
- (E) Giardiasis
- (F) Salmonellosis
- (G) Shigellosis
- (H) Verotoxic E. Coli
- (I) Yersinia, and
- (J) enteritis resulting form any other communicable cause,

(ii) Food poisoning, including
- (A) Botulism, and
- (B) Staphlococcal,

(iii) Hepatitis A, B and C,

(iv) Hepatitis non-A, non-B,

(v) HTLV I,

(vi) Invasive Pneumococcal Disease, including
- (A) Meningitis and Encephalitis,
  - (I) Bacterial, or
  - (II) Viral, and
- (B) Pertussis,

(vii) Malignant Neoplasm,

(viii) Rare diseases, including
- (A) Anthrax,
- (B) Brucellosis,
- (C) Diphteria,
- (D) Haemophilus Influenza B infections (invasive),
- (E) Histoplasmosis,
- (F) Legionellosis,
- (G) Leprosy,
- (H) Listoriosis,
- (I) Lyme Disease,
- (J) Malaria,
- (K) Norwalk Virus,
- (L) Plague,
- (M) Poliomyelitis,
- (N) Psittocosis,
- (O) Q Fever,
- (P) Reye's Syndrome,
- (Q) Rabies,
- (R) Tetanus,
- (S) Toxic Shock Syndrome,
- (T) Toxoplasmosis,
- (U) Trichinosis,
- (V) Tularemia,
- (W) Typhoid and Paratyphoid,
- (X) West Nile Virus, and,
- (Y) Yellow Fever,

(ix) Congenital Rubella Syndrome,

(x) Rubella,

(xi) Rubeola,

(xii) Severe Acute Respiratory Syndrome (SARS),

(xiii) Sexually Transmitted Diseases, including
- (A) Acquired Immunodeficiency Syndrome (AIDS),
- (B) Chlamydia (genital or neonatal),
- (C) Genital Warts,
- (D) Gonorrhea,
- (E) Herpes (genital or neonatal),
- (F) HIV antibodies, and
- (G) Syphilis, and

(xiv) Tuberculosis

(b) occurrence of any of the following must be reported if the disease appears epidemic or the case shows unusual features; the report shall include an estimate of the incidence as number of cases or percentage of affected population, and description of any unusual features:

(i) Chiken pox
Mumps
Influenza
Diarrhoea of the newborn
Streptococcal infections

(ii) Nuisance diseases:
Impetigo
Ringworm
Pediculosis
Scabies

(c) the isolation of the following:

(i) a strain of *Staphylococcus aureus* resistant to methicillin,

(ii) a stain of *enterococci* resistant to vancomycin, or

(iii) a strain of *Streptococcus pneumoniae* resistant to penicillin isolated from a normally sterile site.

QUÉBEC

Minister's Regulation under the Public Health Act, R.Q., c. S-2.2, r. 2 (made under the Public Health Act, consolidated up to M.O. 2003-011).

List of Intoxications, Infections and Diseases that must be reported to public health authorities under Chapter VII of the Act.

1 The following diseases must be reported immediately, by telephone, by any physician and any chief executive officer of a laboratory or of a department of medical biology to the national public health director and the public health director in the territory:

Anthrax
Botulism
Cholera
Plague
Smallpox
Viral haemorrhagic fever
Yellow fever

2 The following infections and diseases must be reported by any physician and any chief executive officer of a laboratory or of a department of medical biology to the public health director in the territory, by means of a written report transmitted within 48 hours:

Arthropod-borne viral encephalitis
Babesiosis
Brucelosis
Chagas disease
Chancroid
Chlamydia trachomatis infection
Diphteria
Gonococcal infection
Granuloma inguinale
Hantavirus infection
Invasive *Escherichia coli* infection
Invasive *Haemophilus influenzae* infection
Invasive group A streptococcal infection
Invasive meningococcal infection
Invasive *Streptococcus pneumoniae* infection
Legionnaire's disease
Leprosy
Lyme disease
Lymphogranuloma venereum
Measles
Mumps
Pertussis
Plasmodium infection
Poliomyelitis
Psittacosis
Q fever
Rabies
Rubella
Severe acute respiratory syndrome (SARS)
Syphilis
Tetanus
Trichinosis
Tuberculosis
Tularaemia
Typhoid and paratyphoid fever
Typhus
Viral hepatitis
West Nile virus infection

3 The following intoxications, infections and diseases must be reported by any physician to the public health director in the territory, by means of a written report transmitted within 48 hours:

Acute broncho-pulmonary injury of chemical origin (bronchiolitis, pneumonitis, alveolitis, bronchitis, bronchial irritation syndrome or pulmonary edema)
Acute flaccid paralysis
Asbestosis
Asthma whose occupational origin has been confirmed by a special committee on occupational lung diseases established pursuant to section 231 of the Act respecting industrial accidents and occupational diseases (R.S.Q., A-3.001)
Berylliosis
Byssinosis
Congenital rubella
Creutzfeldt-Jakob disease and its variants
Epidemic gastroenteritis of unspecified origin
Food or water poisoning
Hepatic angiosarcoma
Injury of the cardiac, digestive, hemopoietic, renal, pulmonary or neurological systems where the physician has serious reason to believe that the injury is the result of an exposure of environmental or occupational origin to chemicals through:
-alcohols
-aldehydes
-corrosives
-esters
-fungi
-gases and asphyxiants
-glycols
-hydrocarbons and other volatile organic compounds
-ketones
-metals and metalloids
-pesticides
-plants
Lung cancer linked to asbestos and whose occupational origin has been confirmed by a special committee on occupational lung diseases established pursuant to section 231 of the Act respecting industrial accidents and occupational diseases
Mesothelioma
Outbreak of Methicillin-resistant *Staphylococcus aureus*
Outbreak of Vancomycin-resistant enterococci
Silicosis

4 Any physician who diagnoses a human immunodeficiency virus infection or an acquired immunodeficiency syndrome in a person who has received blood, blood products, organs or tissues must report the diagnosis to the health director in the territory, by means of a written report transmitted within 48 hours.
The same applies when such a diagnosis is made in respect of a person who has previously donated blood, organs or tissues.

5 The following intoxications, infections and diseases must be reported by any chief executive officer of a laboratory or of a medical biology department to the public health director in the territory, by means of a written report transmitted within 48 hours:

Amoebiasis
Campylobacter infection
Cryptosporidiosis
Cyclosporiasis
Gastroenteritis due to *Yersinia enterolitica*
Giardiasis
Leptospirosis
Listeriosis
Salmonellosis
Shigellosis
Type I or II HTLV infection
Vancomycin-resistant *Staphylococcus aureus* infection
Verocytotoxin-producing *Escherichia coli* infection

Collection of Information for the purposes of ongoing surveillance of the health status of the population pursuant to sections 47 and 48 of the Act.

10 The Laboratoire de santé publique du Québec must transmit any confirmed positive laboratory analysis result showing the presence of the human immunodeficiency virus to the person designated by the national public health director […].

SASKATCHEWAN

The Disease Control Regulations, R.R.S., c. P-37.1, Reg. 11 (made under The Public Health Act, 1994, consolidated up to S. Reg. 88/2003).

Appendix

Table 1 : Category I Communicable Diseases [Subsection 3(1)]

- acute flaccid paralysis
- aeromonas
- amoebiasis
- anthrax
- antibiotic resistant organisms (vancomycin-resistant enterococci, vancomycin-resistant Staphylococcus aureus, methicillin-resistant Staphylococcus aureus, penicillin-resistant pneumococcus)
- botulism
- brucellosis
- campylobacteriosis
- chickenpox
- Chlamydia pneumoniae
- cholera
- congenital rubella syndrome
- Creutzfeldt-Jakob disease, classical or new varient
- cryptosporidiosis
- cyclospora
- diphtheria
- encephalitis-vector borne
- food poisoning of animal, bacterial, viral or chemical origin, not including salmonellosis or shigellosis
- giardiasis
- haemophilus influenzae, types a, b, c, d, e and f
- haemorrhagic fevers-viral
- hantavirus
- hepatitis A
- influenza-lab confirmed
- legionellosis
- leptospirosis
- leprosy
- listeriosis
- Lyme disease
- malaria
- measles
- meningococcal invasive disease
- mumps
- paratyphoid
- parvovirus B 19
- pertussis
- plague
- pneumococcal invasive disease
- poliomyelitis
- psittacosis
- rabies
- rickettsial disease
- rubella
- salmonellosis, excluding typhoid and paratyphoid
- severe acute respiratory syndrome
- shigellosis
- smallpox
- staphylococcal disease-invasive, toxigenic
- streptococcal A-invasive
- streptococcal B-neonatal
- tetanus
- toxigenic staphylococcal disease
- toxoplasmosis
- transmissible spongiform encephalopathy (TSE)
- trichinosis
- tularemia
- typhoid
- verotoxigenic Escherichia coli infections
- West Nile virus
- yellow fever
- Yersinia enterocolitica.

Table 2 : Category II Communicable Diseases [Subsection 3(2)]

- acquired immune deficiency syndrome
- chancroid
- Chlamydia trachomatis
- gonococcal infections
- granuloma inguinale
- hepatitis B
- hepatitis C
- hepatitis D
- hepatitis-other viral
- human immunodeficiency virus infection
- human T lymphotropic virus, Types I and II
- lymphogranuloma venereum
- neonatal / congenital herpes
- syphilis
- tuberculosis.

YUKON

Communicable Diseases Regulations, Y.O.I.C. 1961/048 (made under the Public Health and Safety Act, consolidated up to Y.O.I.C. 1995/122).

Schedule B
Communicable Diseases (section 2)

Acquired Immune Deficiency Syndrome (AIDS)
Amoebiasis
Botulism
Brucellosis
Campylobacteriosis
Chancroid
Chlamydia Infections
Chickenpox
Cholera
Diphtheria
Giardiasis
Gonococcal Infection
Gonococcal Opthalmia neonatorum
Haemophilus Influenza B (invasive)
Hepatitis
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis non A, non B, non C

Herpes Simplex (congenital/neonatal)
HIV Infection
Legionellosis
Leprosy
Listeriosis
Malaria
Measles
Meningitis/Encephalitis: A.1
(Bacterial: Pneumococcal)
Meningitis/Encephalitis: A.2 Other
(Bacterial, excluding Haemophilus, Meningococcal, and Tuberculosis)
Meningitis/Encephalitis: B. Viral (all categories except Measles, Poliomyelitis, Rubella, and Yellow Fever)
Meningococcal Infection
Mumps
Paratyphoid
Pertussis
Plague

Poliomyelitis
Rabies
Rubella
Congenital Rubella
Salmonellosis (excluding Typhoid and Paratyphoid)
Shigellosis
Syphilis
- Early Symptomatic (Primary & Secondary)
- Early Latent
- Congenital
- Other

Tetanus
Trichinosis
Tuberculosis
Typhoid
Verotoxigenic E. Coli
Yellow Fever
Yersinosis" [*sic*]

APPENDIX 3
DEFINITIONS

ALBERTA

Public Health Act, R.S.A. 2000, c. P-37 (consolidated up to S.A. 2003, c. 2).

Section 1

(c) "**carrier**" means a person who, without apparent symptoms of a communicable disease, harbours and may disseminate an infectious agent;

(f) "**communicable disease**" means an illness in humans that is caused by an organism or micro-organism or its toxic products and is transmitted directly or indirectly from an infected person or animal or the environment;

(h) "**contact**" means any person or animal suspected to have been in association with an infected person or animal or a contaminated environment to a sufficient degree to have had the opportunity to become infected;

(o) "**epidemic**" means the occurrence in a community of persons of a number of cases of a communicable disease in excess of normal expectations;

(x) "**institution**" means a correctional institution as defined in the Corrections Act, a facility as defined in the Mental Health Act, a nursing home within the meaning of the Nursing Homes Act, and a social care facility as defined in the Social Care Facilities Licensing Act;

(y) "**isolation**" means the separation of a person or animal infected with a communicable disease from other persons or animals in a place and under conditions that will prevent the direct or indirect conveyance of the infectious agent from the infected person or animal to a susceptible person or animal;

(bb) "**medical officer of health**" means a physician appointed by a regional health authority or designated by the Minister under this Act as a medical officer of health, and includes the Chief Medical Officer and the Deputy Chief Medical Officer;

(ee) "**nuisance**" means a condition that is or that might become injurious or dangerous to the public health, or that might hinder in any manner the prevention or suppression of disease;

(jj) "**quarantine**" means

(i) in respect of persons or animals, the limitation of freedom of movement and contact with other persons or animals, and

(ii) in respect of premises, the prohibition against or the limitation on entering or leaving the premises, during the incubation period of the communicable disease in respect of which the quarantine is imposed;

(oo) "**teacher**" includes an instructor, lecturer, professor, principal, president, supervisor or superintendent of any school, college, university, technical institute or other learning institution.

Communicable Diseases Regulation, Alta. Reg. 238/1985 (made under the Public Health Act, consolidated up to Alta. Reg. 206/2001).

Section 1

(a.1) "**carrier**" means a person who, without apparent symptoms of a communicable disease, harbours and may disseminate an infectious agent;

(b) "**case**" means a person who has a communicable disease;

(c) "**communicable disease**" means an illness in humans that is caused by an organism or micro-organism or its toxic products and is transmitted directly or indirectly from an infected person or animal or the environment;
(e) "**contact**" means any person or animal suspected to have been in association with an infected person or animal or a contaminated environment to a sufficient degree to have had the opportunity to become infected;
(g.1) "**Director**" means a Director appointed by the Minister for the purposes of Part 4 of the Act;
(i) "**epidemic**" means the occurrence in a community of persons of a number of cases of a communicable disease in excess of normal expectations;
(l) "**infected person**" means a person who harbours an infectious agent;
(m.1) "**institution**" means a correctional institution as defined in the Corrections Act, a facility as defined in the Mental Health Act, a nursing home within the meaning of the Nursing Homes Act, and a social care facility as defined in the Social Care Facilities Licensing Act;
(n) "**isolation**" means the separation of a person or animal infected with a communicable disease from other persons or animals in a place and under conditions that will prevent the direct or indirect conveyance of the infectious agent from the infected person or animal to a susceptible person or animal;
(n.1) "**laboratory**" means a medical diagnostic laboratory where examinations of specimens of blood, spinal fluid, sputum, stool, urine, gastric washings, exudate or other specimen or discharge derived from a body are made for the purpose of determining the presence or absence of an infectious agent;
(o.1) "**medical officer of health**" means a physician appointed by a health unit or designated by the Minister under the Act as a medical officer of health;
(q) "**notifiable disease**" means any communicable disease listed in Schedule 1 or 2 and any communicable disease in epidemic form;
(r) "**outbreak**" means a distribution of cases of a communicable disease that is unusual in terms of time, place or persons affected;
(t) "**quarantine**" means
    (i) in respect of persons or animals, the limitation of freedom of movement and contact with other persons or animals, and
    (ii) in respect of premises, the prohibition against or the limitation on entering or leaving the premises, during the incubation period of the communicable disease in respect of which the quarantine is imposed;
(w) "**surveillance**" means the practice of close medical and other supervision of cases and contacts, as determined by the medical officer of health, in order to mitigate or eliminate a communicable disease or to promote prompt recognition of infection or illness with a communicable disease;

Section 6
(1) The diseases set out in Schedule 1 are the diseases prescribed for the purposes of sections 31(1) and 33(1) of the Act.
(2) The diseases set out in Schedule 2 are the diseases prescribed for the purposes of section 31(2) of the Act.
(3) The diseases set out in Schedule 3 are the diseases prescribed for the purposes of sections 49(1), 54(1) and 57(1) of the Act.

Bodies of Deceased Persons Regulation, Alta. Reg. 14/2001 (made under the Public Health Act).

Section 1(1)
(f) "**specified communicable disease**" means a communicable disease specified in Schedule 1 or Schedule 2.

BRITISH COLUMBIA

Health Act, R.S.B.C. 1996, c. 179 (consolidated up to B.C. Reg. 317/2004).

Section 1
"**communicable disease**" has the meaning prescribed by the Lieutenant Governor in Council
"**contagious**" means communicable by close contact or inoculation
"**health hazard**" means (a) a condition or thing that does or is likely to (i) endanger the public health or, (ii) prevent or hinder the prevention or suppression of disease, […]
"**health officer**" means a medical health officer appointed for the enforcement of this Act or of any other Act of British Columbia relating to public health
"**infectious**" means communicable in any manner, even at a distance.
"**isolation**" has the meaning prescribed by the Lieutenant Governor in Council
"**medical health officer**" means the medical health officer appointed under this Act to act within the limits of the jurisdiction of any local board, or within any health district.
"**public health inspector**" means an officer appointed under this Act who is the holder of a Certificate in Public Health Inspection (Canada) or an equivalent certificate issued by a competent authority and acceptable to the Board of Certification of Public Health Inspectors of the Canadian Institute of Public Health Inspectors.
"**quarantine**" has the meaning prescribed by the Lieutenant Governor in Council
"**reportable communicable disease**" has the meaning prescribed by the Lieutenant Governor in Council

Health Act Communicable Disease Regulation, B.C. Reg. 4/1983 (made under the Health Act, consolidated up to B.C. Reg. 281/2004).

Section 1
"**carrier**" means a person who harbours, and who may disseminate, a specific infectious agent in the absence of discernible clinical disease;
"**communicable disease**" means an illness, due to a specific infectious agent or its toxic products, which arises through the transmission of that agent or its product
(a) directly from an infected person or animal, or
(b) indirectly through the agency of an intermediate host vector or the inanimate environment;
"**contact**" means a person who has been or is in association with an infected person or animal, or with a contaminated environment, and has had an opportunity of acquiring the infection;
"**epidemic**" means an occurrence of a disease within a community or region in excess of normal expectancy;
"**infectious agent**" means an organism capable of producing an infection or infectious disease;
"**isolation**" means the separation, for the period of communicability of the disease, of an infected person or animal from others in a place and under conditions to prevent the conveyance of the infectious agent to those others;
"**modified isolation**" means
(a) the restriction of the infected person to his residence and the grounds surrounding his residence, or
(b) the limitation of freedom of movement of the infected person that is necessary in the opinion of the medical health officer or physician, as the case may be;
"**quarantine**" means the limitation of freedom of movement of a susceptible person or domestic animal, suspected of being or known to have been exposed to a communicable disease, for a period of time equal to the longest usual incubation period of that disease from the last date of exposure;
"**reportable communicable disease**" means a disease
(a) listed in Schedule A or B, or
(b) which becomes epidemic or shows unusual features;

"**strict isolation**" means the complete segregation, in a room used for no other purpose, of an infected person from all persons except

(a) the physicians and nurses in attendance, and

(b) those persons authorized by the medical health officer;

"**susceptible person**" means a person not possessing adequate resistance against a specific infectious agent.

Venereal Disease Act, R.S.B.C. 1996, c. 475 (consolidated up to B.C. Reg. 200/1999).

Section 1

"**adequate treatment**" means treatment for venereal disease that is prescribed by the minister as adequate;

"**medical health officer**" means a medical health officer appointed under the *Health Act*;

"**venereal disease**" means syphilis, gonorrhea, chancroid, granuloma inguinale, lymphogranuloma venereum and chlamydia.

MANITOBA

The Public Health Act, C.C.S.M. c. P210 (consolidated up to S.M. 2002, c. 26).

Section 1
"**communicable disease**" means a disease designated as a communicable disease in the regulations;
"**dangerous disease**" means Ebola, Lassa fever, plague, smallpox or a disease designated by the minister under section 1.1.

Diseases and Dead Bodies Regulation, Man. Reg. 338/88R (made under The Public Health Act, consolidated up to Man. Reg. 62/2001).

Section 1
"**director**" means the Director of Communicable Disease Control or the designate of that Director;
"**health officer**", "**medical officer of health**", "**medical health officer**" or "**medical officer**" means the person who, under *The Public Health Ac*t, or *The Health Services Act* is, or is appointed as, a medical officer of health or medical director of a local health unit.

