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For more information concerning the history of these regulations, please see the [Table of Regulations](#).

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CHAPTER P-30

PUBLIC HEALTH ACT

NOTIFIABLE AND COMMUNICABLE DISEASES REGULATIONS

Pursuant to section 23 of the *Public Health Act* R.S.P.E.I. 1988, Cap. P-30, Council made the following regulations:

- 1. In these regulations** Interpretation
- (a) “carrier” means a person who, without apparent symptoms of a disease, harbours and may disseminate the infectious agent; carrier
- (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; contact
- (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; control measure
- (d) “delegate” means a person or agency to whom the Chief Health Officer has explicitly delegated authority for particular purposes in carrying out the provisions of these regulations; this may include, but is not necessarily restricted to, a health officer, physician, and unit of a governmental or health-system organization such as a laboratory or office for the compiling of information; delegate
- (e) “health officer” means a person appointed under section 2 of the Act, and normally refers to a public health nurse or public health officer of the Divisions of Nursing or Community Hygiene of the Department of Health; health officer
- (f) “notifiable disease” means a disease or condition listed in section 17, occurrence of which is to be reported; notifiable disease
- (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; nuisance disease
- (h) “regulated disease” means any communicable disease or condition which in the opinion of the Chief Health Officer, owing to regulated disease

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. (EC330/85; 409/87; 620/05)

Chief Health
Officer, duties and
powers

2. The Chief Health Officer

- (a) shall have overall responsibility for the control of regulated disease in the province, including the investigation, management and follow-up of cases and agents of transmission;
- (b) shall be the final medical authority on all matters pertaining to regulated disease control;
- (c) shall be responsible for providing specific instructions to persons involved in the treatment, follow-up and control of regulated disease;
- (d) shall be responsible for the monitoring of notifiable diseases and may prescribe procedures, including frequency and form, for the reporting thereof;
- (e) may designate persons or agencies to act, with his powers, on his behalf;
- (f) may enter, investigate and take samples of any thing from any building, property or conveyance, with or without the consent of the owner or occupant, for the purpose of performing his duties under these regulations;
- (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 or 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 delegate; and
- (h) may, with respect to a person who is, or is suspected of being, infected with a regulated disease, including a suspected carrier or contact, direct and require adherence to specific treatment procedures and control measures. (EC330/85)

Compliance
required

3. Every person is required to comply with the provisions of these regulations as applicable, and with such particular directions as the Chief Health Officer or his delegate may issue in accordance therewith. (EC330/85)

Duties of person
infected or
suspected

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. (EC330/85)

5. The owner of an animal, substance or any thing which is a suspected or known transmitter of a regulated disease shall comply with any direction by the Chief Health Officer or his delegate for the purpose of preventing spread of the disease. (EC330/85)

Duty of an owner of transmitting agent

6. A physician shall

Responsibility of physician

- (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;
- (b) provide such further information as the Chief Health Officer or his delegate may require regarding a patient who is, or is suspected of being, infected with a regulated disease, including the patient's condition, contacts and compliance with treatment and control measures; and
- (c) carry out or supervise such treatment and control measures as the Chief Health Officer or his delegate may direct. (EC330/85)

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 other regulated disease in such circumstances as to pose risk to the health of others, have an obligation to report the matter to a health officer and to provide such further information as may be requested. (EC330/85)

Duty of person with knowledge of disease risk

8. When a person infected with a regulated disease, posing danger to the public health, is known to be moving, the Chief Health Officer or his delegate shall forward information concerning the case to the public health authority of the district of destination. (EC330/85; 762/05)

Case moving

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. (EC330/85; 409/87)

Reports by Director of Vital Statistics

10. The Director of Laboratory Medicine, Queen Elizabeth Hospital, shall submit to the Chief Health Officer or his delegate such information

Reports by Director of Laboratory Medicine

as may be required from laboratory findings which pertain to notifiable and other regulated diseases. (EC330/85)