Section 2
"**communicable disease**", "**contagious disease**", or "**infectious disease**" means in [*sic*] illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host either directly as from an infected person or animal, or indirectly through the agency of an intermediate plant or animal host, a vector, or the inanimate environment;
"**director**" means the Director or, in his or her absence, the Assistant Director, of Communicable Disease Control of the department;
"**immune**" means a person or animal who or which, by virtue of previous infection or immunization, possesses protective antibodies against a specified communicable disease and therefore is unlikely to be susceptible to it;
"**infectious tuberculosis**" means any form of tuberculosis in which the tubercle bacillus can be demonstrated in the sputum or any other bodily secretion, excretion, or discharge, including discharge from open or discharging wounds or where there is any other evidence to support the fact that the disease is in an infectious state;
"**infection**" means the entry and development or multiplication of an infectious agent in the body of a person or animal, with or without clinical manifestations;
"**inspector**", "**sanitary inspector**", or "**public health inspector**" means a public health inspector appointed under *The Public Health Act* or *The Department of Health Ac*t;
"**isolation**" means the separation, for the period of communicability, of infected persons or animals from others in such places and under such conditions as to prevent the direct or indirect conveyance of the infectious agent from those infected to those who are susceptible or who may spread the agent to others;
"**quarantine**" means

(a) in respect of a person or animal, the restriction of freedom of movement of any person or animal who or that has been exposed to a communicable disease for a period of time equal to the longest usual incubation period of the disease or for as long as the person or animal gives evidence of harbouring the infectious agent, in such manner as to prevent effective contact with any person or animal not so exposed, and

(b) in respect of premises or a part of any premises, the prohibition against or the restriction of entering or leaving the premises or part by any person;

"**reportable disease**" means cancer or malignant neoplasm or a communicable disease listed in Schedule A.

Section 32
"**physician**" means a duly qualified medical practitioner;
"**sexually transmitted disease**" means AIDS, chancroid, chlamydia, gonorrhea, hepatitis B, human immunodeficiency virus (HIV) and syphilis.

Section 52
In this Part, "**communicable disease**" or "**contagious disease**" means cholera, diphtheria, typhoid fever, louse-borne typhus fever, plague, anthrax, tularemia, brucellosis, yellow fever, and louse-borne relapsing fever.

The Emergency Measures Act, C.C.S.M. c. E80 (consolidated up to S.M. 2002, c. 26).

Section 1
"**emergency**" means a present or imminent situation or condition that requires prompt action to prevent or limit
(a) the loss of life; or
(b) harm or damage to the safety, health or welfare of people; or
(c) damage to property or the environment.

The Animal Diseases Act, C.C.S.M. c. A85 (consolidated up to S.M. 2004, c. 42).

Section 1
"**disease**" means any condition causing suffering, illness or death of an animal, is a threat to public interest and is designated as a disease in the regulations.

NEW BRUNSWICK

Health Act, R.S.N.B. 1973, c. H-2 (consolidated up to S.N.B. 2002, c. 23).

Section 1

"**contagious or infectious disease**" means such disease as the Minister may from time to time declare or specify to be contagious or infectious;

"**nuisance**" includes and shall be deemed to include any condition, existing in any locality, which is or may become injurious or dangerous to health, or prevent or hinder in any manner the suppression of disease; and without restricting the generality of the aforegoing, for greater particularity the following shall be deemed nuisances within the meaning of this Act, if in such a state, or so situated, as to be injurious or dangerous to health:

(a) any premises improperly constructed or in a state of disrepair,

(b) any house or part of a house so overcrowded as to be injurious or dangerous to the health of the inmates, or in which insufficient air space is allowed for each inmate as required by the regulations,

(c) any accumulation or deposit of refuse, wherever situate,

(d) a street, pool, ditch, gutter, water-course, sink, cistern, water or earth closet, privy, urinal, cesspool, drain, dung pit or ash pit in a foul condition,

(e) a well, spring or other water supply, and

(f) a burial ground, cemetery, crematorium, columbarium or other place of sepulchre located or so overcrowded or otherwise so arranged or managed as to be offensive, or injurious or dangerous to health.

Public Health Act, S.N.B. 1998, c. P-22.4 (consolidated up to S.N.B. 2002, c. 23).

Section 1

"**communicable disease**" means a disease prescribed by regulation as a communicable disease;

"**contact**" means a person who has or may have been in contact with another person who has or had a communicable disease while that other person was in an infectious state;

"**examination**" means the taking of a medical history, a physical inspection, palpation, percussion, auscultation of the human body, the taking of specimens of bodily fluids for laboratory tests, the use of diagnostic imaging or the performing of diagnostic procedures that may be required to determine the existence of a communicable disease or the agent of a communicable disease;

"**Group I communicable disease**" means

(a) cholera,

(b) diphtheria,

(c) haemorrhagic fevers diseases,

(d) plague (pneumonic),

(e) tuberculosis (active), and

any other disease prescribed by regulation as a Group I communicable disease;

"**health hazard**" means

(a) a condition of a premises,

(b) a substance, thing or plant or animal other than man,

(c) a solid, liquid, gas or combination of any of them, or

(d) a noise or vibration

that has or is likely to have an adverse effect on the health of a person;

"**notifiable disease**" means a disease prescribed by regulation as a notifiable disease.

Venereal Disease Act, R.S.N.B. 1973, c. V-2 (consolidated up to S.N.B. 2002, c. 1).

Section 1
"**venereal disease**" means gonorrhoea, syphilis and chancroid, and includes every condition diagnosed by a medical practitioner as a venereal disease.

Emergency Measures Act, S.N.B. 1978, c. E-7.1 (consolidated up to S.N.B. 2000, c. 42).

Section 1
"**disaster**" means any real or anticipated occurrence such as disease, pestilence, fire, flood, tempest, explosion, enemy attack or sabotage, which endangers property, the environment or the health, safety or welfare of the civil population;
"**emergency**" means a present or imminent event in respect of which the Minister or municipality, as the case may be, believes prompt co-ordination of action or regulation of persons or property must be undertaken to protect property, the environment or the health, safety or welfare of the civil population.

NEWFOUNDLAND AND LABRADOR

Communicable Disease Act, R.S.N. 1990, c. C-26 (consolidated up to N.L.R. 44/03).

Section 2
(a) "**communicable disease**" means a disease mentioned in the Schedule, and includes other diseases that may be added to the Schedule by the minister.

Veneral Disease Prevention Act, R.S.N.1990, c. V-2.

Section 2
(d) "**place of detention**" means a hospital, sanatorium, jail, prison, lock-up, reformatory, industrial farm, or industrial refuge so designated by the minister or another place designated as a place of detention by the Lieutenant-Governor in Council; and
(e) "**venereal disease**" means syphilis, gonorrhoea, chancroid or granuloma inguinale.

Emergency Measures Act, R.S.N. 1990, c. E-8 (consolidated up to S.N.L. 2004, c. L-3.1).

Section 2
(b) "**civil disaster**" means a real or anticipated occurrence, other than a war emergency, which endangers or is likely to endanger the safety, welfare and well-being of some or all of the civil population of the province and includes disease, pestilence, fire, flood, tempest or other calamity not directly attributable to enemy attack, sabotage or other hostile action;
(f) "**emergency measures**" means the planning, organization, establishment and operation of defensive, precautionary and safety measures, controls, facilities and services of all kinds, other than those for which the military forces or other agencies of the Government of Canada are primarily responsible, necessary or desirable in the public interest for meeting, reducing, preventing and overcoming the effects of civil disaster or a war emergency and includes

(i) the preparation and carrying out of all plans and measures necessary to ensure the survival and continuity of civil government in the province in times of civil disaster or war emergency,
(ii) the preservation of law and order,
(iii) the control of traffic, including the movement of persons and property and the maintenance, clearance and repair of roads,
(iv) the establishment of areas in the province, and the provision of appropriate services in those areas, for the reception, accommodation and feeding of persons evacuated from other areas which have been or are likely to be subject to civil disaster, hostile action or enemy attack,
(v) the organization of emergency medical services and public health and welfare measures,
(vi) the organization of firefighting, rescue and salvage services and radioactive fallout detection services,
(vii) the maintenance and repair of public utilities,
(viii) assistance to municipalities in the development of emergency measures within their jurisdictions,
(ix) liaison with the Government of Canada, other provinces of Canada, and municipalities in the province […] in all matters relating to emergency planning, and
(x) the institution of training and public information programs to ensure the existence of adequately trained and equipped forces to meet the emergency requirements of the province and to keep the civilian population fully informed of the measures which have been adopted and the action which they should take for their safety, welfare and well-being in times of civil disaster or war emergency;

Workplace Health, Safety and Compensation Act, R.S.N. 1990, c. W-1 (consolidated up to S.N.L. 2001, c. 10).

Section 2
(m) "**industrial disease**" means a disease prescribed by regulation under section 90 and another disease peculiar to or characteristic of a particular industrial process, trade or occupation.

Workplace Health, Safety and Compensation Regulations, Nfld. Reg. 1025/96 (made under the Workplace Health, Safety and Compensation Act, consolidated up to Nfld. Reg. 25/04).

Section 23
For the purpose of subsection 90(2) of the Act the commission has set out the following industrial diseases and associated processes: […]

	Industrial Disease	**Description of Process**
26.	Skin diseases caused by physical, chemical or biological agents not included under other items.	All work involving exposure to the risk concerned.
[…]		
29.	Infectious or parasitic diseases contracted in an occupation where there is a particular risk of contamination.	a) Health or laboratory work b) Veterinary work c) work handling animals, animal carcases, parts of those carcases, or merchandise which may have been contaminated by animals, animals carcases, or part of such carcases ; and d) Other work carrying a particular risk of contamination.

NORTHWEST TERRITORIES & NUNAVUT

Civil Emergency Measures Act, R.S.N.W.T. 1988, c. C-9 (Northwest Territories : consolidated up to S.N.W.T. 1998, c. 21; Nunavut : consolidated up to S.N.W.T. 1998, c. 21).

Section 1
"**declaration of a state of emergency**" means an order made under subsection 11(1);
"**declaration of a state of local emergency**" means a resolution made under subsection 14(1);
"**emergency**" means a present or imminent event that is affecting or could affect the health, safety or welfare of people or is damaging or could damage property.

Disease Registries Act, R.S.N.W.T. 1988 (Supp.), c. 7 (Northwest Territories: consolidated up to S.N.W.T. 2003, c. 21; Nunavut: consolidated up to S.N.W.T. 1998, c. 38).

Section 1
"**health care professional**" means a person who provides health care and includes
(a) a medical practitioner,
(b) a person who holds a licence to practise psychology under the *Psychologists Act*,
(c) a dentist as defined in the *Dental Profession Act*, and
(d) a registered nurse, a nurse practitioner or a temporary certificate holder under the *Nursing Profession Act*;
"**health facility**" means a hospital, health centre or nursing station within the Territories;
"**register**" means a register established under section 9;
"**Registrar**" means the Registrar of Disease Registries appointed under section 22;
"**reportable disease**" means a disease declared to be a reportable disease for the purposes of this Act under paragraph 2(a);
"**reportable test**" means a medical test declared to be reportable test for the purposes of this Act under paragraph 2(b).

Public Health Act, R.S.N.W.T. 1988, c. P-12 (Northwest Territories: consolidated up to S.N.W.T. 2004, c. 11; Nunavut: consolidated up to S.N.W.T. 1998, c. 5).

Section 1
"**Chief Medical Health Officer**" means the Chief Medical Health Officer appointed under subsection 2(1);
"**communicable disease**" means a disease prescribed as a communicable disease;
"**Health Officer**" means a Health Officer appointed under subsection 3(2) or 6(2);
"**Medical Health Officer**" means a Medical Health Officer appointed under subsection 3(2) or 6(1);
"**sanitary inspector**" means a sanitary inspector appointed under section 8.

Communicable Diseases Regulations, R.R.N.W.T. 1990, c. P-13 (made under the Public Health Act, Northwest Territories: consolidated up to N.W.T. Reg. 022-2004; Nunavut: consolidated up to Nu. Reg. 015-2003).

Section 1

"**carrier**" means a person who harbours and disseminates the specific micro-organisms of any communicable disease;

"**contact**" means a person or animal known to have been in association with a person or animal infected with a communicable disease and is presumed to have been exposed to infection from the infected person or animal;

"**contact tracing**" means

(a) identifying the contacts of a person who is or who, on reasonable grounds, is suspected of being infected with a communicable disease,

(b) advising any contact identified under paragraph (a) to adopt the specific control measures for the communicable disease in question, and

(c) providing the contact with the necessary information to comply with the measures referred to in paragraph (b);

"**infected with a communicable disease**" means harbouring an infectious agent, whether or not recognizable clinical signs or symptoms are displayed;

"**place of isolation**" means a sanatorium, clinic, lockup, jail, reformatory or other place designated by the Chief Medical Health Officer for the purpose of sections 11, 13 and 14;

"**positive test result**" means the result of a test that has been declared by the Chief Medical Health Officer to be a result sufficient to indicate that the person tested is or may be infected with a communicable disease;

"**specific control measures**" means

(a) the control measures for a communicable disease that are specified for that disease in the latest edition of the *Official Report of the American Public Health Association for the Control of Communicable Diseases*, or

(b) where, in the opinion of the Chief Medical Health Officer, the Report referred to in paragraph (a) no longer reflects the most current medical information available on a communicable disease or is not appropriate to conditions in the Territories, the control measures specified for that disease by the Chief Medical Health Officer, based on the most current medical information available or the conditions in the Territories;

"**test**" means the medical or laboratory test or series of tests specified by the Chief Medical Health Officer as the test or series of tests to be used for diagnostic purposes to determine whether the person tested is or may be infected with a particular communicable disease.

NOVA SCOTIA

Health Act, R.S.N.S. 1989, c. 195 (consolidated up to S.N.S. 2001, c. 5).

Section 2
"**communicable disease**" includes measles, influenza, rubella (rotheln), scarlet fever, smallpox, varicella (chicken pox), typhus fever, relapsing fever, diphtheria, typhoid fever, paratyphoid fever, lethargic encephalitis, Asiatic cholera, tuberculosis (of any organ), bubonic plague, tetanus, anthrax, glanders, cerebrospinal meningitis, leprosy, infectious diseases of the eye (trachoma, suppurative conjunctivitis, ophthalmia neonatorum), erysipelas, puerperal septicaemia, whooping cough, yellow fever, malaria, syphilis, or other venereal disease, and communicable diseases of the skin, mumps, actinomycosis, anterior poliomyelitis, pneumonia, rabies and pediculosis;
"**isolation**" means the separation of a person suffering from a communicable disease, or a person who is a carrier of an infective organism, from other persons in such places and under such conditions as would prevent the conveyance of the infective agent to another person;
"**notifiable disease**" means a disease, the presence of which must, pursuant to this Act or the regulations, be made known to the director of a health unit, a medical health officer, a board of health or other officer;
"**quarantine**" means the limitation of movement of persons who have been exposed to a communicable disease
"**venereal disease**" includes syphilis, chancroid and gonorrhoea;
"**venereally infected person**" means a person suffering from a venereal disease.

Communicable Diseases Regulations, N.S. Reg. 28/1957 (made under the Health Act, consolidated up to N.S. Reg. 79/2003).

Section 1
(a) by the term "**notifiable disease**" is meant any disease the presence of which must be made known to the local Board of Health and the Medical Health Officer;
(b) by the term "**infectious and contagious**" or "**communicable**" **disease** is meant any disease which, by reason of its being caused by a certain specific infective agent, is capable of being transmitted from one person to another, by the transmission either directly or indirectly, of the causative specific infective agent;
(c) by the term "**isolation**" is meant the separation of persons suffering from a communicable disease or of persons being carriers of an infective organism, from other persons, in such places and under such conditions as will prevent the conveyance of the infective agent to any other person;
(d) by the term "**quarantine**" is meant the limitation of movement of persons who have been exposed to communicable disease for the period of time equal to the incubation period of the disease to which they have been exposed;
(e) by the term "**placard**" is meant a distinctive flag or card of specified measurement, used to be affixed to any house or place, for the purpose of indicating that a patient suffering from a disease requiring isolation, or a person undergoing quarantine, is dwelling therein; […]
(g) by the term "**carrier**" is meant a person, who may be apparently healthy, but who is harbouring the specific germs of any communicable disease and discharging them from his body.

Tuberculosis Control Regulations, N.S. Reg. 45/1942 (made under the Health Act).

Section 2
(1) The definitions contained in the Health Act or in the regulations in respect of the Communicable and Notifiable Diseases shall apply to these regulations.
(2) The term "open" as applied in these regulations to tuberculosis shall be considered as including
(a) all cases of pulmonary tuberculosis which produce sputum containing tubercle bacilli;

(b) all cases of tuberculosis other than the pulmonary form in which tubercle bacilli are found in the discharges from the diseased tissue;
(c) all known cases of pulmonary tuberculosis or consumption until three specimens of sputum obtained at intervals of several days, have been submitted to the Provincial Laboratory for examination, which specimens are reported by the Laboratory as not containing tubercle bacilli.

Emergency Measures Act, S.N.S. 1990, c. 8.

Section 2
"**emergency**" means a present or imminent event in respect of which the Minister or a municipality, as the case may be, believes prompt co-ordination of action or regulation of persons or property must be undertaken to protect property or the health, safety or welfare of people in the Province.

ONTARIO

Health Protection and Promotion Act, R.S.O. 1990, c. H.7 (consolidated up to S.O. 2004, c. 30).

Section 1(1)

"**communicable disease**" means a disease specified as a communicable disease by regulation made by the Minister;
"**reportable disease**" means a disease specified as a reportable disease by regulation made by the Minister;
"**sexually transmitted disease**" means a disease caused by an infectious agent usually transmitted during sexual contact;
"**virulent disease**" means,

(a) Cholera,
(b) Diphtheria,
(c) Ebola virus disease,
(d) Gonorrhoea,
(e) Hemorrhagic fever,
(f) Lassa fever,
(g) Leprosy,
(h) Marburg virus disease,
(i) Plague,
(j) Syphilis,
(k) Smallpox,
(l) Tuberculosis,

or a disease specified as a virulent disease by regulation made by the Minister.

Section 21

"**institution**" means,

(a) "charitable institution" within the meaning of the *Charitable Institutions Act*,
(b) premises approved under subsection 9 (1) of Part I (Flexible Services) of the *Child and Family Services Act*,
(c) "children's residence" within the meaning of Part IX (Licensing) of the *Child and Family Services Act*,
(d) "day nursery" within the meaning of the *Day Nurseries Act*,
(e) "facility" within the meaning of the *Developmental Services Act*,
(f) Repealed: 2001, c. 13, s. 17.
(g) "home for special care" within the meaning of the *Homes for Special Care Act*,
(h) "home" within the meaning of the *Homes for the Aged and Rest Homes Act*,
(i) "psychiatric facility" within the meaning of the *Mental Hospitals Act*,
(j) "approved home" and "institution" within the meaning of the *Mental Hospitals Act*,
(k) "correctional institution" within the meaning of the *Ministry of Correctional Services Act*,
(l) "detention facility" within the meaning of section 16.1 of the *Police Services Act*,
(m) "nursing home" within the meaning of the *Nursing Homes Act*,
(n) "private hospital" within the meaning of the *Private Hospitals Act*,

(o) place or facility designated as a place of secure custody under section 24.1 of the *Young Offenders Act* (Canada),
and includes any other place of a similar nature.

Private Hospitals Act, R.S.O. 1990, c. P.24 (consolidated up to S.O. 2002, c. 17).

Section 1
"**private hospital**" means a house in which four or more patients are or may be admitted for treatment, other than,
(a) an independent health facility within the meaning of the Independent Health Facilities Act or a hospital within the meaning of the Public Hospitals Act,
(b) Repealed: 2002, c. 17, Sched. F, Table.
(c) a children's residence licensed under Part IX (Licensing) of the Child and Family Services Act,
(d) a lodging house licensed under a municipal by-law.

PRINCE EDWARD ISLAND

Public Health Act, R.S.P.E.I. 1988, c. P-30 (consolidated up to S.P.E.I. 2003, c. 15).

Section 1
(b) "**communicable disease**" means an illness caused by an infectious agent or its toxic products which is transmitted directly or indirectly to a person from an infected person or animal or through the agency of an intermediate environment and includes any disease prescribed as a communicable disease by the regulations;
(f) "**notifiable disease**" and "**notifiable condition of ill health**" mean those diseases, injuries or other conditions of ill health designated by regulation, any incidence of which must be reported to the Chief Health Officer.

Notifiable and Communicable Diseases Regulations, P.E.I. Reg. EC1985-330 (made under the Public Health Act, consolidated up to P.E.I. Reg. EC2003-156).

Section 1
(a) "**carrier**" means a person who, without apparent symptoms of a disease, harbours and may disseminate the infectious agent;
(b) "**contact**" means a person who has been exposed to or been in such association with an infectious agent as to have had the opportunity of acquiring the infection;
(c) "**control measure**" means a procedure or condition applied in order to contain or prevent the spread of communicable disease, and may include restricting a person's work, school or other community activity, detaining, hospitalizing, isolating or quarantining a person, providing public notification of risk, and disinfection or disposal of articles and substances;
(f) "**notifiable disease**" means a disease or condition listed in section 17, occurrence of which is to be reported;
(g) "**nuisance disease**" means a disease listed in subclause 17(b)(ii) which, although it may not necessarily be seriously harmful, may be offensive to public sensibility;
(h) "**regulated disease**" means any communicable disease or condition which in the opinion of the Chief Health Officer, owing to its properties of contagion, the seriousness of its effects, an unusual condition or some such other factor, poses a significant threat to public health; this may include but is not restricted to those notifiable diseases which are capable of transmission in the province.

School Act, 1993 c. 35, R.S.P.E.I. 1988, c. S-2.1 (consolidated up to S.P.E.I. 2000 (2nd), c. 3).

Section 1
(q) "**notifiable**", "**nuisance**" **or** "**regulated disease**" has the meaning prescribed by the *Public Health Ac*t.

QUÉBEC

An Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, ambulance services and the disposal of human bodies, R.S.Q., c. L-0.2 (consolidated up to S.Q. 2003, c. 19).

Section 1
(d) "**reportable disease**" means an infection, intoxication or disease that must be reported to the national public health director or a public health director under Chapter VIII of the Public Health Act (chapter S-2.2).

Public Health Act, R.S.Q., S-2.2 (consolidated up to S.Q. 2002, c. 69).

Section 2
In this Act, a **threat to the health of the population** means the presence within the population of a biological, chemical or physical agent that may cause an epidemic if it is not controlled**.**

Animal Health Protection Act, R.S.Q., c. P-42 (consolidated up to S.Q. 2003, c. 24).

Section 2:
(0.1) "**infectious agent**" means an organism, micro-organism or protein particle capable of causing an infection or a disease in animals or in humans and designated by regulation;
(2) "**contagious disease**" means a disease which may be transmitted by an animal to another animal or to a human by direct contact or otherwise and is designated by regulation;

Regulation respecting the application of the Public Health Protection Act, R.S.Q., c. L-0.2, r. 1 (made under the Public Health Protection Act, consolidated up to M.O. 2003-011).

Section 2:
(b) "**infections** [*sic*] **agent**": an organism or microorganism capable of causing an infection or an infections [*sic*] disease in humans;
(l) "**isolation**": the separation of a contagious person from susceptible and uninfected persons;
(o) "**germ carrier**": a person who, without showing the symptoms of a disease that must be declared or a disease entailing compulsory treatment, carries within his or her body the causal agent of such disease;
(p) "**quarantine**": the limitations of freedom of movement of healthy persons who have been in contact with the causative agent of a transmissible disease, for a period equal to the longest habitual incubation period of that disease.

SASKATCHEWAN

The Emergency Planning Act, S.S., 1989-90, c. E-8.1 (consolidated up to S.S. 2003, c. 29).

Section 2

(b) "**emergency**"means:

(i) a calamity caused by:

(A) accident;

(B) act of war or insurrection;

(C) terrorist activity as defined in the Criminal Code;

(D) forces of nature; or

(ii) a present or imminent situation or condition, including a threat of terrorist activity as defined in the *Criminal Code*, that requires prompt action to prevent or limit:

(A) the loss of life;

(B) harm or damage to the safety, health or welfare of people; or

(C) damage to property or the environment.

The Public Health Act, 1994, S.S. 1994, c. P-37.1 (consolidated up to S.S. 2004, c. 51).

Section 2

(d) "**carrier**" means a person who, without apparent symptoms of a communicable disease, harbours and may spread an infectious agent;

(e) "**category I communicable disease**" means a communicable disease that is prescribed as a category I communicable disease;

(f) "**category II communicable disease**" means a communicable disease that is prescribed as a category II communicable disease;

(h) "**communicable disease**" means an infection in humans that:

(i) is caused by an organism or micro-organism or its toxic products; and

(ii) is transmitted directly or indirectly from an infected person or animal or from the environment;

(i) "**contact**" means a person or animal that:

(i) has likely been infected or exposed to infection by a communicable disease as a result of having been:

(A) in association with another person or animal that is infected with the disease;

(B) exposed to the body fluids of a person or animal that is infected with the disease; or

(C) in an environment that is contaminated by the disease; or

(ii) has likely infected another person or animal with a communicable disease;

(j) "**co-ordinator of communicable disease control**" means the employee of the department designated as co-ordinator of communicable disease control pursuant to section 13.

The Disease Control Regulations, R.R.S., c. P-37.1, Reg. 11 (made under The Public Health Act, 1994, consolidated up to S. Reg. 88/2003).

Section 2

(1)(i) "**tuberculosis investigator**" means a person designated by the co-ordinator [of communicable disease control] as being responsible for investigating cases of tuberculosis in Saskatchewan.

(2) In these regulations, a reference to a designated public health officer is deemed to be a reference to a person who:

(a) is a medical health officer; and
(b) with respect to a particular case or event, is the medical health officer who primarily provides communicable disease control services at the place where:
(i) in a particular case, a diagnosis is made with respect to a communicable disease; or
(ii) the particular event occurs.

Section 3
(1) For the purpose of clause 2(e) of the Act, the diseases set out in Table 1 of the Appendix are prescribed as category I communicable diseases.
(2) For the purpose of clause 2(f) of the Act, the diseases set out in Table 2 of the Appendix are prescribed as category II communicable diseases.

The Hospital Standards Regulations, **1980,** S. Reg. 331/1979 (made under The Hospital Standards Act, consolidated up to S. Reg. 21/2004).

Section 1
(k) "**epidemic**" means the appearance of an infectious disease in a community that, in the opinion of the medical health officer, is clearly in excess of the normal incidence of the disease in that community.

YUKON

Public Health and Safety Act, R.S.Y. 2002, c. 176 (consolidated up to S.Y. 1999, c. 20).

Section 1
"**communicable disease**" means a disease declared by the Commissioner in Executive Council to be a communicable disease.

Communicable Diseases Regulations, Y.O.I.C. 1961/048 (made under the Public Health and Safety Act, consolidated up to Y.O.I.C. 1995/122).

Section 2
(b) "**carrier**" means a person who harbours and disseminates the specific micro-organisms of any communicable disease;
(g) "**specific control measures**" means the control measures for a communicable disease, that are prescribed for such diseases in the latest edition of the Official Report of the American Public Health Association for the control of Communicable Diseases.

Public Health Regulations, Y.O.I.C. 1958/079 (made under the Public Health and Safety Act).

Section 2
(d) "**Public Nuisance**" includes everything noxious or offensive which affects the property or the health, comfort or convenience of the general public, or of all persons who happen to come within its operation.

Venereal Disease Regulations, Y.O.I.C. 1958/097 (made under the Public Health and Safety Act).

Section 2
(e) "**venereal disease**" means syphilis, gonorrhoea or chancroid.

Embalmers and Embalming Regulations, Y.O.I.C. 1980/102 (made under the Public Health and Safety Act).

Section 3
(i) "**specified communicable disease**" includes bubonic plague, cholera, diphtheria, typhoid, typhus, smallpox, meningitis and any other communicable disease which the Chief Medical Officer of Health may declare to be a specified communicable disease.

APPENDIX 4
TREATMENT AND MANAGEMENT OF SPECIFIED DISEASES

ALBERTA

Communicable Diseases Regulation, Alta. Reg. 238/1985 (made under the Public Health Act, consolidated up to Alta. Reg. 206/2001).

Schedule 4

1 For the purposes of section 39(1)(b) of the Act, a medical officer of health shall, unless this Schedule provides to the contrary, take all reasonable steps to ensure that the provisions of this Schedule respecting Investigation of Contacts and Source of Infection, Isolation Procedures, Quarantine and Special Measures are complied with.

2(1) A reference in this Schedule to strict isolation procedures includes all precautions that may prevent the transmission of diseases that are spread by contact or airborne routes of infection and, without limiting the generality of the foregoing, includes the following measures:

(a) the infected person shall have a bed in a separate room protected against flies;

(b) all persons except those caring for the infected person or those with permission of the medical officer of health shall be excluded from the sick room;

(c) persons caring for the infected person shall avoid coming in contact with other persons within the household or elsewhere until reasonable precautions satisfactory to the medical officer of health have been taken to prevent the spread of infectious material from the infected person's room;

(d) persons caring for the infected person shall wear a mask, gloves and a washable outer garment and shall thoroughly wash their hands with soap and hot water after handling the infected person or any object he may have contaminated;

(e) before leaving the room in which the infected person is isolated, an attendant shall take off the mask, gloves and washable outer garment and leave them in the room until they are disinfected or destroyed;

(f) all soiled dressings and tissues and all discharges from the nose and mouth shall be placed and sealed in impervious bags in the isolation room and shall be disinfected or incinerated without being opened;

(g) discharges referred to in clause (f) must be received in pieces of soft tissue or cloth and then deposited in the impervious bag;

(h) objects that have been contaminated by the infected person shall be thoroughly cleansed before being removed from the contaminated area;

(i) vomitus, feces and urine of infected persons suffering from diseases in which the infectious agent appears in the vomitus, feces or urine shall be flushed down the toilet into a public sewerage system where one exists or shall be disposed of according to instructions given by the medical officer of health;

(j) equipment and furnishings in the isolation room shall be kept to a minimum;

(k) concurrent and terminal decontamination and cleaning procedures shall be performed.

2(2) A medical officer of health may approve written isolation procedures of a hospital that differ from those required by subsection (1) if he is satisfied that they provide an adequate degree of protection of the public health.

2(3) Where this Schedule indicates that modified isolation procedures are applicable, the medical officer of health may carry out any measures and make any orders respecting enteric precautions, respiratory isolation, secretion or contact precautions and blood and body fluid precautions that are necessary in his opinion to prevent the spread of the communicable disease.

Acquired Immunodeficiency Syndrome (AIDS) (See also specific disease)
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall attempt to identify sexual contacts of the patient.

Isolation Procedures
3 Modified (blood and body fluid) isolation procedures apply.

Quarantine
4 Not applicable.

Special Measures
5(1) No case or suspected case shall donate blood.
(2) Blood, tissues and fluids from a case shall be disposed of so as not to pose a risk of infection to other persons.
(3) No case shall engage in any activity that may transmit the disease.
(4) No exclusion from any occupation is required unless provided under this Schedule as it relates to the specific disease from which the patient is suffering.

Amebiasis (Amebic Dysentery)
Reporting Requirements
1 Individual occurrences (cases and carriers) are reportable by laboratories to the medical officer of health within 48 hours (see section 34(a)(ii) of the Act).

Investigation of Contracts [*sic*] and Source of Infection
2 See Enteric Infections.

Isolation Procedures
3 See Enteric Infections.

Quarantine

4 See Enteric Infections.

Special Measures
5 See Enteric Infections.

Anthrax
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 33(1)(a) and 34(a)(i) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall attempt to determine the history of exposure to the infected animal or contaminated animal products and to determine others who may have been exposed to the source.

Isolation Procedures
3(1) Strict isolation procedures apply for pulmonary (inhalation) cases.
(2) Modified (secretion or contact) isolation procedures apply for cutaneous lesions until lesions are bacteriologically free of anthrax bacilli.

Quarantine
4 Not applicable.

Special Measures
5(1) The medical officer of health shall ensure that an animal that is suspected of having anthrax is isolated under the care of a veterinarian and that the Regional Veterinary Director, Agriculture Canada, and the Chief Provincial Veterinarian of the Department of Agriculture, Food and Rural Development are notified immediately.
(2) The hair, wool, bristles, milk and carcass of an infected animal, and any product manufactured from those materials shall be disposed of or treated in accordance with the directions of the Regional Veterinary Director, Agriculture Canada and the Chief Provincial Veterinarian of the Department of Agriculture, Food and Rural Development.

Arboviral Infections (including Dengue, Encephalitis)
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall attempt to determine the source of infection.

Isolation Procedures
3 Not applicable.

Quarantine
4 Not applicable.

Special Measures
5 Not applicable.

Botulism (including Infant Botulism)
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 33(1)(a) and 34(a)(i) of the Act).

Investigation of Contacts and Source of Infection
2 See Foodborne or Waterborne Illness.

Isolation Procedures
3 See Foodborne or Waterborne Illness.

Quarantine
4 See Foodborne or Waterborne Illness.

Special Measures
5 See Foodborne or Waterborne Illness.

Brucellosis
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall attempt to identify the source of infection and the identity of other persons exposed to the source.

Isolation Procedures
3 Not applicable.

Quarantine
4 Not applicable.

Special Measures
5 The medical officer of health shall
(a) by order prohibit the distribution of unpasteurized milk from the animal or herd from which any person became or is suspected of having become infected, and
(b) immediately report implicated animals and herds to

(i) the Chief Provincial Veterinarian of the Department of Agriculture, Food and Rural Development, and
(ii) the Regional Veterinary Director, Agriculture Canada.

Campylobacter Infections
Reporting Requirements
1 Individual occurrences (cases and carriers) are reportable by laboratories to the medical officer of health within 48 hours (see section 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 See Enteric Infections.

Isolation Procedures
3 See Enteric Infections.

Quarantine
4 See Enteric Infections.

Special Measures
5 See Enteric Infections.

Cerebro-spinal Fluid Isolates (All organisms)
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act) unless otherwise noted for a disease listed specifically elsewhere in this Schedule.

Investigation of Contacts and Source of Infection
2 See specific diseases.

Isolation Procedures
3 See specific diseases.

Quarantine
4 See specific diseases.

Special Measures
5 See specific diseases.

Chancroid

(See Sexually Transmitted Diseases)

Chickenpox (Varicella)
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 Not applicable.

Isolation Procedures
3 In hospitals or other settings where exposure of immunocompromised persons is likely, strict isolation procedures apply during the period of communicability, and susceptible contacts should be discharged from the hospital or other setting or isolated during the period from 7 to 21 days after contact.

Quarantine
4 Not applicable.

Special Measures
5(1) The medical officer of health shall by order exclude the infected person from non-familial contacts and school for a period of 7 days from the day the first eruption appears.
(2) Subsection (1) as it relates to a day care facility does not apply where the medical officer of health is satisfied that the infected person can be adequately isolated from susceptible persons or that all other children attending the day care facility have been exposed or are immune.
(3) Persons with lesions of herpes zoster that cannot be covered shall avoid direct contact with susceptible persons.
(4) Persons with lesions of herpes zoster shall avoid direct contact with immunocompromised persons.

Cholera
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 33(1)(a) and 34(a)(i) of the Act).

Investigation of Contacts and Source of Infection
2(1) The medical officer of health shall attempt to determine the source of infection.
(2) Close contacts of the case and other persons exposed to the same source of infection shall, on the request of the medical officer of health, provide stool samples for cultures.

Isolation Procedures
3 Modified (enteric) isolation procedures apply until the termination of the illness or until the patient has received appropriate antibiotic treatment for 48 hours, whichever occurs first.

Quarantine
4 Not applicable.

Special Measures
5(1) Contacts shall be subject to surveillance for 5 days from the date of last exposure.
(2) The medical officer of health may by order exclude contacts from occupations involving food handling or health care during the period referred to in subsection (1).

Congenital Infections (all)
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act) unless otherwise noted for a disease listed specifically elsewhere in this Schedule.

Investigation of Contacts and Source of Infection
2 See specific diseases.

Isolation Procedures
3 See specific diseases.

Quarantine
4 See specific diseases.

Special Measures
5 See specific diseases.

Cytomegalovirus Infections
Reporting Requirements
1 Individual occurrences (congenital infections only) are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 Not applicable.

Isolation Procedures
3 Modified (secretion or contact) isolation procedures apply in the case of a patient that is hospitalized.

Quarantine
4 Not applicable.

Special Measures
5 No exclusion from any activity is required.

Dengue
(See Arboviral Infections)

Diphtheria
Reporting Requirements
1 Individual occurrences (respiratory and non-respiratory, case and carrier state) are reportable by all sources to the medical officer of health by the fastest means possible (see sections 33(1)(a) and 34(a)(i) of the Act).

Investigation of Contacts and Source of Infection
2(1) The medical officer of health shall attempt to identify all contacts.
(2) All contacts shall on the request of the medical officer of health submit to such tests as he considers necessary to determine unrecognized infections.

Isolation Procedures
3(1) Modified (respiratory or secretion or contact) isolation procedures apply
(a) until 2 consecutive cultures from the nose and 2 from the throat, in cases of respiratory diphtheria, or 2 cultures from the lesion in the case of non-respiratory diphtheria, taken not less than 24 hours apart and not less than 24 hours after the cessation of chemotherapy, are reported negative for toxigenic diphtheria bacilli, or
(b) for 2 weeks or such longer period as determined by the medical officer of health where tests under clause (a) are, in the opinion of the medical officer of health, not practical.
(2) Subsection (1) does not apply where the isolate is shown to be non-toxigenic.

Quarantine
4 Not applicable.

Special Measures
5(1) The medical officer of health shall order that all contacts shall be excluded from
(a) contact with children,
(b) occupations involving the care of the sick and dependent,
(c) occupations involving the handling of foods, and
(d) school,
until cultures from the nose, throat and any lesion are proved to be negative for toxigenic diphtheria bacilli.
(2) The medical officer of health shall ensure that a single swab is taken from the nose, throat and lesions of all household, school and other close contacts of a case or carrier and shall determine their immunization status.
(3) The medical officer of health may require the operator of a day care centre to provide him with immunization records in his possession relating to the children attending the day care centre.

Encephalitis
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 See specific diseases.

Isolation Procedures
3 See specific diseases.

Quarantine
4 See specific diseases.

Special Measures
5 See specific diseases.

Enteric Infections (Including Amebiasis, Giardiasis, Rotavirus, Norwalk Agent and bacterial infections other than Typhoid and Paratyphoid Fever) (See also Foodborne or Waterborne Illness)
Reporting Requirements
1 Individual occurrences are reportable by laboratories to the medical officer of health within 48 hours (see section 34(a)(ii) of the Act). See also specific diseases.

Investigation of Contacts and Source of Infection
2(1) The medical officer of health shall ensure that appropriate laboratory tests are conducted with respect to household members who are symptomatic or work in occupations involving food handling, patient care or the care of young children, elderly people or dependent people.
(2) The medical officer of health shall attempt to determine the sources of infection and modes of transmission unless he considers it unnecessary to do so.

Isolation Procedures
3 Modified (enteric) isolation procedures apply to cases during the period of infection.

Quarantine
4 Not applicable.

Special Measures
5(1) The medical officer of health shall order that an infected person shall be excluded from occupations involving food handling, patient care or the care of young children, elderly people or dependent people until 2 swabs, specimens or cultures taken from the infected person not less than 24 hours apart and at least 48 hours after the cessation of chemotherapy are reported as negative, unless the medical officer of health is satisfied that the risk of transmission is acceptably low.
(2) An infected person who has diarrhea shall not engage in any occupation referred to in subsection (1) while he has diarrhea.
(3) An infected person who attends day care facilities or similar facilities shall not so attend while diarrhea persists unless the medical officer of health is satisfied that the staff, physical facilities and procedures at the facility are adequate to prevent transmission of the disease.
6 The medical officer of health shall ensure that all known contacts are instructed in the appropriate personal hygiene and enteric precautions.

7 The medical officer of health shall order that familial contacts be excluded from occupations involving food handling, patient care or the care of young children, elderly people or dependent people during the period of contact and until 2 stool cultures taken from the contact not less than 24 hours apart are reported as negative, unless the medical officer of health is satisfied that the risk of transmission is acceptably low.
8 In the case of a day care facility the medical officer of health shall investigate asymptomatic contacts of cases of Salmonellosis and Shigellosis and shall ensure that any children found to be positive are segregated together where it is practical to do so.

Exotic and Imported Diseases (including Viral Hemorrhagic Fevers, Lassa Fever, Smallpox and other diseases not normally encounterd in Alberta and with a capacity for rapid transmission, high mortality or both)
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 33(1)(a) and 34(a)(i) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall attempt to determine the identity of all face to face contacts of the case that occurred during the period that the case was infectious.

Isolation Procedures
3 Strict isolation procedures apply until the infected person is no longer capable of transmitting the disease.

Quarantine
4 The medical officer of health shall ensure that intimate contacts are quarantined from the last day of contact for a period equal to the maximum incubation period of the disease, if known, or for 21 days if the incubation period is not known, in the manner the medical officer of health determines.

Special Measures
5(1) If a medical officer of health reasonably believes that a person has an exotic or imported disease, he shall immediately notify the Director.
(2) On receiving notification under subsection (1), the Director shall direct the medical officer of health to isolate the infected person in a suitable location and arrange for treatment of the disease.
(3) No specimens shall be taken from the case for diagnostic or other purposes except with the approval of and in accordance with the instructions of the medical officer of health in consultation with the Director.