Neonatal eye treatment	11. The physician attending a live birth shall ensure that there be immediately instilled into the eyes of the infant a sufficient quantity of 1% silver nitrate solution, 1% tetracycline or 0.5% erythromycin. (EC330/85)
Nuisance disease	12. (1) A person holding a responsible position in a public-contact setting such as a school, child-care facility, camp or residential institution, shall report any known or suspected case of a nuisance disease in the facility to the Division of Nursing, Department of Health.
<i>Idem</i>	(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.
<i>Idem</i>	(3) Exclusion from a facility of a person with a nuisance disease shall, if considered necessary, be the responsibility of the person in charge of the facility. (EC330/85; 620/05)
Age of responsibility	13. (1) For purposes of these regulations, sixteen years shall be deemed the age of individual responsibility.
<i>Idem</i>	(2) Any direction for examination, treatment or control measures respecting a person under the age of sixteen years shall be given to the parent or guardian of the person, and it shall be the responsibility of the parent or guardian to ensure compliance.
<i>Idem</i>	(3) No action lies against a physician, the Chief Health Officer or his delegate for dealing directly with a person under the age of sixteen years if he had no reason for believing that the person claiming to be sixteen years old had not in fact attained that age.
Exception, young person, parent not advised	(4) Notwithstanding subsection (2), a physician or the Chief Health Officer or his delegate may give a direction for examination, treatment or control measures directly to a young person under the age of sixteen years where he has reason to believe <ul style="list-style-type: none"> (a) it is in the public interest to do so for the purpose of preventing the spread of a communicable disease; and (b) the young person appears capable of understanding and complying with the direction.
Failure of young person to comply with direction	(5) Where a young person fails to comply with a direction given under subsection (4), the physician or Chief Health Officer or his delegate shall give a new direction to the parent or guardian of the young person and it

shall be the responsibility of the parent or guardian to ensure compliance. (EC330/85; 606/92)

14. A physician, the Chief Health Officer or his delegate may give information concerning the condition of a person who is or is suspected of being infected with a notifiable or other regulated disease to members of the person's family for the protection of their health. (EC330/85)

Information to family

15. No action lies against the Chief Health Officer or his delegate, health officers, physicians or other persons with 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. (EC330/85)

Liability

16. Responsibility for the costs or losses which may result from control measures rests with the person or persons affected by those measures, not with the Chief Health Officer or his delegate or other person who may impose or supervise the carrying out of the measures. (EC330/85)

Financial responsibility

17. The following are notifiable diseases or conditions, the occurrence of which, in humans, must be reported to the Chief Health Officer or his delegate in such manner as the Chief Health Officer may direct:

Notifiable diseases

- (a) any occurrence of the following diseases must be reported:
 - (i) Creutzfeldt-Jakob Disease (CJD) and variant Creutzfeldt-Jakob Disease (vCJD),
 - (ii) 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 from any other communicable cause,
 - (iii) Food Poisoning, including
 - (A) Botulism, and
 - (B) Staphylococcal,
 - (iv) Hepatitis A, B and C,
 - (v) Human T-cell Lymphotropic Virus (HTLV I),
 - (vi) Invasive Pneumococcal Disease,
 - (vii) Meningitis and Encephalitis,
 - (A) bacterial, or
 - (B) viral,
 - (viii) Pertussis,

- (ix) Neoplasm, malignant or benign,
- (x) Other Diseases, including
 - (A) Acquired Immunodeficiency Syndrome (AIDS),
 - (B) Anthrax,
 - (C) Brucellosis,
 - (D) Chicken Pox,
 - (E) Diphtheria,
 - (F) Group A Streptococcus, invasive,
 - (G) Haemophilus Influenzae B infections (invasive),
 - (H) Histoplasmosis,
 - (I) Human Immunodeficiency Virus (HIV) antibodies,
 - (J) Legionellosis,
 - (K) Leprosy,
 - (L) Listeriosis,
 - (M) Lyme Disease,
 - (N) Malaria,
 - (O) Mumps,
 - (P) Norovirus,
 - (Q) Plague,
 - (R) Poliomyelitis,
 - (S) Psittocosis,
 - (T) Q Fever,
 - (U) Reye's Syndrome,
 - (V) Rabies,
 - (W) Tetanus,
 - (X) Toxic Shock Syndrome,
 - (Y) Toxoplasmosis,
 - (Z) Trichinosis,
 - (aa) Tularemia,
 - (bb) Typhoid and Paratyphoid,
 - (cc) West Nile Virus, and
 - (dd) Yellow Fever,
- (xi) Congenital Rubella Syndrome,
- (xii) Rubella,
- (xiii) Rubeola,
- (xiv) Severe Acute Respiratory Syndrome (SARS),
- (xv) Sexually Transmitted Diseases, including
 - (A) Chlamydia (genital or neonatal),
 - (B) Genital warts,
 - (C) Gonorrhoea,
 - (D) Herpes (genital or neonatal),
 - (E) Lymphogranuloma Venereum (LGV), and
 - (F) Syphilis,
- (xvi) Smallpox, and