Foodborne or Waterborne Illness
NOTE: The requirements of sections 1 to 5 are in addition to the requirements under the heading Enteric Infections.
Reporting Requirements
1 Not applicable except in the case of outbreaks of the disease or abnormal presentation or manifestations, in which case occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see section 33(1)(a) and 34(a)(i) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall
(a) conduct an investigation of any instance of illness which appears to be foodborne or waterborne to determine the cause of the illness, the number of persons affected, the nature of contamination of the food or water, defects in food handling and preparation or in the water treatment process, distribution of the food or water and any other pertinent epidemiologic information,
(b) attempt to identify all implicated food and water, and to recover it for testing and disposal, and
(c) attempt to identify others exposed to the implicated food and water, and follow up according to the infectious agent involved.

Isolation Procedures
3 Not applicable.

Quarantine
4 Not applicable.

Special Measures
5(1) The medical officer of health may by order do any or all of the following:
(a) require the abatement of the source of contamination;
(b) require modifications to food handling or water treatment;
(c) require the boiling of water before its use for human consumption;
(d) require the cessation of distribution of implicated foods or the recall or destruction of implicated foods;
(e) require use of alternate sources of food or water;
(f) require the doing or refraining from doing of any other things that will in his opinion assist in preventing others from becoming infected.
(2) The medical officer of health shall attempt to obtain
(a) samples of food or water that is or may be contaminated, and
(b) samples of feces and vomitus from persons known or suspected to be infected,
and shall submit the samples to a medical diagnostic laboratory for examination.
(3) The medical officer of health shall
(a) order that any suspected contaminated food be held in secure storage facilities for the prevention of consumption pending the results of the laboratory examination referred to in subsection (2), and
(b) order the destruction of any food that has been proven by laboratory examination to be contaminated.
(4) The medical officer of health may by order exclude from employment in occupations involving the handling of food persons who have
(a) staphylococcus skin infection or nose or throat carrier-state, or
(b) suspicious skin lesion
until any infection is cleared.
(5) In the case of Botulism, the medical officer of health shall assess persons exposed to the suspected source as to the need for the administration of antitoxin.

Food Poisoning
(See Foodborne or Waterborne Illness)

Gastroenteritis
(See Enteric Infections)

Gonococcal Infections
(See Sexually Transmitted Diseases)

Giardiasis

Reporting Requirements

1 Individual occurrences (symptomatic and asymptomatic infections) are reportable by laboratories to the medical officer of health within 48 hours (see section 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 See Enteric Infections.

Isolation Procedures

3 See Enteric Infections.

Quarantine

4 See Enteric Infections.

Special Measures

5 See Enteric Infections.

Haemophilus Infections

Reporting Requirements

1 Individual occurrences of invasive infections are reportable by all sources to the medical officer of health by the fastest means possible (see sections 33(1)(a) and 34(a)(i) of the Act).

Investigation of Contacts and Source of Infection

2 See Meningitis, Bacterial.

Isolation Procedures

3 See Meningitis, Bacterial.

Quarantine

4 See Meningitis, Bacterial.

Special Measures

5 See Meningitis, Bacterial.

Hemolytic Uremic Syndrome

Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall attempt to determine the infectious etiology of the disease.

Isolation Procedures
3 See specific diseases.

Quarantine
4 See specific diseases.

Special Measures
5 See specific diseases.

Hepatitis A (Infectious Hepatitis)

Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall attempt to
(a) determine the association, if any, of the case or contact with day care or similar facilities,
(b) identify unreported cases, and
(c) determine whether known instances are sporadic or common source associated.

Isolation Procedures
3 Modified (enteric) isolation procedures apply until 14 days from onset of illness or 7 days after onset of jaundice, whichever time period expires last.

Quarantine
4 Not applicable.

Special Measures
5 A medical officer of health
(a) may by order exclude an infected person from employment in occupations involving the handling of food for a period of 14 days from the onset of the illness,
(b) shall offer immune serum globulin to all day care and close household contacts unless at least 14 days have elapsed since exposure of the contact occurred or the contact is known to be immune to the disease, and
(c) shall instruct all known contacts in the applicable personal hygiene and enteric precautions.

Hepatitis B (Cases and carriers)
Reporting Requirements
1 Individual occurrences (all cases and, in addition, carrier state in pregnant women) are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall attempt to identify
(a) the source of infection, and
(b) contacts in need of prophylaxis including, but not limited to, newborn infants and persons with needlestick exposures.

Isolation Procedures
3 Modified (blood and body fluid) isolation procedures apply until the infected person is free of Hepatitis B surface antigen.

Quarantine
4 Not applicable.

Special Measures
5(1) No person who is known to have Hepatitis B surface antigen in his blood shall donate blood.
(2) Blood, tissue, fluids and contaminated articles from a person referred to in subsection (1) shall be disposed of so as to cause no risk to other individuals.
(3) No exclusion from any occupation is required unless the medical officer of health is satisfied that a person is shown to be a source of infection to others and that other measures to prevent further transmission to others cannot reasonably be assured.

Hepatitis, Non-A, Non-B
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall attempt to identify the source of the infection.

Isolation Procedures
3 Modified (blood and body fluid) isolation procedures apply for the duration of the illness.

Quarantine
4 Not applicable.

Special Measures
5(1) No person who has had Hepatitis Non-A, Non-B shall donate blood.
(2) Blood, tissue, fluids and contaminated articles from a person referred to in subsection (1) shall be disposed of so as to cause no risk to other individuals.

(3) No exclusion from any occupation is required unless the medical officer of health is satisfied that a person is shown to be a source of infection to others and that other measures to prevent further transmission to others cannot reasonably be assured.

Herpes Simplex Infections

Reporting Requirements

1 Individual occurrences (Neonatal Infections (infants fewer than 28 days of age) or Encephalitis) are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 Not applicable.

Isolation Procedures

3 None, except in the case of disseminated, severe primary or neonatal infections, in which case modified (secretion and contact) isolation procedures apply.

Quarantine

4 Not applicable.

Special Measures

5 Not applicable.

Impetigo

Reporting Requirements

1 Not applicable except in the case of outbreaks of the disease or abnormal presentation or manifestations, in which case occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 See Skin Infections.

Isolation Procedures

3 See Skin Infections.

Quarantine

4 See Skin Infections.

Special Measures

5 See Skin Infections.

Kawasaki Disease
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 Not applicable.

Isolation Procedures
3 Not applicable.

Quarantine
4 Not applicable.

Special Measures
5 Not applicable.

Lassa Fever
(See Exotic and Imported Diseases)

Legionellosis
Reporting Requirements
1 Individual occurrences are reportable by laboratories to the medical officer of health within 48 hours (see section 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 Investigation is only required in the case of an outbreak.

Isolation Procedures
3 Not applicable.

Quarantine
4 Not applicable.

Special Measures
5 Not applicable.

Leprosy
Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall attempt to identify all close contacts.

Isolation Procedures
3 Not applicable.

Quarantine
4 Not applicable.

Special Measures
5(1) The medical officer of health shall identify close household contacts and ensure that they are examined for evidence of the disease.
(2) A contact referred to in subsection (1) is subject to surveillance for a period of 5 years from the date of examination.
(3) The medical officer of health may offer prophylaxis with BCG or dapsone to contacts under 25 years of age.

Leptospirosis
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 In the case of a common source outbreak, the medical officer of health shall attempt to ascertain the source and control it and shall investigate persons known to have been exposed to the source.

Isolation Procedures
3 Not applicable.

Quarantine
4 Not applicable.

Special Measures
5 Not applicable.

Lice (Pediculosis)
(See Skin Infections)

Listeriosis
Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 In the case of a common source outbreak the medical officer of health shall attempt to ascertain the source and control it and shall investigate persons known to have been exposed to the source.

Isolation Procedures
3 Not applicable.

Quarantine
4 Not applicable.

Special Measures
5 Not applicable.

Lymphogranuloma Venereum
(See Sexually Transmitted Diseases)

Malaria
Reporting Requirements
1 Individual occurrences are reportable by laboratories to the medical officer of health within 48 hours (see section 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall investigate each reported occurrence in order to determine the source of the infection.

Isolation
3 Not applicable.

Quarantine
4 Not applicable.

Special Measures
5 Not applicable.

Measles
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 33(1)(a) and 34(a)(i) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall
(a) investigate each reported occurrence in order to determine the source of the infection, and
(b) attempt to identify all susceptible contacts.

Isolation Procedures
3 None, except that where the infected person is in a heath care facility, modified (respiratory) isolation procedures apply.

Quarantine
4 When a case of measles occurs in a school, the medical officer of health shall order that any susceptible person at risk of exposure be excluded from attendance at school for a period of 14 days after the onset of symptoms in the last known case occurred or until the person is immunized.

Special Measures
5 The medical officer of health shall order that an infected person be excluded from school and non-familial contacts from the onset of the catarrhal stage to the end of the 3rd day of the rash.
6 The medical officer of health may require the operator of a day care centre to provide him with immunization records in his possession relating to the children attending the day care centre.

Meningitis, Aseptic (Viral)
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 Not applicable.

Isolation Procedures
3 Modified (enteric) isolation procedures apply during the febrile period.

Quarantine
4 Not applicable.

Special Measures
5 Not applicable.

Meningitis, Bacterial (including invasive H. influenzae infections and N. meningitiditis)
Reporting Requirements
1(1) If the infection is due to invasive H. influenzae (excluding otitis media and pharyngitis) or N. meningitiditis, individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 33(1)(a) and 34(a)(i) of the Act).
(2) If the infection is due to another infectious agent, individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see sections 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall attempt to identify all household, day care and other similarly close contacts of persons with invasive H. influenzae or N. meningitiditis.

Isolation Procedures
3(1) Modified (respiratory) isolation procedures apply until 24 hours after the start of chemotherapy or until clinical recovery, whichever occurs first.
(2) Subsection (1) does not apply to infections transmitted by other than the respiratory route.

Quarantine
4 Not applicable.

Special Measures
5(1) All contacts are subject to surveillance until the medical officer of health is satisfied that the risk of infection has passed.
(2) The medical officer of health shall offer chemoprophylaxis to contacts when he considers it appropriate to do so.
(3) The medical officer of health shall ensure that all cases of Meningococcal or invasive H. influenzae infection are offered rifampin therapy before returning to school or similar settings unless it is medically contra-indicated to do so.

Meningococcal Infections (excluding carriers)
(see Meningitis, Bacterial)

Mononucleosis (Infectious)
Reporting Requirements
1 Not applicable except in the case of outbreaks of the disease or abnormal presentation or manifestations, in which case occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall conduct any investigation he considers necessary as to the source of the infection and the exposure of others to the infectious agent.

Isolation Procedures
3 Not applicable.

Quarantine
4 Not applicable.

Special Measures
5 Not applicable.

Mucopurulent Cervicitis
(See Sexually Transmitted Diseases)

Mumps
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 Not applicable.

Isolation Procedures
3 Not applicable.

Quarantine
4 Not applicable.

Special Measures
5(1) The medical officer of health shall order that an infected person be excluded from school and non-familial contacts for a period of 9 days from the onset of swelling.
(2) The medical officer of health may require the operator of a day care centre to provide him with immunization records in his possession relating to the children attending the day care centre.

Neonatal Herpes Infections
(See Herpes Simplex Infections)

Nongonococcal Urethrititis
(See Sexually Transmitted Diseases)

Nosocomial Infections
Reporting Requirements
1 Not applicable except in the case of outbreaks of the disease or abnormal presentation or manifestations, in which case occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 As determined by the medical officer of health.

Isolation Procedures
3 As determined by the medical officer of health.

Quarantine
4 As determined by the medical officer of health.

Special Measures
5 As determined by the medical officer of health.

Ophthalmia, Neonatorum (all forms)

Reporting Requirements
1(1) Individual occurrences of gonococcal ophthalmia are reportable by all sources to the Director of Social Hygiene within 48 hours (see sections 33(3) and 34(b) of the Act).
(2) Individual occurrences of other types of ophthalmia are reportable by all sources to the medical officer of health within 48 hours (see sections 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 The physician in charge of the confinement shall ensure that the mother of the infected child is examined for Chlamydia and N. gonorrheae and treated as required.

Isolation Procedures
3 Modified (secretion or contact) isolation procedures apply for the first 24 hours of treatment.

Quarantine
4 Not applicable.

Special Measures
5(1) The physician or nurse in charge of a confinement shall ensure that, immediately following a birth, a sufficient quantity of
(a) 1% silver nitrate solution from a single dose container,
(b) 1% tetracycline in a single dose ophthalmic preparation, or
(c) 0.5% erythromycin in a single dose ophthalmic preparation
is instilled in the infant's eyes.
(2) The physician or nurse shall forthwith report any failure of a dosage administered pursuant to subsection (1).

Paratyphoid Fever
(See Typhoid or Paratyphoid Fever)

Paratyphoid Carrier-State
(See Typhoid Carrier-State)

Pertussis (Whooping Cough)
Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 Not applicable.

Isolation Procedures
3(1) Modified (respiratory) isolation procedures apply
(a) for a period of 3 weeks from onset of symptoms,
(b) until the cough has stopped, or
(c) until the patient has received 7 days of an appropriate antibiotic,
whichever occurs first.
(2) A person who has reason to believe he may be infected shall avoid contact with young unimmunized children.

Quarantine
4 Not applicable.

Special Measures
5(1) No unimmunized contact less than 6 years of age shall attend school or public gatherings until
(a) 14 days after last exposure, or
(b) he has been receiving appropriate antibiotic therapy for at least 48 hours,
whichever occurs first.
(2) The medical officer of health shall ensure that incompletely immunized or unimmunized children are offered a dose of pertussis vaccine unless it is medically contra-indicated to do so.

Pinworms
(See Skin Infections)

Plague
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 33(1)(a) and 34(a)(i) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall attempt to identify
(a) the source of infection,
(b) other persons exposed to the same source of infection, and
(c) persons with household or face to face contact with cases.

Isolation Procedures

3(1) In pneumonic cases strict isolation procedures apply until disinfestation is complete and
(a) cultures of appropriate specimens are reported negative, or
(b) the infected person has received 3 full days of appropriate antibiotic therapy and has shown a favourable clinical response,
whichever occurs first.
(2) If the infected person has a cough or X-rays show evidence of disease, the infected person shall be considered to have the pneumonic form of the disease unless proven otherwise.
(3) In bubonic cases, modified (secretion or contact) isolation procedures apply until the infected person and his clothing have been disinfested to the satisfaction of the medical officer of health and the infected person has received 3 full days of appropriate antibiotic therapy, and thereafter modifed (wound) isolation procedures apply if the infected person has a negative chest X-ray and no cough.

Quarantine
4 The medical officer of health may require the quarantine of any case or contact until the person has been disinfested and the premises have been freed of rodents or the rodents determined to be free of infestation to the satisfaction of the medical officer of health.

Special Measures
5(1) All contacts are subject to surveillance for a period of 1 week from the date of last contact.
(2) The medical officer of health shall ensure that contacts of pneumonic cases
(a) receive chemoprophylaxis and remain under surveillance for 7 days thereafter, or
(b) are maintained in strict isolation for 7 days.
(3) Where the medical officer of health considers that there is any evidence of infected animals, he shall ensure that flea control and anti-rodent measures satisfactory to him are taken.

Pneumonia

Reporting Requirements
1 None, except as required for specific disease.

Investigation of Contacts and Source of Infection
2 See specific diseases.

Isolation Procedures
3 See specific diseases.

Quarantine
4 See specific diseases.

Special Measures
5 See specific diseases.

Poliomyelitis

Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 33(1)(a) and 34(a)(i) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall attempt to determine the source of infection of all cases.

Isolation Procedures
3 Modified (enteric) isolation procedures apply for 1 week from onset of symptoms or until the virus can no longer be identified in the stool, whichever period expires last.

Quarantine
4 The medical officer of health may by order require the quarantine of any contact.

Special Measures
5(1) All known contacts are subject to surveillance during the incubation period and the medical officer of health shall ensure that they are offered oral polio vaccine or immune globulin as appropriate.
(2) If the medical officer of health reasonably believes that wild poliovirus is implicated and that at least 2 cases are associated by time and place, he shall ensure that an immunization program using oral polio vaccine is implemented.
(3) The medical officer of health may require the operator of a day care centre to provide him with immunization records in his possession relating to the children attending the day care centre.

Psittacosis (Ornithosis)
Reporting Requirements
1 Individual occurrences are reportable by laboratories to the medical officer of health within 48 hours (see section 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall attempt to determine the source of infection and to trace the origin of the infected birds.

Isolation procedures
3 Modified (respiratory) isolation procedures apply until
(a) 48 hours after adequate antimicrobal therapy has begun, or
(b) the infected person achieves clinical recovery,
whichever occurs first.

Quarantine
4 The medical officer of health may quarantine the premises in which the diseased birds are kept until the birds are destroyed or otherwise disposed of and the premises are disinfected to his satisfaction.

Special Measures
5 Not applicable.

Q-fever

Reporting Requirements

1 Individual occurrences are reportable by laboratories to the medical officer of health within 48 hours (see section 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 The medical officer of health shall

(a) attempt to determine whether the infected person has a history of exposure to cattle, sheep or goats, has consumed raw milk or has been exposed to the disease in a laboratory, and

(b) attempt to identify others with exposure similar to that referred to in clause (a).

Isolation Procedures

3 Not applicable.

Quarantine

4 Not applicable.

Special Measures

5 Any person who has knowledge of a suspected animal source of the disease shall forthwith notify the Chief Provincial Veterinarian of the Department of Agriculture, Food and Rural Development.

Rabies

Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 33(1)(a) and 34(a)(i) of the Act).

Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to determine the source of infection and the identity of all others exposed to the source.

Isolation Procedures

3 Strict isolation procedures apply for the duration of the illness.

Quarantine

4 Not applicable.

Special Measures

5(1) When an animal in which rabies is reasonably suspected bites a person, the attending physician shall immediately report that fact to the medical officer of health.

(2) Where the medical officer of health receives a report under subsection (1) with respect to a dog or cat, he may do any or all of the following:

(a) have the dog or cat secured alive and uninjured and cause it to be confined in a secure place at the owner's expense for a period of up to 10 days;

(b) require examination of the dog or cat by a veterinarian;
(c) require the dog or cat to be killed without injuring the head where he suspects that the dog or cat is infected with the disease.

(3) If a dog or cat confined under subsection (2)(a) is alive at the end of 10 days, it shall be considered not to be suffering from rabies and shall be released.

(4) If the dog or cat is killed as provided in subsection (2)(c) or dies in less than 10 days before there has been an adequate opportunity to observe it, the medical officer of health shall ensure that the head of the animal is packed in ice in a sealed container and sent immediately by the quickest possible method with a report of the circumstances to the Animal Diseases Research Institute, Canadian Food Inspection Agency, Health Canada.

(5) In the case of a suspected rabid wild animal or a domestic animal other than a dog or cat, the medical officer of health shall ensure that the animal is killed without injuring the head, and that the head is forwarded to the Animal Diseases Research Institute, Canadian Food Inspection Agency, Health Canada in the same manner as is described in subsection (4).

(6) Any person who has knowledge of a case of suspected animal rabies shall immediately report that fact to the District Veterinarian, Canadian Food Inspection Agency, Health Canada.

(7) The medical officer of health shall attempt to ascertain the identity of any person bitten by or significantly exposed to an animal in which rabies is reasonably suspected and shall ensure that those persons receive appropriate advice and treatment.

Relapsing Fever (Louse-borne)

Reporting Requirements
1 Not applicable.

Investigation of Contacts and Source of Infection
2 Not applicable.

Isolation Procedures
3 Modified (secretion or contact) isolation procedures apply until completion of disinfestation of the infected person[,] his familial contacts and the environment of the infected person and his familial contacts.

Quarantine
4 The medical officer of health shall order the quarantine of all exposed louse-infested contacts until disinfestation is completed.

Special Measures
5 Not applicable.

Reye Syndrome

Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 Not applicable.

Isolation Procedures
3 Not applicable.

Quarantine
4 Not applicable.

Special Measures
5 Not applicable.

Rickettsial Infections

Reporting Requirements
1 Individual occurrences are reportable by laboratories to the medical officer of health within 48 hours (see section 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall attempt to determine the source of the infection.

Isolation Procedures
3 Not applicable.

Quarantine
4 Not applicable.

Special Measures
5 Not applicable.

Rocky Mountain Spotted Fever
(See Rickettsial Infections)

Rubella (Including Congenital Rubella Syndrome)
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall attempt to identify all pregnant contacts of known cases.

Isolation Procedures

3 Not applicable.

Quarantine
4 Not applicable.

Special Measures
5(1) The medical officer of health shall by order exclude persons who have Rubella or who he suspects have Rubella from activities in which they will or are likely to expose pregnant women to Rubella.
(2) No woman of child bearing age shall care for an infant with Congenital Rubella Syndrome unless the woman is immune to Rubella.
(3) The medical officer of health shall by order exclude a person with Rubella or suspected Rubella from attendance at school or similar settings until the expiration of 4 days after the onset of the rash.
(4) The medical officer of health may require the operator of a day care centre to provide him with immunization records in his possession relating to the children attending the day care centre.
(5) All staff of day care facilities and persons with face to face contact with patients in a health care facility shall ensure that they are immunized against Rubella.

Salmonella Infections
Reporting Requirements
1 Individual occurrences (cases and carriers) are reportable by laboratories to the medical officer of health within 48 hours (see section 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 See Enteric Infections.

Isolation Procedures
3 See Enteric Infections.

Quarantine
4 See Enteric Infections.

Special Measures
5 See Enteric Infections.

Scabies
(See Skin Infections)

Sexually Transmitted Diseases (including Chancroid, Gonococcal Infections, Lymphogranuloma Venereum, Mucopurulent Cervitis, Non-gonococcal Urethritis, Syphilis)

Reporting Requirements
1 Individual occurrences are reportable by all sources to the Director of Social Hygiene within 48 hours (see sections 33(3) and 34(b) of the Act).

Investigation of Contacts and Source of Infection

2(1) The Director shall ensure that an attempt is made to identify, locate and examine the sexual contacts of all cases.
(2) Sexual contacts shall be either treated at once or treated on the basis of clinical and laboratory findings, whichever the medical officer of health or attending physician determines.

Isolation Procedures
3 Not applicable.

Quarantine
4 Not applicable.

Special Measures
5 An infected person shall receive medication to render him non-infectious and shall not engage in any activity that may transmit the disease until he is no longer infectious.

Skin Infections (including Impetigo, Pediculosis, Pinworms, Scabies, Ringworm)
Reporting Requirements
1 Not applicable except in the case of outbreaks of the disease or abnormal presentation or manifestations, in which case occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2(1) The medical officer of health shall attempt to determine the existence of other infected persons among household and other close contacts.
(2) In the case of Ringworm, the medical officer of health shall attempt to locate any animal source of infection.

Isolation Procedures
3 Not applicable except in hospitals, in which case modified (secretion or contact) isolation procedures apply until the person has received effective therapy for at least 24 hours.

Quarantine
4 Not applicable.

Special Measures
5(1) The medical officer of health shall order that an infected person be excluded from school and non-familial contacts until he is free of lesions or rendered non-infectious by chemical agents.
(2) In the case of Pediculosis and Scabies the medical officer of health may, in addition to his powers under subsection (1), order that other family members and other persons with skin to skin contact with the infected person receive treatment as if they were infected.
(3) The person in charge of the clothing and bedding used by an infected person shall ensure that they are disinfected concurrently by washing with soap and hot water or by dry cleaning.

Shigellosis (Bacillary Dysentery)
Reporting Requirements
1 Individual occurrences (cases and carriers) are reportable by laboratories to the medical officer of health within 48 hours (see section 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 See Enteric Infections.

Isolation Procedures
3 See Enteric Infections.

Quarantine
4 See Enteric Infections.

Special Measures
5 See Enteric Infections.

Smallpox
(See Exotic and Imported Diseases)

Stool Pathogens
(See Enteric Infections)

Syphilis
(See Sexually Transmitted Diseases)

Tetanus
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 Not applicable.

Isolation Procedures
3 Not applicable.

Quarantine
4 Not applicable.

Special Measures
5 Not applicable.

Toxic Shock Syndrome

Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 Not applicable.

Isolation Procedures

3 Not applicable.

Quarantine

4 Not applicable.

Special Measures

5 Not applicable.

Toxoplasmosis

Reporting Requirements

1 Individual occurrences (congenital infections only) are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 Not applicable.

Isolation Procedures

3 Not applicable.

Quarantine

4 Not applicable.

Special Measures

5 Not applicable.

Trichinosis

Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall attempt to identify the source of the infection and to identify others exposed to the same source.

Isolation Procedures
3 Not applicable.

Quarantine
4 Not applicable.

Special Measures
5(1) The medical officer of health may have examined any meat or meat products he reasonably believes may be responsible for the infection and may seize and destroy any meat or meat products shown to be responsible for the infection.
(2) All persons who were exposed to the suspected source of the infection are subject to surveillance during the incubation period, and the medical officer of health shall ensure that they are offered any treatment he considers necessary.

Tuberculosis
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall conduct an investigation of the source of the infection and all contacts in accordance with the directions of the Chief Medical Officer of Health.

Isolation Procedures
3(1) In the case of Pulmonary Tuberculosis in an infectious form, modified (respiratory) isolation procedures apply until the person is no longer infectious.
(2) Modified (secretion or contact) isolation procedures apply to a person with cutaneous tuberculosis lesions or discharging sinuses until the lesions or sinuses are shown to be bacteriologically sterile.

Quarantine
4 Not applicable.

Special Measures
5(1) The medical officer of health shall order that all familial contacts and all other contacts he considers to have been sufficiently exposed are tuberculin tested.
(2) Where a person who is tested pursuant to subsection (1) has a positive reaction,
(a) the medical officer of health shall order a chest X-ray and any other diagnostic procedures he considers appropriate, and
(b) the person is subjet to surveillance until the medical officer of health is satisfied that the risk of infection has passed.
6 The medical officer of health shall by order exclude a person with cutaneous tuberculosis in an infectious form from public places and from employment in occupations involving the care of children, close contact with the public or the handling of food until the person is no longer infectious.

Tularemia

Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 Not applicable.

Isolation Procedures

3 Not applicable.

Quarantine

4 Not applicable.

Special Measures

5 Not applicable.

Typhoid or Paratyphoid Fever

Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 33(1)(a) and 34(a)(i) of the Act).

Investigation of Contacts and Source of Infection

2 The medical officer of health shall investigate all known occurrences in an attempt to determine the source of infection and the identity of others at risk.

Isolation Procedures

3(1) Modified (enteric) isolation procedures apply until 3 successive stool and urine cultures are reported negative or for a period of 21 days, whichever occurs first.

(2) The stool and urine cultures referred to in subsection (1) shall be taken not less than 24 hours apart and not earlier than 72 hours after cessation of chemotherapy.

Quarantine

4 Not applicable.

Special Measures

5(1) On release from isolation, the case is subject to surveillance until 3 consecutive stool and urine cultures of the case taken at intervals of 2 weeks following the termination of isolation are reported negative by the Public Health Laboratory for Microbiology.

(2) During the period referred to in subsection (1), the medical officer of health shall by order exclude the person referred to in subsection (1) from employment in occupations involving food handling, patient care or nursing care of young children, the elderly or the dependent.

(3) If the person referred to in subsection (1) still excretes the infectious agent after 6 months from the onset of the disease, the medical officer of health shall declare and notify him as a carrier.

6(1) The medical officer of health shall, in the case of a contact of typhoid or paratyphoid fever in circumstances under which transmission is likely to occur, by order prohibit the contact from serving and handling food intended for distribution to any person other than a person in his immediate family until 3 consecutive stool and urine specimens taken from the contact not less than 24 hours apart are examined by the Public Health Laboratory for Microbiology and shown not to contain Salmonella typhi or Salmonella paratyphi.

(2) A specimen taken under subsection (1) shall be taken not less than 72 hours after antibiotic or chemotherapeutic treatment.

(3) A contact is subject to surveillance for the duration of the incubation period if the time of exposure is known.

Typhoid or Paratyphoid (Carrier-state)

Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to identify all contacts.

Isolation Procedures

3 Not applicable.

Quarantine

4 Not applicable.

Special Measures

5(1) The medical officer of health shall by order exclude a carrier from employment in any occupation involving food handling, patient care or the care of young children, the elderly or the dependent unless the medical officer of health in consultation with the Director is satisfied that the risk of transmission is negligible.

(2) Subject to subsection (3), a carrier is subject to surveillance.

(3) The medical officer of health may release a carrier from surveillance and from the restrictions imposed under subsection (1) only if cultures of 6 consecutive specimens of the carrier's feces and urine taken at least 1 month apart are reported negative by the Public Health Laboratory for Microbiology.

(4) At least 1 of the fecal specimens referred to in subsection (3) must be obtained by purge.

(5) The medical officer of health shall forthwith notify the Director when he releases a person from surveillance or restrictions under subsection (3).

(6) A carrier shall immediately give written notice to the medical officer of health of any change in his address, and the medical officer of health shall immediately forward that information to the Director.

(7) Section 6 under the heading Typhoid or Paratyphoid Fever applies, with all necessary modifications, to contacts of carriers of Typhoid Fever.

Typhus, Louse-borne

Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to determine the source of infection.

Isolation Procedures
3 Modified (secretion or contact) isolation procedures apply until completion of disinfestation of the infected person, his familial contacts and their environment.

Quarantine
4 The medical officer of health shall order the quarantine of an exposed louse infected contact until disinfestation is completed.

Special Measures
5 Not applicable.

Viral Hemorrhagic Fevers (including Marburg, Ebola, Lassa, Argentina and African Hemorrhagic Fevers)
(See Exotic and Imported Diseases)

Waterborne Illness
(See Foodborne or Waterborne Illness)

Yellow Fever
Reporting Requirements
1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 Not applicable.

Isolation Procedures
3 Not applicable.

Quarantine
4 Not applicable.

Special Measures
5 The person caring for the infected person shall ensure that he is cared for in a mosquito proof room.

Yersiniosis
Reporting Requirements
1 Individual occurrences are reportable by laboratories to the medical officer of health within 48 hours (see section 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 See Enteric Infections.

Isolation Procedures
3 See Enteric Infections.

Quarantine
4 See Enteric Infections.

Special Measures
5 See Enteric Infections.

Epidemics and diseases in rare or unusual form (any communicable disease)
Reporting Requirements
1(1) A physician, health practitioner, teacher or person in charge of an institution who knows of or has reason to suspect the existence of a communicable disease in epidemic form shall immediately notify the medical officer of health of the local board by the fastest means possible.
(2) Individual occurrences of diseases in a rare or unusual form are reportable by all sources to the medical officer of health within 48 hours (see sections 33(1)(b) and 34(a)(ii) of the Act).

Investigation of Contacts and Source of Infection
2 The medical officer of health shall investigate as is required under this Schedule for the specific disease and may carry out any further investigation he considers necessary in the circumstances.

Isolation Procedures
3 The isolation procedures required under this Schedule for the specific disease apply except as modified by the medical officer of health in the circumstances, and where the specific disease is not listed in this Schedule, the medical officer of health may impose any isolation requirements that he considers to be necessary.

Quarantine
4 The quarantine procedures required under this Schedule for the specific disease apply except as modified by the medical officer of health in the circumstances, and where the specific disease is not listed in this Schedule, the medical officer of health may impose any quarantine requirements that he considers to be necessary.

Special Measures
5 The special measures required under this Schedule for the specific disease apply except as modified by the medical officer of health in the circumstances and, where the specific disease is not listed in this Schedule, the medical officer of health may impose any special measures that he considers to be necessary.

BRITISH COLUMBIA

Health Act Communicable Disease Regulation, B.C. Reg. 4/1983 (made under the Health Act, consolidated up to B.C. Reg. 281/2004).

Schedule D, Specific Control Measures, *[Section 13]*

1 Anthrax
Isolation procedures: strict isolation.
Quarantine: none.
Special measures: An animal suspected of having anthrax shall be isolated under the care of a veterinarian, and the Health of Animals Division of the Canada Department of Agriculture shall be immediately notified. The animal shall be disposed of in accordance with the instructions of Health of Animals Division.

2 Chickenpox
Isolation procedures: none.
Quarantine: none.
Special measures: An infected person shall be excluded from school from the time the eruption first appears until the skin lesions become crusted or for 6 days after onset of illness, whichever is the longer.

3 Cholera
Isolation procedures: enteric isolation for the duration of illness.
Quarantine: none.
Special measures: A contact shall be kept under surveillance for 5 days from his last exposure.

4 Diphtheria
Isolation procedures: Respiratory or wound isolation, as appropriate, shall apply until
(a) 2 cultures taken 24 hours apart, and not less than 24 hours after the cessation of antimicrobial therapy, fail to show diphtheria bacilli, or
(b) 14 days from the onset of disease if cultures are not available.
Quarantine: none.
Special measures: A contact shall not be permitted to place new groups at risk, but need not be excluded from groups already exposed, pending culture results or as determined by the medical health officer.

5 Hepatitis A
Isolation procedures: Enteric isolation procedures shall apply for 14 days from the onset of illness or for 7 days after the onset of jaundice, whichever is the longer.
Quarantine: none.
Special measures:
(1) An infected person shall be excluded from occupations involving the handling of food or milk for 28 days from the onset of the illness, unless it has been demonstrated that the person possesses antibodies against the hepatitis A virus.

(2) A contact shall be excluded from occupations involving the handling of food or milk, unless
(a) the milk or milk products will be pasteurized from the 14th day to the 35th day after contact, or
(b) it has been demonstrated that the contact possesses antibodies against the hepatitis A virus or has received immune globulin.

6 Hepatitis B
Isolation procedures: Blood precautions shall be taken.
Quarantine: none.
Special measures: A person known to have hepatitis B surface antigen in his blood shall be rejected as a blood donor, and blood, tissue or fluid and contaminated articles taken from that person shall be disposed of in a manner that will eliminate risk to any individual.

7 Leprosy
Isolation procedures: Cutaneous isolation procedures shall apply until the patient is on specific therapy and judged to be non-infectious by the medical health officer.
Quarantine: none.
Special measures: none.

8 Measles
Isolation procedures: none.
Quarantine: none.
Special measures: An infected person shall be excluded from school and from non-familial contact from the onset of the catarrhal stage through the third day of the rash. A susceptible child should be immunized.

9 Meningococcal Infection
Isolation procedures: Respiratory isolation procedures shall apply until 24 hours after the start of chemotherapy or until clinical recovery, whichever is the sooner.
Quarantine: none.
Special measures: The medical health officer shall place a contact under surveillance. A household contact should receive chemoprophylaxis with Rifampin.

10 Mumps
Isolation procedures: none.
Quarantine: none.
Special measures: An infected person shall be excluded from school and from non-familial contact for a period of 3 days from the onset of swelling.

11 Pertussis
Isolation procedures: Respiratory isolation procedures shall apply for a period of 3 weeks from onset of symptoms or until antibiotic therapy has been carried out, whichever is the shorter.
Quarantine: none.
Special measures: A susceptible contact of a proven case should receive chemoprophylaxis with erythromycin or other effective antibiotic.

12 Poliomyelitis
Isolation procedures: Enteric isolation procedures shall apply for one week from onset.
Quarantine: none.
Special measures: The medical health officer shall place a contact under surveillance.

13 Rubella
Isolation procedures: Modified isolation procedures shall apply only when required to protect a non-immune woman during pregnancy, especially in her first trimester.
Quarantine: none.
Special measures: A pregnant contact should be serologically tested for susceptibility.

14 Salmonellosis
Isolation procedures: Enteric isolation procedures shall apply during the period of diarrhea.
Quarantine: none.
Special measures:
(1) An infected person shall be excluded from occupations involving the handling of food or milk, or the care of children, the sick, elderly or dependent, until 2 stool specimens from the infected person, taken not less than 24 hours apart and no sooner than 48 hours after the cessation of chemotherapy, are reported as negative by a microbiologist, unless the sanitary habits of the individual lead the medical health officer to decide that risk of transmission is low.
(2) A contact shall be excluded from occupations involving the handling of food or milk, or the care of children, the sick, elderly or dependent, until 2 stool specimens from the contact, taken not less than 24 hours apart, are reported as negative, unless the sanitary habits of the individual lead the medical health officer to decide that risk of transmission is low.

15 Shigellosis
Isolation procedures: Enteric isolation procedures shall be applied during the active stage of the illness.
Quarantine: none.
Special measures:
(1) An infected person shall be excluded from occupations involving the handling of food or milk, or the care of children, the sick, elderly or dependent, until 2 stool specimens from the infected person, taken not less than 24 hours apart and no sooner than 48 hours after the cessation of chemotherapy, are reported as negative by a microbiologist, unless the sanitary habits of the individual lead the medical health officer to decide that risk of transmission is low.
(2) A contact shall be excluded from occupations involving the handling of food or milk, or the care of children, the sick, elderly or dependent, until 2 stool specimens, taken not less than 24 hours apart, are reported as negative, unless the sanitary habits of the individual lead the medical health officer to decide that risk of transmission is low.

16 Tuberculosis
Isolation procedures:
(1) Respiratory isolation procedures shall apply to a person with pulmonary tuberculosis in an infectious form.
(2) Cutaneous isolation procedures shall apply to a person with cutaneous tuberculosis lesions.
Quarantine: none.
Special measures:
(1) A contact within the family shall have initial testing for evidence of infection with tuberculosis.

(2) A contact outside the family shall have initial testing for evidence of infection with tuberculosis at the discretion of the medical health officer or of the Director of the Division of Tuberculosis Control of the Ministry of Health.

17 Typhoid Fever and Paratyphoid Fever
Isolation procedures: Enteric isolation procedures shall apply until 3 successive stool and urine specimens from the patient, taken not less than 24 hours after discontinuing antibiotics are reported as negative by a microbiologist or for a period of 21 days, whichever is the shorter.
Quarantine: none.
Special measures:
(1) A patient, on release from isolation, shall remain under surveillance and shall be excluded from occupations involving the handling of food or milk, or the care of children, the sick, elderly or dependent, until 3 consecutive stool and urine specimens from the patient, taken over a 2 week period following the end of isolation, are reported as negative by a microbiologist; but if the patient still excretes S. typhi or S. paratyphi 12 months from the onset of disease, he shall be declared a carrier.
(2) A contact of typhoid fever or paratyphoid fever shall not serve or handle food intended for distribution to anyone other than his immediate family until 3 consecutive stool and urine specimens obtained from the contact, taken not less than 24 hours apart and in the absence of recent antibiotic or chemotherapeutic treatment, have been examined by the Division of Laboratories and have failed to reveal salmonella typhi or paratyphi.
(3) The medical health officer shall place a contact under surveillance for the duration of the incubation period if the time of exposure is known.

Typhoid Carriers and Paratyphoid Carriers:
Special Measures:
(1) A carrier of typhoid fever or paratyphoid fever shall
(a) be excluded from occupations involving the handling of food or milk, or the care of children, the sick, elderly or dependent, unless the sanitary habits of the individual lead the medical health officer to decide that risk of transmission is low,
(b) remain under the surveillance of the medical health officer, and
(c) give advance notice in writing of any change of address to the medical health officer, who will immediately forward this information to the Provincial health officer.
(2) A carrier may be released from surveillance and restriction by a medical health officer, provided cultures of 6 specimens of feces or urine, taken not less than 24 hours apart, have been reported as negative by a microbiologist.

18 Viral Hemorrhagic Fevers
Isolation procedures: strict isolation procedures shall apply.
Quarantine: intimate contacts shall be quarantined for a period of 21 days in a manner that the medical health officer may direct.
Special measures:
(1) Whenever a medical health officer has reasonable grounds to suspect that a person is suffering from a viral hemorrhagic fever, the medical health officer shall immediately contact the Provincial health officer for direction respecting the place of isolation.
(2) Subject to the circumstances of the case, the Provincial health officer shall direct the medical health officer to
(a) isolate and arrange for treatment, in a suitable location, of the person suffering from a viral hemorrhagic fever and this may include arranging transportation to
(i) a designated hospital, or
(ii) a facility designated for the treatment of viral hemorrhagic fevers under agreement with the government of Canada, and
(b) ensure that no specimens for diagnostic or other purposes are taken from a person, except with the approval of and in accordance with the instructions of the medical health officer.

NOVA SCOTIA

Communicable Diseases Regulations, N.S. Reg. 28/1957 (made under the Health Act, consolidated up to N.S. Reg. 79/2003).