- (xvii) 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) Influenza
 - 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 strain of *enterococci* resistant to vancomycin, or
 - (iii) a strain of *Streptococcus pneumoniae* resistant to penicillin isolated from a normally sterile site.
- (EC409/87; 47/91; 478/98; 594/99; 470/01; 156/03; 287/07)

18. (1) The Notifiable Diseases Regulations made on January 1, 1952, under the *Public Health Act* as then in force and continued pursuant to section 23 of the *Public Health Act* R.S.P.E.I. 1988, Cap. P-30 are revoked. Revocation

(2) The Contact Information Regulations (EC16/80) made under the *Venereal Diseases Prevention Act* R.S.P.E.I. 1974, Cap. V-2 and continued pursuant to section 23 of the *Public Health Act* R.S.P.E.I. 1988, Cap. P-30 are revoked. (EC330/85) *Idem*

19. For the purpose of facilitating understanding of the types of disease to which these regulations apply, the schematic display and explanatory notes which are set out in the schedule form part of these regulations. Explanatory
Schedule
(EC330/85)

SCHEDULE

This descriptive schedule is intended to explain and illustrate the categorization of diseases used in the regulations.

REGULATED is a designation that may be given at any time to any disease which is both communicable and significantly threatening to public health. Examples: typhoid, gonorrhoea, plague.

A disease is regulated not because of being listed but because of being declared so by the Chief Health Officer according to the criteria specified in clause 1(h). This is done for the purpose of engaging the authority to apply control measures when that is judged necessary.

A disease may become regulated whether it is a notifiable disease (e.g. typhoid) or not (e.g. smallpox). Not all notifiable diseases may become regulated (e.g. malignant neoplasm, on grounds of non-communicability). A disease (e.g. salmonella) might be declared regulated in one instance but not in another, depending on factors such as volume and pattern of spread and co-operativeness of persons affected. The designation may be on-going (e.g. for gonorrhoea) or temporary (e.g. particular outbreak of encephalitis).

NOTIFIABLE diseases are those listed in section 17, the occurrence of which must be reported for surveillance purposes.

Depending on current conditions and degree of danger, many could also be declared regulated, that is subject to control measures as well as reporting. However, the list includes certain diseases (e.g. malaria, malignant neoplasms) which have epidemiological significance but do not meet the criteria of clause 1(h).

The Chief Health Officer issues explicit instructions, as necessary, regarding who must report what information in what manner.

NUISANCE diseases are those listed in subclause 17(b)(ii) (scabies, impetigo, ringworm, pediculosis).

They are included as notifiable diseases, but must be reported by a physician only if occurring in unusual or epidemic form. They are not regulated because they are not seriously dangerous.

However, because of their offensive nature in a public setting such as a classroom, an occurrence of that sort must be reported by the person in charge to the Division of Nursing and is subject to certain control provisions (section 12).

Schematic Summary

[Diagram Missing]

Regulated: as designated by Chief Health Officer on basis of communicability plus public-health threat (clause 1(h), for purpose of applying control measures.

Nuisance: listed by clause 17(b)(ii). Reportable only when unusual or epidemic, and when in public-contact setting where certain control provisions apply (section 12).

Notifiable: listed by section 17. Must be reported. Many (not all) may also become regulated as judged necessary.
(EC330/85; 409/87)