Section 13

Actinomycosis						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
No	No	No	No	**Concurrent:** Yes, all discharges and dressings or articles soiled therewith. **Terminal:** Cleaning	**(1)** Meat inspection and condemnation of infected carcass. **(2)** Destruction of infected animals.	None
Anthrax						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	Yes, until lesions have healed.	No	No	**Concurrent:** Yes, all discharges and articles soiled therewith. Note: Spores can only be destroyed by burning, or exposure to steam under pressure. **Terminal:** Thorough cleaning	**(1)** Animals suspected of having anthrax should be promptly isolated and treated. Those dying should be given a post mortem examination by a veterinarian and the carcasses burned. **(2)** Animal contacts should have active immunization. **(3)** The sale of carcasses, hides, hair or bristles of an infected animal should be prohibited. **(4)** There should be control over the importation and disinfection of hides, hair and bristles. **(5)** Premises used for handling or processing hair and bristles should be inspected. Adequate exhaust fans for removing dust should be provided. Effluents and trade wastes should also be controlled. **(6)** Education of employees in these occupations as to personal cleanliness and mode of transmission. **(7)** Prompt treatment of a case with antibiotic and chemotherapeutic agent to limit period of communicability.	**Animals:** Active immunization of animal contacts. **Human:** None

Brucellosis

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
Yes	No	No	No	Sanitary precautions with body discharges to be taken	**(1)** Pasteurizing and boiling of milk and dairy products. **(2)** Search for infected animals in a herd by agglutination tests, and segregation and slaughter of infected animals. **(3)** Vaccination of calves. **(4)** Care in handling and disposal of discharges and foetus from aborting animals. **(5)** Meat inspection, especially pork and pork products. **(6)** Extreme care is necessary in lab work with Brucella.	**Human:** Nil **Animals:** Vaccination of calves.

Chancroid

See "Regulations in respect of Venereal Diseases"

Chickenpox

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
No	Yes, 7 days from first appearance of rash.	No	No	**Concurrent:** Yes, discharges from nose, throat or skin lesions and articles soiled thereby. **Terminal:** None	None	None

Cholera

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
Yes	Yes, in a fly-proofed room until clinical recovery providing 5 consecutive negative stool	Yes	Yes, intimate contacts for 5 days from last exposure providing 3 consecutive negative stool cultures taken 24 hours apart are obtained. All contacts to be given active immunization with cholera	**Concurrent:** Yes, vomitus, feces and articles soiled therewith. **Terminal:** Thorough cleaning.	**(1)** Safe water supply (boil or chlorinate). **(2)** Safe milk supply (boil or pasteurize). **(3)** Anti-fly measures and protection of food stuffs from fly contamination. **(4)** Avoidance of all uncooked food in the presence of cholera.	**(1)** All contacts and attendants of a case of cholera to be given immediate active immunization. **(2)** Any person whose occupation necessitates travel and residence in an endemic area to be given active immunization. **(3)** In the presence of an epidemic, widespread

	cultures, taken 24 hours apart, are obtained.		vaccine.		**(5)** Education as to importance of sanitary personal habits. **(6)** Early treatment to limit period of communicability. **(7)** Notify adjacent governments and W.H.O. on occurrence.	immunization of the general population should be done.
Conjunctivitis (acute infectious) of the newborn						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Gonorrheal ophthalmia only	Yes, until after 24 hours of antibiotic therapy.	No	None	**Concurrent:** Yes, conjunctival discharges and articles soiled therewith. **Terminal:** None	**(1)** Use of silver nitrate or other approved preparation in eyes of newborn. **(2)** Antepartum investigation and treatment of mother to eliminate pathogenic organisms if gonorrhea is suspected. **(3)** When a case occurs investigate persons in recent contact with patient for source of infection.	None
Diarrhoea of the newborn (epidemic)						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	Yes, removal from the nursery and isolation, if diagnosed or suspected.	No	Yes, complete quarantine of all contacts among newborn for 2 weeks.	**Concurrent:** Yes, complete disinfection of all discharges and articles soiled therewith. **Terminal:** Thorough cleaning of nursery and equipment.	**A - Preventive Measures:** **(1)** Complete separation of maternity service from all other medical and surgical services in the hospital. **(2)** Establishment of completely equipped and staffed small units, for the labour, delivery and postpartum care of maternity cases with any from [*sic*] of infection. **(3)** Establishment of a formula preparation room for newborn infants, entirely separate from any other hospitals, diet kitchen, scullery or pantry. **(4)** Strict observance of aseptic nursing technique in all phases of obstetric or pediatric care. **(5)** Limitation of visiting hours and visitors; children should be excluded. **B - Epidemic Measures:** **(1)** Closure of the maternity services and contaminated nurseries unless adequate personnel and services including separate uninfected nurseries are available for new admissions. **(2)** All exposed babies in nursery to be cared for by separate	None

					medical and nursing personnel. **(3)** Exposed babies should be observed for 2 weeks following removal of last case from nursery. **(4)** Examine mothers and nursery service personnel for signs of early illness. **(5)** Survey of hospital facilities for sanitary hazards. **(6)** Investigate methods of formula preparing, with emphasis on sterile technique, refrigeration and bacteriological examination of nipples, bottles, sugars and solutions used in formulas.	
Diphtheria						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	Yes, 10 days from onset of symptoms, providing 2 consecutive cultures from nose, and 2 cultures from throat taken at least 24 hours apart, in the absence of recent local, or generalized treatment, fail to show presence of C. diptheriae. A virulence test made, when positive cultures are reported	No	Yes, all contacts to be quarantined for 7 days, or until 2 consecutive successive negative nose and throat cultures taken not less than 24 hours apart, and in the absence of recent local or generalized treatment, fail to show presence of C. diphtheriae, or if positive are shown to be avirulent. **Carriers:** Until 2 consecutive negative nose and throat swabs are obtained or until the organism is shown to be avirulent. **Contacts:** **1.** All intimate contacts with no previous history of diphtheria, or immunization against diphtheria should be given 5000 units of diphtheria anti-toxin. Alternatively if more lasting	**Concurrent:** Yes, all discharges from nose and throat or other sites of infection to be burned, and all articles soiled by the patient to be disinfected. **Terminal:** Yes, airing, sunning and cleaning of sick room.		**(a) Passive:** see notes under Quarantine (contacts). **(b) Combined Active and Passive**: see notes under Quarantine (contacts). **(c) Active:** Three doses of diphtheria toxoid at monthly intervals commencing at 3 months of age. Recall doses to be given at 18 months, 4-6 years (school entrance), and 10 years of age. For primary immunization and the booster doses, diphtheria toxoid may be given in combination with H. pertussis vaccine and tetanus toxoid. **(d)** For active immunization of children over 15 years of age a Schick test, properly controlled, may be used at the discretion of the physician, more for deciding whether the child is sensitive to the control injection than to find whether the child is Schick Positive. **(e)** For primary immunization of adults smaller doses should be given than those normally given to children, and this should be restricted to persons reacting positively to the Schick test.

			immunity is desired combined active and passive immunization may be undertaken as follows: **(a)** for children under 10 years of age, a course of two injections with diphtheria toxoid (preferably an adsorbed preparation such as A.P.T. or P.T.A.P.). The first injection of 0.5 cc to be given concurrently with a reduced dose of antitoxin, 500 to 1000 units, but in opposite arms, and the second injection of 0.5 cc to follow not less than 4 weeks nor more than 12 weeks later. **(b)** for adults, and children over 10 years of age, the procedure in (a) may be followed at the discretion of the attending physician. **2.** In the case of children under 10 years of age who have been im- munized pre- viously[*sic*], a booster dose of 0.5 cc may be given. **3.** In case of adults and children more than 10 years of age a booster dose may be given at the discretion of the physician, with or without a Schick Test; but the possibility of sitization of the sensitization of the subject to diphtheria toxoid must always be borne in mind. **4.** A prophylactic dose of penicillin may be given but since			

			this will not neutralize diphtheria toxin, the danger of delayed paralysis must be remembered.			
Dysentery Amoebic (amoebiasis)						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	No, except exclusion of patient from food handling.	No	None	**Concurrent:** Sanitary disposal of feces. **Terminal:** Cleaning	**(1)** Safeguard water supply against contamination (note: Chlorination is not usually effective in destroying the cysts). **(2)** Fly control, and protection of foods from fly contamination by screening and insecticides. **(3)** Supervision of cleanliness and health of food handlers and insistence on sanitary practice in food handling. **(4)** Careful and repeated examination of food handlers can be useful in excluding carriers. Routine periodic examinations are probably of little practical value in this regard since there is a high possibility of missing the Amoeba in isolated superficial examinations. **(5)** Education of convalescents and carriers in personal sanitary habits, particularly sanitary disposal of feces, washing hands after defecation and before handling food. **(6)** Prompt and effective treatment under medical supervision to limit period of communicability.	None
Dysentery Bacillary (Shigellosis)						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	Yes, until clinical recovery and until 3 consecutive negative stool cultures, taken not less than 24 hours apart, are obtained.	No	Exclusion of attendants from food handling except that intended for the patient.	**Concurrent:** Sanitary disposal of feces. **Terminal:** Thorough cleaning of room and equipment.	**(1)** Safeguard water supply against fecal contamination. **(2)** Sanitary disposal of feces. **(3)** Fly control and protection of food from fly contamination by screening and use of insecticides. **(4)** Supervision of preparation and handling of foodstuffs, particularly foods which are eaten raw. **(5)** Boiling or pasteurization of milk intended for consumption and processing as dairy products. **(6)** Education of food handlers in importance of washing	Not satisfactory

					hands after defecation and before handling food. **(7)** Prompt antibiotic and chemotherapy under medical supervision limits period of communicability.	
Echinococcus						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
No	No	No	No	No	**(1)** Control of slaughtering houses so that dogs are not allowed to eat uncooked meat scraps. **(2)** Control and limitation of dog population in endemic areas. **(3)** Treatment of dogs with anti-helminthics in endemic areas. **(4)** Education of public in methods of spread and warning to prevent dogs licking hands or face.	None
Enchephalomyelitis (infectious)						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	No	No	No	None	Control of Culex tarsalis and Culex pipiens, and avoidance of contact with chicken and wild bird mites.	Inactivated virus vaccine has been used experimentally with success.
Food Poisoning (a) Staphylococcus						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	None	No	None	None	**(1)** Proper care of left over foods - prompt refrigeration of sliced or chopped meats, and custards or cream fillings to avoid growth of staphylococcus. Exclusion of persons with pyogenic skin infections from handling food.	None
Food Poisoning (b) Botulism						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	None	No	None	None	**A - Preventive Measures:** **(1)** Control by regulation and by inspection of commercial	None

					processing of canned and preserved food. **(2)** Education of housewives in home canning - correct time, temperature and pressure. **(3)** Education in importance of boiling home-canned green and leafy vegetables before serving and thorough cooking of sausages and other meats and fish products.	
Glanders						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
No	Yes - at home or hospital; attendants should carefully avoid contact with skin lesions or nasal secretions until organisms have disappeared from discharges or until lesions have healed.	No	No	**Concurrent:** Yes - all respiratory or other discharges and articles soiled therewith. **Terminal:** Cleaning	**(1)** Early diagnosis and destruction of infected animals. **(2)** Education of farmers, hostlers and others who are in contact with horses. **(3)** Protection of lab workers from infection.	In man: None
Gonorrhoea						
See "Regulations in respect of Venereal Diseases"						
Hepatitis Infectious (epidemic hepatitis) (catarrhal jaundice)						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	Yes, during acute phase	No	No	**Concurrent:** Sanitary disposal of nose and throat secretions and feces.	**(1)** Emphasis on personal hygiene and general sanitary measures, in particular disposal of respiratory discharges and feces.	**Active**: None **Passive**: Immunization with gamma globulin from normal adult pooled serum in dosage of .01 ml/lb. body weight has been used during incubation period (10 to 40 days (25)) up to within 6 days of clinical onset.

Hepatitis (Serum) (homologous serum hepatitis)

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
Yes	No	No	No	No	**(1)** Ultraviolet light irradiation, of infected blood and blood derivatives, as now practiced, is ineffective. Recent evidence suggests 6 months' storage as a practicable procedure. **(2)** Recognition of danger of passing the virus by administration of whole blood, and particularly by pooled serum or plasma. It is suggested that no donor should be accepted except in case of life saving emergency for a single transfusion if he has a history of jaundice within one year. **(3)** Insistence on thorough heat sterilization of syringes and needles, and of stylets used for finger puncture.	**Passive:** None: Immune serum globulin is of no value in prophylaxis.

Impetigo Contagiosa

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
No	Exclusion from school and contact with other children until lesions have healed.	No	No, except for surveillance of child contacts.	**Concurrent:** Careful disinfection of discharges from lesions and dressings soiled therewith. Boil underclothes, sheets, etc., used by patient, before laundering. **Terminal:** Thorough disinfection and cleaning of combs, hair brushes, towels and other toilet articles.	**(1)** Maintenance of high levels of personal cleanliness. **(2)** Prompt treatment of pediculosis and scabies. **(3)** Avoiding of common use of hair brushes, combs, towels, etc. **(4)** Prompt treatment of first case in a group of children to limit spread of infection.	None

Impetigo of the newborn (pemphigus neonatorum)

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
Yes	Yes, until lesions	No	Surveillance of infant contacts.	**Concurrent:** Yes - careful	**(1)** Gentleness and cleanliness in care of skin of newborn.	

	have healed.			disinfection of discharges and dressings, sheets, etc., soiled therewith. **Terminal:** Yes - wash nursery and furniture; boil instruments and basins; sterilize mattresses.	**(2)** Exclusion of staff and visitors with pustular skin infections. **(3)** Prompt isolation and treatment if a case develops in a nursery. **(4)** Phage typing of staph positives.	
Influenza (epidemic)						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Epidemic form only	Yes, until clinical recovery.	No	No	**Concurrent:** Discharges from nose and throat and articles soiled therewith. **Terminal:** None	**A - Preventive measures:** **(1)** Education of the public as to danger of droplet infection. **(2)** The use of common drinking glasses, eating utensils, and towels should be avoided. Disposable paper cups, handkerchiefs and towels are preferable. **B -** During an epidemic, educate the public to: **(1)** Avoid public gatherings as far as possible. **(2)** When clinical symptoms commence go to bed and remain there until recovery. **C - International Measures:** When influenza occurs in epidemic form W.H.O. and other countries will be notified through international channels.	**Active**: Specific immunity of short duration is possible, but the value of immunization in pandemics is not yet demonstrated.
Leprosy						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	**Open Case**: Institutional segregation or colonization. **Closed Case:** Domiciliary segregation if environmental conditions permit -	No	No, periodic examinations of close contacts.	**Concurrent:** All discharges and articles soiled therewith. **Terminal:** Thorough cleaning of living premises.	**(1)** Separation of children from leprous parents. **(2)** Colonization or segregation of case. **(3)** Education. **(4)** Early treatment to limit of period of communicability.	None

	subject to monthly examination.					

Leptospirosis (haemorrhagic jaundice) (Weil's Disease)

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
No	No	No	No	**Concurrent:** Yes - urine and other discharges. **Terminal:** None	**(1)** Anti-rodent measures: trapping, poisoning, rat proofing. **(2)** Protection of workers exposed to infection, by rubber gloves, aprons and boots. **(3)** Protection of food and water supply against rodent contamination. **(4)** Avoidance of exposure to sick dogs ("the yellows").	**Active:** Vaccines are not ordinarily used in Canada, but have been used in Japan.

Malaria

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
Yes	No - patients desirably are protected at night by screening, in areas where anopheline vector is present.	No	No	**Concurrent:** A single concurrent residual spraying of the neighbourhood may be useful if a primary or relapsing case occurs in an area not under control, previously free from the disease and where potential vectors are active. **Terminal:** None		None

Measles (German) (Rubella)

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
No	No	No	No	No	Make every effort to prevent exposure of pregnant women in first 4 months of pregnancy in order to avoid possibility of congenital defects in the offspring.	Immune serum globulin or anti-measles serum (normal serum concentrated) suggested for pregnant women who are exposed.

Measles (Red)

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
No	Yes - for 5 days from appearance of rash.	No	None - keep susceptible contacts under surveillance for 12 days from last contact and isolate on appearance of premonitory symptoms.	**Concurrent:** All nose and throat secretions and articles soiled therewith. **Terminal:** Thorough cleaning.	None	**Active:** Not recommended at present time. **Passive:** Immune serum globulin (gamma globulin) or anti-measles serum (normal serum concentrated) may be indicated for debilitated children, those under 2 years of age, and for older children and adults depending upon the circumstances. Complete protection may be achieved if the serum is given on or before the 5th day following exposure (by using dosage recommended by manufacturer). A modified form of the disease may be expected if the dose used for complete protection is given on or before the 8th day of exposure.

Meningococcal Meningitis and Meningococcemia (cerebro-spinal fever)

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
Yes	Yes - until clinical recovery (under proper antibiotic and chemotherapy meningococci usually disappear from nasopharynx within 24 hours).	No	No - surveillance of contacts is advisable. Chemoprophylaxis has been used with some success. **Carriers:** Should be given antibiotic or chemotherapy.	**Concurrent:** Yes - all nose and throat discharges and articles soiled therewith. **Terminal:** Cleaning	**(1)** Education as to avoidance of droplet infection. **(2)** Avoidance of crowded places during an epidemic. **(3)** Insistence on proper ventilation and avoidance of overcrowding of living quarters. **(4)** When overcrowding is unavoidable (i.e., on ship board), use of small dose of chemotherapeutic or antibiotic agent, under medical supervision, will materially lessen the carrier rate and limit the spread of the disease.	None

Mumps

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
No	Yes – until swelling of salivary glands has subsided.	No	None - keep susceptible contacts under surveillance for 21 days from last contact, and isolate on appearance of premonitory	**Concurrent:** Yes - eating and drinking utensils and articles soiled with secretions of nose and	None	None; active immunization with vaccines is experimental

			symptoms.	throat. **Terminal:** None		
Pertussis						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	Yes - separation of patient from susceptible children and exclusion from school and indoor gatherings for three weeks from onset of paroxysmal cough.	No	None - keep susceptible contacts under surveillance for 14 days, and segregate on occurrence of premonitory symptoms.	**Concurrent:** Discharges from nose and throat and articles soiled therewith. **Terminal:** Cleaning	None	**(a) Active:** **(1)** Primary immunization at 3 months of age (or earlier if epidemic conditions present). Three doses each contained in not less than 0.5 or more than 1.0 ml given at monthly intervals. **(2)** Booster dose (0.5 to 1.0 ml) at 18 months of age. Pertussis vaccine may be given in combination with diphtheria and tetanus toxoids. **(b) Passive:** Irradiated Immune Serum under special circumstances.
Pediculosis						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
No	Exclusion from school until adequately treated.	No	No	Of other members of the household.	Use of 10% D.D.T. dusting powder.	
Plague						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	Yes - in a screened, rodent-proof room.	Yes	Yes - for 6 days. Disinfect with D.D.T. powder, give active immunization and administer streptomycin or aureomycin and sulphadiazine.	**Concurrent:** Yes - all respiratory or other discharges and articles soiled therewith. **Terminal:** Yes - cleaning and airing of sick room.	**(1)** Anti-rodent measures: rat-proofing, denial of food supplies, poisoning and fumigation. **(2)** Anti-flea measures: protective clothing, repellents, and insecticides. **(3)** In pneumonia type, protection from droplet infection. **(4)** The bodies of persons dying of plague should be handled with strict aseptic precautions. **(5)** Early treatment with chemotherapy and antibiotic agents	**Active:** Give plague vaccine on occurrence of a case of plague, or in endemic areas recall injections should be given every 4 to 6 months.

					to limit period of communicability.	
Poliomyelitis						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	7 days from clinical onset, or until temperature becomes normal, if this should be longer.	No	None - keep susceptible contacts under surveillance for 21 days from last known contact, and isolate on appearance of symptoms	**Concurrent:** Yes - all nose, throat and bowel discharges and articles soiled therewith. **Terminal**: None	**(1)** Isolation in bed of patients with suggestive symptoms. **(2)** Avoidance of over fatigue during an epidemic. **(3)** Protection of children and young adults during an epidemic from contact with persons outside their usual acquaintance, by curtailing unnecessary visiting and travelling. **(4)** Postponement of elective operations such as tonsillectomy during the polio "season".	**Active:** 2 doses of vaccine at 2-4 week intervals followed by a booster dose at least 7 months later. **Passive:** Gamma globulin may be used for unvaccinated contacts of poliomyelitis or for the protection of susceptibles during epidemic periods.
Psittacosis (Ornithosis)						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	Yes – until clinical recovery.	No	No - surveillance of other persons in contact with same sick bird.	**Concurrent:** Yes - all discharges including urine and feces or articles soiled therewith. **Terminal:** Yes - cleaning. Infected birds should be killed, immersed in 2% cresol solution and burned before feathers dry.	**(1)** Control of importation and inspection of psittacine birds. **(2)** Control over vendors of psittacine birds by registration and inspection of premises, and recording of sales. **(3)** Education of the public as to danger of close association with psittacine or other birds known to be susceptible to psittacosis.	None
Q Fever						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	No	No	No	**Concurrent:** Of sputum and blood and articles freshly soiled therewith. **Terminal:** Thorough cleaning.	**(1)** Pasteurization and/or boiling of milk. **(2)** Control of importation of cattle.	**Active:** Q Fever vaccine is useful for those at more than average risk. It is not yet recommended for general use.

Rabies

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
Yes	No	No	No	**Concurrent:** Yes - saliva of patient; articles soiled therewith. **Terminal:** None	**(1)** Control over importation of susceptible animals from endemic areas (6 months quarantine). **(2)** Prevention of dogs roaming loose; ownerless dogs to be destroyed. **(3)** Education of the public as to mode of spread. **(4)** Vaccination of dogs repeated annually. **(5)** On occurrence of a bite or lick by animals suspected of being rabid: **(a)** Wash the bite or area licked with 20% Tr. Green Soap. **(b)** Institute prompt prophylactic immunization (see Immunization). **(c)** Secure the animal if possible and isolate for 10 days. **(d)** If the animal develops symptoms of rabies the brain should be examined for Negri bodies. **(e)** If the animal remains symptom-free for 10 days the person bitten or licked may be considered as not being endangered.	**Active** immunization (Pasteur treatment) with phenolized (Semple type) vaccine. **Considerations:** Presence or absence of a bite, location and depth of the bite, evidence for or against Rabies in the animal concerned, protection from clothing and endemicity of Rabies in the locality must all be considered before commencing immunization. **(1)** Bites on Head and Neck: Pasteur treatment daily for 21 days. **(2)** Bites on extremities or trunk: If animal is under observation withhold Pasteur treatment until proven rabid, then give Pasteur treatment for 14 days. If animal is lost the decision to give or withhold Pasteur treatment will be based on considerations as above. **(3)** Skin abrasions contaminated by saliva from animal presumed to be rabid - Pasteur treatment is not recommended as the risks of treatment outweigh the risk of rabies. When a person who has had rabies vaccine in the past is exposed, the risk of developing rabies must be balanced against the danger of inducing treatment paralysis with a second course of vaccine. Therefore, when a re-exposure with a head, neck or hand bite occurs a small series of vaccine injections not to exceed [six] doses (6) is recommended which are to be discontinued at once if any signs of systemic reaction occurs. **Passive:** Using anti-rabic serum (horse) seems to have considerable promise. However, this serum is not yet readily available.

Ringworm of the scalp (epidemic Tinea capitis)

Report	Isolation	Placard	Quarantine	Disinfection	Specific Measures	Immunization

	(patients)		**(contacts)**			
No	Isolation is impractical. The patient should be under a regulated regime of treatment with periodic visits to physician or clinic. Hair should be covered with a cap which can be sterlized frequently.	No	No - but all children in the household, school, etc., should be examined with filtered ultraviolet light, Wood's lamp at regular intervals until one month after discovery of last case. Animal pets (cats, dogs) should be likewise examined as possible sources of infection.	**Concurrent:** Burning of infected headgear. **Terminal:** None	**(1)** Education of parents and teachers in methods of spread and control of the disease. **(2)** Provision for individual storage of outdoor clothing in schools. **(3)** Institution of early treatment will limit period of communicability (x-ray epilation and fungicides). **(4)** In epidemic areas young children should be surveyed by Wood light before entering school.	None
Salmonellosis						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Epidemic Form Only	No, except exclusion from food handling until clinical recovery and until 4 consecutive negative stool cultures taken at not less than 24 hour intervals, are obtained.	No	Family contacts should not be employed as food handlers during period of contact nor before repeated negative feces cultures have been obtained.	**Concurrent:** Yes, disinfection of feces and articles soiled therewith. **Terminal:** Cleaning	**(1)** Thorough cooking of foodstuffs known to be potentially dangerous - fowl, eggs and egg products. **(2)** Refrigeration of foodstuffs not intended for immediate consumption, to minimize bacteria growth. **(3)** Protection of foods from rodent or insect contamination. (See also general sanitary measures under Dysentery, and Typhoid Fever).	None
Severe Acute Respiratory Syndrome (pneumonia)						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	Isolation in negative pressure room until asymptomatic	Yes	Yes – 10 days	See latest “Infection Control Guidelines for SARS” as issued by Health Canada	· Case finding · Contact tracing	No
Rocky Mountain Spotted Fever						

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
Yes	No	No	No	**Concurrent:** Removal of all ticks. **Terminal:** None	**(1)** Avoidance of tick infested areas wherever possible. **(2)** Early removal of ticks from the body without crushing. **(3)** Early treatment with antibiotics.	**Active:** Vaccination with yearly booster doses.

Scabies

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
No	Exclusion from school until adequately treated.	No	No	Proper laundering of underwear and personal linen. Follow-up of household contacts.	Benzyl Benzoate 25% or 5% Sulphur Ointment.	None.

Scarlet Fever and Strep. Sore Throat

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
Yes	Yes, for a minimum of 7 days (or until clinical recovery if this is longer). Isolation may be terminated after 24 hours treatment with penicillin, provided therapy is continued for 7-10 days.	No	None, penicillin prophylaxis has been used with some success.	**Concurrent:** Yes, all nose and throat secretions or articles soiled therewith. **Terminal:** Yes, thorough cleaning and sunning.	Antibiotics will usually render the patient non-communicable in 48-72 hours. A variable proportion of cases will continue as carriers following clinical recovery.	**Active:** Not advised because of effectiveness of antibiotics therapy.

Puerperal Septicemia

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
No	Yes, as long as infective discharges	No	No	**Concurrent:** Yes, dressings and discharges.	**(1)** Strict aseptic precautions in obstetric procedures. **(2)** Protection of patient during labour and postpartum from	None

	persist.			**Terminal:** Yes, thorough cleaning and sunning of contaminated objects.	attendants, other patients and visitors with skin or respiratory infections. **(3)** Education re self-interruption of pregnancy.	

Smallpox

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
Yes	Isolation in negative pressure room until all scabs fall off	Yes	Yes, from onset of fever until the separation of the scabs	See latest "Infection Control Guidelines for Smallpox" and "National Smallpox Contingency Plan"	・ Case finding ・ Contact tracing ・ Educational measures ・ Containment	・ Contacts of cases ・ Health care workers ・ In the presence of an outbreak, widespread immunization of essential workers and the general public may be required

Syphilis

See "Regulations in respect of Venereal Diseases"

Tetanus

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
Yes	No	No	No	None	**(1)** Prompt cleaning and removal of foreign matter from wound. **(2)** Immunization of individual when likelihood of wound infection occurs (see Immunization). **(3)** On occurrence of tetanus in newborn, search for source of infection.	**Active:** **(1)** Primary immunization against tetanus may be started in infancy. This may be given in combination with diphtheria toxoid and pertussis vaccine; the routine to be followed should be that outlined under active immunization diphtheria. **(2)** Active immunization in adults - 3 doses 0.5 to 1.0 cc each spaced at not less than 4 weeks nor more than 12 weeks. This may be given in combination with T.A.B. vaccine and or diphtheria toxoid. Booster doses may be given at intervals of three to five years, or at time of injury in the case of persons previously immunized. **(3) Combined Active and Passive Immunization:** In absence of previous immunization with tetanus toxoid a person with serious injury or wound may be given two injections of tetanus toxoid spaced one

						month apart. The first given concurrently, but in opposite arms, with a prophylactic dose of 1500 International units of tetanus antitoxin. **(4) Passive Immunity:** Tetanus antitoxin 1500- 5000 units, after test for horse serum sensitivity.
Trachoma						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
No	Exclusion from school.	No	None	**Concurrent:** Yes, discharges and articles soiled therewith. **Terminal:** None	**(1)** Routine eye examination of children in endemic areas. **(2)** Use of common towels and toilet articles should be prohibited. **(3)** Use of antibiotic and hemotherapeutic agents have proven valuable in treatment and control. **(4)** Inspection of immigrants at point of embarkation to exclude infected persons.	None
Trichinosis						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	None	No	None	None	**(1)** Meat inspection and control to insure adequate processing of pork and pork products. **(2)** Thorough cooking of all fresh pork and pork products before consumption in order to kill the trichinae. **(3)** Prevention of feeding hogs uncooked swill or garbage. **(4)** Raise sanitary practice of care of hogs - prevent hogs eating rat or hog carcasses - disposal of hog offal to prevent rats or hogs eating it. **(5)** Attempt to trace source of infection on occurrence of group of cases.	None
Tuberculosis						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**

Yes	Isolation of open case in hospital or sanatorium should be encouraged as far as possible.	No	No, surveillance and x-ray of contacts.	**Concurrent:** All sputum and articles contaminated therewith. **Terminal:** Cleaning, airing and sunning.	**(1)** Prompt reporting of a case is essential. **(2)** Provision of adequate sanatorium accommodation for isolation and treatment. **(3)** X-ray and clinical examination of contacts and suspects. Tuberculin testing of contacts. **(4)** Routine x-ray of all hospital admissions and selected industrial groups. **(5)** Mass photofluorographic screening of entire adult population periodically if facilities permit. **(6)** Boiling or pasteurization of milk. **(7)** Elimination of hazard of silica dust in industry and mines. **(8)** Separation of babies from tuberculous mothers at birth. **(9)** Improvement in habits of personal hygiene and betterment of living conditions.	B.C.G. vaccination of tuberculin negative contacts, or persons exposed to intense exposure such as family contacts, particularly infants and children; medical students and nurses or in particularly susceptible racial groups.

Tularaemia

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
Yes	None	No	None	**Concurrent**: All discharges rom ulcers lymph nodes or conjunctival sac. **Terminal**: None	**(1)** Thorough cooking of meat of wild rabbits. **(2)** Protection of veterinarians, laboratory workers, or other persons andling [*sic*] infected animals. **(3)** Avoidance of fly and tick bites in endemic areas. **(4)** Chlorinate or boil drinking water in endemic areas.	None

Typhoid Fever

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
Yes	Yes, in fly- proof room until clinical recovery and until 3 consecutive negative stool and urine cultures are obtained, taken not less than 24 hours	No	No, except that family contacts shall be excluded from food handling during period of contact and until repeated negative feces and urine cultures are obtained.	**Concurrent:** Yes, all feces and urine and articles soiled therewith. **Terminal:** Thorough cleaning.	**(1)** Safe water supply. **(2)** Pasteurizing or boiling of milk for consumption or for processing as dairy products. **(3)** Sanitary disposal of human excreta. **(4)** Adequate fly control measures. **(5)** Protection of food from fly contamination. **(6)** Early treatment of the patient will shorten period of communicability.	**Active:** **(1)** of family or other close contacts, including attendants of typhoid patients. **(2)** of persons subject to hazard of infection by travel, or residence in areas where sanitary control is not satisfactory. **(3)** During civil disaster such as fire, flood, or enemy action.

	apart, and not earlier than 7 days after patient becomes afebrile.				**(7)** Discovery and treatment of source of case and other carriers. **(8)** Vi-phage typing for detecting active carrier state.	**(4)** Three 0.5 ml injections spaced 5 to 28 days. May be given in combination with paratyphoid A and B vaccines, and tetanus and diphtheria toxoids. When given with the latter two, injections are spaced 4 to 6 weeks.
Typhus Fever (Louse-borne)						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	Yes,until thorough delousing of patient,clothing and bedroom, and delousing of household contacts has been carried out.	No	May be released after thorough delousing of person and clothing and after vaccination.	**Concurrent:** Delousing of person and clothing. **Terminal:** Thorough cleaning.	Anti-louse measures - personal cleanliness and use of insecticides withresidual [*sic*] effect at appropriate intervals.	Inoculation with inactivated Rickettsia prowazeki vaccine - recall dose every 4 months in endemic areas.
Typhus Fever (Murine)						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	None, providing thorough disinfestation has been carried out.	No	May be released after thorough disinfestation.	**Concurrent:** Thorough disinfestation of person, clothing and effects. **Terminal:** Thorough cleaning.	**(1)** Anti-rat measures. **(2)** Anti-flea measures.	Inoculation with vaccine of Rickettsia Mooseri may be given to persons exposed to exceptional risks of infection.
West nile virus (lethargic encephalitis or cerebrospinal meningitis)						
Report	**Isolation (patients)**	**Placard**	**Quarantine (contacts)**	**Disinfection**	**Specific Measures**	**Immunization**
Yes	No	No	No	No	Prevent mosquito bites by avoidance of mosquitoes, barriers, person [*sic*] use of insect repellants, habitat reduction and mosquito abatement as required	No
Yellow Fever						

Report	Isolation (patients)	Placard	Quarantine (contacts)	Disinfection	Specific Measures	Immunization
Yes	In mosquito- proof room for 4 days from onset.	No	None	Spraying of quarters with insecticide with residual effect.	**(1)** Control of aedes aergypti - draining, filling, oiling, flushing. **(2)** Active immunization of persons exposed to infection by occupation or residence. **(3)** Notification of adjacent governments and W.H.O. on occurrence of a case.	Single inoculation of attenuated strain of yellow fever virus gives immunity in 10 days, lasting for at least 4-6 years.

Ontario

Reports, R.R.O. 1990, Reg. 569 (made under the Health Protection and Promotion Act, consolidated up to O. Reg. 1/05).

5 A report under section 25 or 26 of the Act shall contain the following information in addition to the information required under subsection 1 (1):

1 **Syphilis**:

i. The date of diagnosis.

ii. The name and address of the physician attending the person.

iii. The name of the hospital and the date of admission if the person is admitted to a hospital or the name of the hospital and the date of each visit if the person is seen as an out-patient of the hospital.

iv. Duration, stage and site of infection.

v. Drugs and dosage used for previous treatment, if any, of the infection.

vi. If previous treatment given, the place, date and physician responsible for the administration of the treatment.

vii. Current treatment, if any, of the infection, setting out the drugs and dosage used.

viii. If current treatment is being given, the place, date and physician responsible for the administration of treatment.

ix. Laboratory findings and investigative tests including, without being limited to, serological tests, microscopic examination and cerebrospinal fluid examinations, together with the results of the tests.

x. The person responsible for tracing contacts of the person.

xi. Place where infection is believed to have been acquired.

xii. The number of contacts of the person who have been traced.

2 **Chancroid, Chlamydia trachomatis infections, Gonorrhoea:**

i. The date of diagnosis.

ii. The name and address of the physician attending the person.

iii. The name of the hospital, the date of admission and the date of discharge if the person is admitted to hospital.

iv. Place where infection is believed to have been acquired.

v. The person responsible for tracing the contacts of the person.

vi. The number of contacts who have been traced.

vii. The agent of disease.

viii. Medical condition of the person including signs and symptoms of the infection.

ix. The case classification of the person.

x. Laboratory findings and investigative tests including, without being limited to, culture and antimicrobial sensitivity, serological tests, microscopic examination and cerebrospinal fluid examination, together with the results of the tests.

xi. The source of infection including history of exposures.

xii. Risk factors for the disease.

xiii. The travel history of the person, including:

A. Date and place of entry into country where disease acquired.

B. Date of departure from country where disease acquired.

C. Travel within country where disease acquired by date, place and length of stay.

xiv. Initial treatment, if any, of the infection, including, without being limited to, the drugs and dosage used.

xv. If initial treatment has been given, the place, date and physician responsible for administration of treatment.

xvi. Final effective treatment including, without being limited to, the drugs and dosage used.

xvii. If effective treatment has been given, the place, date and physician responsible for administration of treatment.

xviii. The date of death and relation of the infection to the cause of death, if the person is deceased.

3 **Acquired Immune Deficiency Syndrome** (AIDS):

i. The date of diagnosis.
ii. The name and telephone number of the physician attending the person.
iii. The name of the hospital if the person is admitted to a hospital or is an outpatient.
iv. Medical conditions of the person including laboratory findings and date of onset of symptoms that are indicative of Acquired Immune Deficiency Syndrome.
v. Other medical conditions of the person that may have caused immuno-suppression (exclusion criteria).
vi. Country of birth, date of arrival in Canada, race and residence of the person at onset of illness.
vii. Current status of person infected (alive or dead) (if dead give date of death).
viii. Information preceding the diagnosis of Acquired Immune Deficiency Syndrome with respect to,
A. sexual relations of the person with a male partner,

B. sexual relations of the person with a female partner,
C. use by the person of needles for self-injection of drugs not prescribed by a physician, or
D. receipt by the person of blood or blood products (give dates).

ix. Information, preceding the diagnosis of Acquired Immune Deficiency Syndrome, with respect to heterosexual relations of the person with another person who is,
A. an intravenous abuser,
B. a bisexual man,
C. a person with hemophilia or a coagulation disorder,
D. a blood transfusion recipient with Acquired Immune Deficiency Syndrome or documented Human Immune Virus infection,
E. a person with Acquired Immune Deficiency Syndrome or documented Human Immune Virus infection,
F. a person who was born or resided in a country where heterosexual transmission of Acquired Immune Deficiency Syndrome predominates (specify country).

x. Information preceding the diagnosis of Acquired Immune Deficiency Syndrome, as to whether the person has worked or is working in a health care or clinical laboratory setting (give occupation and setting).

xi. Information, preceding the diagnosis of Acquired Immune Deficiency Syndrome, as to whether there are no identifiable risk factors or any other exposures that could have been the source of the infection.

xii. Information, in the case of a child who is one year of age or older but less than sixteen years of age, as to whether the child was infected as a result of perinatal transmission.

4 **Lassa Fever, Hemorrhagic fevers including Ebola virus disease, Marburg virus disease and Hemorrhagic fevers from other viral causes and Plague:**

i. The date of diagnosis.

ii. The name and address of the physician attending the person.

iii. The name of the hospital and the date of admission if the person is admitted to a hospital.

iv. Travel history outside Canada.

A. Date and place of entry into country where disease acquired.

B. Date of departure from country where disease acquired.

C. Date and time of entry into Canada and carrier and flight number if applicable.

D. Travel within country where disease acquired by date, place and length of stay.

E. Any other places visited en route to Canada.

v. List places and method of travel within Canada in the week prior to and since onset of illness.

vi. Exposure to any of the following. (Give date and time).

A. Rodents or monkeys.

B. Persons with a similar illness.

C. Virus in a laboratory.

vii. Clinical history.

A. Date of onset of illness.

B. Symptoms and signs of the illness.

C. History of malaria or malaria prophylaxis.

viii. Laboratory specimens.

A. List all specimens collected by type and date.

B. Name of laboratory where specimens may be located.

ix. State if ambulance was used and date of use.

5. **Chickenpox (Varicella), Diphtheria, Haemophilus influenzae b disease, invasive, Measles, Meningitis, acute, Meningococcal disease, invasive, Mumps, Pertussis (Whooping Cough), Pneumococcal disease, invasive, Poliomyelitis, acute, Rubella, Rubella, congenital syndrome, Tetanus:**

i. The date of the diagnosis.

ii. The agent of disease.

iii. The name and address of the physician attending the person.

iv. Medical condition and status of the person including signs, symptoms and site, if any, of the infection.

v. The clinical history of the person, including:

A. The name of the hospital, date of admission and the date of discharge from the hospital if the person is admitted to hospital or the name of the hospital if the person is seen as an out-patient other hospital.

B. The date and duration of isolation, if isolated.

C. Vaccination history.

vi. The case classification of the person.

vii. Laboratory findings and investigative tests including, without being limited, to culture and antimicrobial sensitivity, serological tests, microscopic examination and cerebrospinal fluid examination, together with the results of the tests.

viii. Association with outbreak and outbreak number, if applicable.

ix. Current treatment, if any, of the infection, setting out the drugs and dosage used and the date treatment commenced and ended.

x. Completion of the course of treatment including the major mode of therapy and the treatment compliance.

xi. Place where infection is believed to have been acquired.

xii. The source of infection including history of exposures and potential for community transmission.

xiii. Risk factors for the disease.

xiv. The immigration status and origin of the person, including:

- A. Country of birth.
- B. Country of last residence.
- C. Date of arrival in Canada.
- D. Immigration status at time of arrival in Canada.

xv. The travel history of the person, including:

- A. Date and place of entry into country where disease acquired.
- B. Date of departure from country where disease acquired.
- C. Date and time of entry into Canada and carrier and flight number, if applicable.
- D. Travel within country where disease acquired by date, place and length of stay.
- E. Any other places visited en route to and from Canada.

xvi. List places and method of travel within Canada prior to and since the onset of illness.

xvii. The employment details of the person including job title and place of employment.

xviii. The name and address of the school the person attends, if applicable, including the classroom.

xix. Health unit responsible for identifying contacts.

xx. Names of health units with contacts.

xxi. Number of contacts identified.

xxii. Number of contacts traced.

xxiii. Number of contacts tested and treated, if applicable.

xxiv. Results of testing of contacts, if applicable.

xxv. Outcome:

A. If the person is deceased, date and cause of death.

B. Complications.

C. Absconded — lost to follow-up before treatment completion.

D. Other.

6. **Tuberculosis:**

i. The date of the diagnosis.

ii. The agent of disease.

iii. The name and address of the physician attending the person.

iv. Medical condition and status of the person including signs, symptoms and site, if any, of the infection.

v. The clinical history of the person, including:

A. The name of the hospital, date of admission and the date of discharge from the hospital if the person is admitted to hospital or the name of the hospital if the person is seen as an out-patient of the hospital.

B. The date and duration of isolation, if isolated.

C. Vaccination history.

D. Reactivation of old disease and years of previous treatment setting out the drugs and dosages used and the dates treatment commenced and ended.

vi. The case classification of the person.

vii. Laboratory findings and investigative tests including, without being limited to, culture and antimicrobial sensitivity, serological tests, X-ray examination, microscopic examination and cerebrospinal fluid examination, together with the results of the tests.

viii. Current treatment, if any, of the infection, setting out the drugs and dosage used and the date treatment commenced and ended.

ix. Completion of the course of treatment including the major mode of therapy (Directly Observed Therapy — daily or intermittent or Daily, self-administered) and the treatment compliance estimate (80%, 50-79%, less than 50% or unknown).

x. Place where infection is believed to have been acquired.

xi. The source of infection including history of exposures.

xii. Risk factors for the disease.

xiii. The immigration status and origin of the person, including:

A. Country of birth.

B. Country of last residence.

C. Immigration Medical Surveillance serial number or Inland Processing Number.

D. Date of arrival in Canada.

E. Reported for medical surveillance (has made contact with health unit or equivalent agency in other jurisdiction.)

F. Has had medical assessment in Canada for immigration surveillance.

G. Immigration status at time of arrival in Canada.

H. Country of birth of parents if person is under 20 years of age and Canadian born non-Aboriginal.

xiv. The registered Indian status of the person.

xv. The travel history of the person, including:

A. Date and place of entry into country where disease acquired.

B. Date of departure from country where disease acquired.

C. Date and time of entry into Canada and carrier and flight number, if applicable.

D. Travel within country where disease acquired by date, place and length of stay.

E. Any other places visited en route to and from Canada.

xvi. List places and method of travel within Canada prior to and since the onset of illness.

xvii. The employment details of the person including job title and place of employment.

xviii. The name and address of the school the person attends, if applicable, including the classroom.

xix. Health unit responsible for identifying contacts.

xx. Names of health units with contacts.

xxi. Number of contacts identified.

xxii. Number of contacts traced.

xxiii. Number of contacts tested and number of contacts treated.

xxiv. Results of testing of contacts.

xxv. Outcome:

A. If the person is deceased, date of death and cause of death.

B. Complications.

C. Absconded — lost to follow-up before treatment completion.

D. Other.

7. **Cytomegalovirus infection, congenital, Group B Streptococcal Disease, neonatal, Herpes, neonatal, Ophthalmia Neonatorum:**

i. The date of the diagnosis.

ii. The name and address of the physician attending the person.

iii. The name of the hospital, the date of admission and the date of discharge if the person is admitted to hospital.

iv. The contacts who have been traced.

v. Medical condition of the person including signs and symptoms of the infection.

vi. The case classification of the person.

vii. Laboratory findings and other investigative test results including, without being limited to, culture and antimicrobial sensitivity, serological tests, microscopic examination and cerebrospinal fluid examination, together with the results of the tests.

viii. Initial treatment, if any, of the infection including, without being limited to, the drugs and dosage used.

ix. Final effective treatment including, without being limited to, the drugs and dosage used.

x. Risk factors for the disease.

xi. The date of death and relation of the infection to the cause of death, if deceased.

8. **Malaria, Yellow Fever:**

i. The date of the diagnosis.

ii. The name and address of the physician attending the person.

iii. The name of the hospital, the date of admission and the date of discharge if the person is admitted to hospital.

iv. Place where infection is believed to have been acquired.

v. The agent of disease and sub-type.

vi. Medical condition of the person including signs and symptoms of the infection.

vii. The case classification of the person.

viii. Association with outbreak and outbreak number, if applicable.

ix. Laboratory findings and investigative tests including, without being limited to, culture and antimicrobial sensitivity, serological tests, microscopic examination and cerebrospinal fluid examination, together with the results of the tests.

x. The source of infection including history of exposures.

xi. Risk factors for the disease.

xii. The travel history of the person, including:

A. Date and place of entry into country where disease acquired.

B. Date of departure from country where disease acquired.

C. Travel within country where disease acquired by date, place and length of stay.

xiii. History of malaria and malaria prophylaxis or history of yellow fever vaccination.

xiv. Initial treatment, if any, of the infection including, without being limited to, the drugs and dosage used.

xv. If initial treatment given, the place, date and physician responsible for administration of treatment.

xvi. Final effective treatment including, without being limited to, the drugs and dosage used.

xvii. If effective treatment has been given, place, date and physician responsible for administration of treatment.

xviii. The date of death and relation of the infection to the cause of death, if deceased.

9. **Group A Streptococcal disease, invasive:**

i. The date of the diagnosis.

ii. The agent of disease.

iii. The name and address of the physician attending the person.

iv. Medical condition and status of the person including clinical severity, signs, symptoms and site, if any, of the infection.

v. The clinical history of the person, including:

A. The name of the hospital, date of admission and the date of discharge from the hospital if the person is admitted to hospital.

B. The date and duration of isolation, if isolated.

vi. The case classification of the person.

vii. Laboratory findings and investigative tests including, without being limited to, culture and antimicrobial sensitivity, serological tests, microscopic examination and cerebrospinal fluid examination, together with the results of the tests.

viii. Association with outbreak and outbreak number, if applicable.

ix. Current treatment, if any, of the infection, setting out the drugs and dosage used and the date treatment commenced and ended.

x. Antibiotic resistance, if applicable.

xi. Place where infection is believed to have been acquired.

xii. The source of infection including history of exposures.

xiii. Risk factors for the disease.

xiv. The employment details of the person including job title and place of employment.

xv. The name and address of the school the person attends, if applicable, including the classroom.

xvi. Health unit responsible for identifying contacts.

xvii. Names of health units with contacts.

xviii. Number of contacts identified.

xx. Number of contacts tested and treated, if applicable.

xxi. Results of testing contacts, if applicable.

xxii. The date of death and relation of the infection to the cause of death, if the person is deceased.

10. **Influenza:**

i. The date of diagnosis.

ii. The agent of disease, including subtype.

iii. The name and address of the physician attending the person.

iv. Medical condition and status of the person including signs, symptoms and site, if any, of the infection.

v. The clinical history of the person, including:

A. The name of the hospital, date of admission and the date of discharge from the hospital if the person is admitted to hospital or the name of the hospital if the person is seen as an out-patient of the hospital.

B. The date and duration of isolation, if isolated.

C. Vaccination history.

vi. The case classification of the person.

vii. Laboratory findings including, without being limited to, antigen detection, culture and viral strain identification, genetic typing and serological tests.

viii. Association with outbreak and outbreak number, if applicable.

ix. Current treatment, if any, of the infection, setting out the drugs and dosage used and the date treatment commenced and ended.

x. Place where infection is believed to have been acquired.

xi. The source of infection including history of exposures.

xii. Risk factors for the disease.

xiii. The travel history of the person, if applicable, including:

A. Date and place of entry into country where disease acquired.

B. Date of departure from country where disease acquired.

C. Date and time of entry into Canada and carrier and flight number, if applicable.

D. Travel within country where disease acquired by date, place and length of stay.

E. Any other places visited en route to Canada.

xiv. List places and method of travel within Canada prior to and since the onset of illness, if applicable.

xv. The employment details of the person including job title and place of employment.

xvi. The name and address of the school the person attends, if applicable, including the classroom.

xvii. Health unit responsible for identifying contacts.

xviii. Names of health units with contacts.

xix. Number of contacts identified.

xx. Number of contacts traced.

xxii. The date of death and relation of the infection to the cause of death, if the person is deceased.

11. **Severe Acute Respiratory Syndrome (SARS):**

i. The date of the diagnosis.

ii. The agent of disease.

iii. The name and address of the physician attending the person.

iv. Medical condition and status of the person including signs, symptoms and site, if any, of the infection.

v. The clinical history of the person, including:

A. The name of the hospital, date of admission and the date of discharge from the hospital if the person is admitted to hospital, or transferred to another hospital or the name of the hospital if the person is seen as an out-patient of the hospital.

B. The date and duration of isolation, if isolated.

C. The date and duration of quarantine, if quarantined.

D. Vaccination history.

vi. The case classification of the person.

vii. The date of any change of case classification and details of the change.

viii. Laboratory findings and investigative tests including, without being limited to, culture and antimicrobial sensitivity, serological tests, microscopic examination, X-ray examination and cerebrospinal fluid examination, together with the results of the tests.

ix. Association with outbreak and outbreak number, if applicable.

x. Current treatment, if any, of the infection, setting out the drugs and dosage used and the date treatment commenced and ended.

xi. Place where infection is believed to have been acquired.

xii. The source of infection including history of exposures, and potential for community transmission.

xiii. Risk factors for the disease.

xiv. The travel history of the person, including:

A. Date and place of entry into country where disease acquired.

B. Date of departure from country where disease acquired.

C. Date and time of entry into Canada and carrier and flight number, if applicable.

D. Travel within country where disease acquired by date, place and length of stay.

E. Any other places visited en route to Canada.

xv. List places and method of travel within Canada prior to and since the onset of illness.

xvi. The employment details of the person including job title and place of employment.

xvii. The name and address of the school the person attends, if applicable, including the classroom.

xviii. Health unit responsible for identifying contacts.

xix. Names of health units with contacts.

xx. Number of contacts identified.

xxi. Number of contacts traced.

xxii. Number of contacts quarantined.

xxiii. Number of contacts tested and treated, if applicable.

xxiv. Results of testing contacts, if applicable.

xxv. The date of death and relation of the infection to the cause of death, if deceased.

12. **Respiratory infection outbreaks in institutions:**

i. The name and address of the institution and the contact person.

ii. The agent of disease, if known.

iii. The onset date and clinical details of symptoms in first and last cases.

iv. A description of the outbreak and an outbreak definition including, without being limited to a description of symptoms and laboratory findings.

v. The date the outbreak was declared and the outbreak number.

vi. The date the outbreak was declared over.

vii. The total number of cases in residents and all persons who carry on activities in the facility including employees, nurses, students, medical house staff, physicians, contract workers and volunteers (“staff”).

viii. The total number of residents and staff vaccinated prior to and during the outbreak and the total number of cases in residents and staff that were vaccinated prior to and during the outbreak.

ix. The total number of cases in residents and staff of admissions to hospital, X-ray confirmation of pneumonia, and deaths during the outbreak period.

x. Measures taken to monitor the facility for signs and symptoms consistent with the outbreak in persons who are residents or staff of the institution including the line list which shall include the name and location of residents and staff within the institution exhibiting signs and symptoms consistent with the description of the outbreak including clinical details and when the symptoms commenced and ended.

xi. Number of residents and staff in the entire institution and in areas of the institution affected by the outbreak.

xii. The name of the hospital, the date of admission and the date of discharge of any person who is a resident or staff member or any person who is admitted to hospital with signs and symptoms consistent with the definition of the outbreak.

xiii. Medical condition and status of persons exhibiting signs and symptoms consistent with the definition of the outbreak.

xiv. The name of any resident or staff member of the institution who dies during the outbreak period whether the cause of death is the respiratory infection or any other cause and including the time and date of death, the location of the death and cause of death.

xv. The details of any notification made to any other institution regarding the declaration of an outbreak in the institution for the purposes of preventing the spread of infection.

xvi. Laboratory findings and investigative tests including, without being limited to, antigen detection, culture and antimicrobial sensitivity, serological tests, microscopic examination, cerebrospinal fluid examination and X-ray examination, together with the results of the tests.

xvii. Current treatment, if any, of the persons exhibiting signs and symptoms consistent with the outbreak, setting out the drugs and dosage used and the date treatment commenced.

xviii. Infection control measures utilized to minimize the impact of the outbreak on the residents and staff and to prevent the spread of the infection including, but not limited to, influenza immunization, exclusion of non-immunized persons from the facility, the use of antiviral medications, isolation of ill persons, increased environmental sanitation and restriction of visitors.

xix. Place where infection is believed to have been acquired.

xx. The source of infection including history of exposures.

xxi. Risk factors for the disease.

xxii. Health units responsible for identifying contacts.

xxiii. Names of health units with contacts.

xxiv. Number of contacts identified.

xxv. Number of contacts traced.

xxvi. Number of contacts tested and treated, if applicable.

xxvii. Results of testing contacts, if applicable.

xxviii. Verification of staff immunization policies.

13. **Encephalitis, including primary, viral, post-infectious, vaccine-related, subacute sclerosing panencephalitis, and unspecified:**

i. The date of the diagnosis.

ii. The agent of disease.

iii. The name and address of the physician attending the person.

iv. Medical condition and the current status of the person including signs and symptoms.

v. The name of the hospital and the date of admission and the date of discharge if the person is admitted to hospital or the name and date of visits if the person is seen as an out-patient of the hospital.

vi. The case classification of the person.

vii. The outcome of the disease.

viii. Laboratory findings and investigative tests including, without being limited to, culture and antimicrobial sensitivity, serological tests, microscopic examination and cerebrospinal fluid examination, together with the results of the tests.

ix. Association with outbreak and outbreak number, if applicable.

x. Current treatment, if any, of the infection, setting out the drugs and dosage used and the date treatment commenced and ended.

xi. Place where infection is believed to have been acquired.

xii. The source of infection including history of exposures.

xiii. Risk factors for the disease.

xiv. The travel history of the person, including:

A. Date and place of entry into country where disease acquired.

B. Date of departure from country where disease acquired.

C. Date and time of entry into Canada and carrier and flight number, if applicable.

D. Travel within country where disease acquired by date, place and length of stay.

E. Any other places visited en route to Canada.

xv. List places and method of travel within Canada prior to and since the onset of illness.

xvi. The employment details of the person including job title and place of employment.

xvii. The name and address of the school the person attends, if applicable, including classroom.

xviii. The date of death and relation of the infection to the cause of death, if deceased.

14. **Hepatitis B, Hepatitis C, Hepatitis D (Delta hepatitis):**

i. The date of the diagnosis.

ii. The agent of disease.

iii. The name and address of the physician attending the person.

iv. The name of the hospital, the date of admission and the date of discharge if the person is admitted to hospital or the name of the hospital if the person is seen as an out-patient of the hospital.

v. History of immunization and post exposure prophylaxis as appropriate.

vi. The case classification of the person.

vii. Laboratory findings and investigative tests including, without being limited to, serological tests, microscopic examination and cerebrospinal fluid examination, together with the results of the tests.

viii. Association with outbreak and outbreak number, if applicable.

ix. The source of infection including history of exposures.

x. Risk factors for the disease.

xi. Place where infection is believed to have been acquired.

xii. The travel history of the person, including:

A. Date and place of entry into country where disease acquired.

B. Date of departure from country where disease acquired.

C. Travel within country where disease acquired by date, place and length of stay.

xiii. The employment details of the person including job title and place of employment, if applicable.

xiv. The name and address of the school the person attends, if applicable, including classroom.

xv. The person responsible for tracing the contacts of the person (hepatitis B and Delta only).

xvi. The contacts who have been traced (hepatitis B and Delta only).

xvii. The date of death and relation of the infection to the cause of death, if deceased.

15. **Transmissible Spongiform Encephalopathy, including Creutzfeldt-Jakob Disease, all types, Gerstmann-Sträussler-Scheinker Syndrome, Fatal Familial Insomnia and Kuru:**

i. The date of the diagnosis.

ii. The name and address of the physicians attending the person.

iii. The name of the hospital and the date of admission if the person is admitted to a hospital or is seen as an out-patient of the hospital.

iv. Laboratory findings and investigative tests including, without being limited to, 14-3-3 protein test, cerebrospinal fluid examination, microscopic examination, electroencephalogram, magnetic resonance imaging, computerized axial tomography and biopsy, together with the results of the tests.

v. History and physical examination findings of the person.

vi. Dates of organ, blood or blood product donated or received.

vii. Name of institution where performed, and dates, with respect to invasive procedures to person including, without being limited to, lumbar puncture, surgery and endoscopy.

viii. Countries of residence and duration of residence or travel.

ix. Genetic history of transmissible spongiform encephalopathy.

x. Date of death, if the person is deceased.

xi. Autopsy findings.

16. **Amebiasis, Anthrax, Botulism, Brucellosis, Campylobacter enteritis, Cholera, Cryptosporidiosis, Cyclosporiasis, Food poisoning — all causes, Gastroenteritis, institutional outbreaks, Giardiasis, Hantavirus Pulmonary Syndrome, Hepatitis A viral infections, Legionellosis, Listeriosis, Lyme Disease, Paratyphoid Fever, Psittacosis/Ornithosis, Q Fever, Rabies, Salmonellosis, Shigellosis, Trichinosis, Tularemia, Typhoid Fever, West Nile Virus Illness, Verotoxin-producing E. coli infection indicator conditions, including Haemolytic Uraemic Syndrome (HUS), Yersiniosis:**

i. The date of the diagnosis.

ii. The agent of disease.

iii. The name and address of the physician attending the person.

iv. Medical condition of the person including signs and symptoms of the infection.

v. The name of the hospital and the date of admission and the date of discharge if the person is admitted to hospital or the name of the hospital if the person is seen as an out-patient of the hospital.

vi. The case classification of the person.

vii. Laboratory findings and investigative tests including, without being limited to, culture and antimicrobial sensitivity, serological tests, microscopic examination and cerebrospinal fluid examination, together with the results of the tests.

viii. Association with outbreak and outbreak number, if applicable.

ix. Current treatment, if any, of the infection, setting out the drugs and dosage used and the dates treatment commenced and ended.

x. Place, including geographic location, where infection is believed to have been acquired.

xi. The source of infection including history of exposures and potential for community spread.

xii. Risk factors for the disease.

xiii. The travel history of the person, including:

A. Date and place of entry into country or countries where disease is believed to have been acquired.

B. Date of departure from country or countries where disease is believed to have been acquired.

C. Date and time of entry into Canada and carrier and flight number, if applicable.

D. Travel within country or countries where disease is believed to have been acquired by date, place and length of stay.

E. Any other places visited en route to and from Canada.

xiv. The immigration status and origin of the person, including:

A. Country of birth.

B. Country of last residence.

C. Date of arrival to Canada.

xv. List places and method of travel within Canada for the period of time equal to at least two incubation periods of the disease prior to and since the onset of illness.

xvi. The employment details of the person including job title and place of employment.

xvii. The name and address of the school the person attends, if applicable, including classroom.

xviii. The outcome of the disease.

xix. The date of death and relation of the infection to the cause of death, if the person is deceased.

17. **Smallpox:**

i. The date of the diagnosis.

ii. The agent of disease.

iii. The name and address of the physician attending the person.

iv. Medical condition and status of the person including signs and symptoms of the infection.

v. The clinical history of the person, including:

   A. The name of the hospital, date of admission and the date of discharge from the hospital if the person is admitted to hospital, or transferred to another hospital or the name of the hospital if the person is seen as an out-patient of the hospital.

   B. The date and duration of isolation, if isolated.

   C. The date and duration of quarantine, if quarantined.

   D. Vaccination history.

vi. The case classification of the person.

vii. The date of any change of case classification and details of the change.

viii. Laboratory findings and investigative tests including, without being limited to culture and antimicrobial sensitivity, serological tests, microscopic examination and cerebrospinal fluid examination, together with the results of the tests.

ix. Association with outbreak and outbreak number, if applicable.

x. Current treatment, if any, of the infection, setting out the drugs and dosage used and the date treatment commenced and ended.

xi. Place, including geographical location, where infection is believed to have been acquired.

xii. The source of infection including history of exposures and potential for community transmission.

xiii. Risk factors for the disease.

xiv. The travel history of the person, including:

   A. Date and place of entry into country where disease acquired.

   B. Date of departure from country where disease acquired.

   C. Date and time of entry into Canada and carrier and flight number, if applicable.

   D. Travel within country where disease acquired by date, place and length of stay.

   E. Any other places visited en route to Canada.

xv. List places and method of travel within Canada prior to and since the onset of illness.

xvi. The employment details of the person including job title and place of employment.

xvii. The name and address of the school the person attends, if applicable, including the classroom.

xviii. Health unit responsible for identifying contacts.

xix. Names of health units with contacts.

xx. Number of contacts identified.

xxi. Number of contacts traced.

xxii. Number of contacts quarantined.

xxiii. Number of contacts tested and treated, if applicable.

xxiv. Results of testing contacts, if applicable.

xxv. The date of death and relation of the infection to the cause of death, if deceased.