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REPORTABLE COMMUNICABLE DISEASES IN BC

REV Jan 2017

**STANDARDS**

- All physicians must urgently report certain communicable diseases to Public Health by telephone on the day of identification (see list below).
- Laboratory physicians must report certain communicable diseases to Public Health once confirmed (see list below).

**Reportable Communicable Diseases in British Columbia**

**Routine Reporting**

The “List of Reportable Communicable Diseases in British Columbia” (attached) is part of the Health Act Communicable Disease Regulations of B.C.’s Public Health Act. Those listed under “Schedule A” are reportable from all sources (i.e. laboratories, physicians, infection control practitioners etc.) while those under “Schedule B” are reportable only from laboratories.

**Urgent Reporting**

**Some diseases must be reported urgently, by telephone on the day of identification (list attached).**

These are diseases for which timely public health follow-up, i.e. provision of vaccination or antibiotics, can prevent disease in contacts or reduce further transmission. Certain diseases must be reported at the “suspect” stage, prior to laboratory confirmation, because of their severity and the urgency of public health follow-up. No list can be exhaustive; if you encounter a case that you feel requires urgent public health follow up, please notify Infection Prevention and Control Service (IPACS).

**Outbreak Reporting**

Outbreaks of influenza-like illness (2 or more health care associated (HCA) cases among patients and/or staff within 1 week); gastroenteritis (3 or more HCA cases among patients and/or staff within 4 days) in hospital wards or other health care facilities should also be reported by phone as soon as identified. **Notify IPACS immediately if an outbreak is suspected.** Please do not wait for lab results before notifying IPACS.

The most recent copy of the List of Reportable Communicable Diseases in British Columbia is attached.

**Urgent cases and outbreaks should be reported as follows:**

1. Infection Prevention and Control Services by calling locating at 604-875-2161
2. VCH-Medical Health Officer  
Monday to Friday 08:30-1700: 604-675-3900  
After-hours to speak to the Medical Health Officer on call: 604-527-4893



## Communicable Diseases Urgently Reportable by ALL Physicians

### ALL physicians report by phone at suspect stage these emerging infectious diseases:

Disease	Clues for Identification
MERS-CoV (Middle East Respiratory Syndrome Coronavirus)	Recent travel to the Arabian peninsula; severe acute respiratory illness, e.g. fever + cough + shortness of breath

### A L L physicians report by phone at suspect stage (based on history, physical, preliminary lab results):

Disease	Clues for Identification
Anthrax	Known exposure to anthrax; Respiratory: Resp. distress, widened mediastinum on CXR; Cutaneous: Vesicular lesion with black eschar
Botulism	Visual disturbance; cranial nerve involvement; paralysis/weakness; +/- diarrhea, vomiting; +/- consumption of unusual or home-canned food
Respiratory Diphtheria	Unvaccinated or elderly; adherent grayish-white membrane in pharynx
Measles	Unvaccinated; born after 1956; recent travel; fever, cough, coryza, conjunctivitis; Koplik spots on buccal mucosa; generalized red rash
GI Outbreak in a Health Care Facility	3 or more HCA cases of gastroenteritis (diarrhea and/or vomiting) among patients/staff within the same setting within a 4-day period. <b>We ask laboratory physicians to phone w/ all outbreak related lab results.</b>
ILI Outbreak in a Health Care Facility	2 or more HCA cases of influenza-like illness (fever, cough, sore throat, arthralgia, myalgia, prostration) among patients/staff within 1 week in a ward/facility. <b>We ask laboratory physicians to phone w/ all outbreak related lab results.</b>
Invasive Meningococcal Disease	Fever; meningitis, petechial rash; coma; gram-negative diplococci in CSF or blood
Necrotizing fasciitis	Clinical diagnosis or diagnosis based on histopathology.
Rabies	Known bat exposure (or other animal outside BC); fever; flu-like symptoms; paresis/paralysis; muscle spasm, hydrophobia
Viral Hemorrhagic Fevers (Ebola, Lassa, Marburg)	Recent travel to Africa; fever; +/- hemorrhagic rash; +/- vomiting and diarrhea; hemorrhagic symptoms
Yellow Fever	Recent travel to Africa/Latin America; fever; flu-like symptoms; jaundice; hemorrhagic symptoms; no history of vaccination



**Communicable Diseases Urgently Reportable by ALL Physicians**

**Laboratory physicians to report by phone as soon as the following have preliminary or final laboratory confirmation:**

Disease	Laboratory Confirmation
Cholera	Stool positive for <i>Vibrio cholerae</i>
Respiratory Diphtheria	Throat culture + for <i>C. diphtheriae</i>
<i>Haemophilus influenzae</i>	Any type isolated from blood or CSF
Hantavirus	PCR+ on biopsy or IgM+ serology
Hepatitis A	Serology: Total and IgM+
Acute Hepatitis B	HbsAg+ with jaundice, elevated liver enzymes or anti-Hbc IgM+
Invasive Group A Streptococcal Disease	Toxic shock, necrotizing fasciitis or pneumonia and group A streptococcus isolated from blood or sterile site
Leprosy	From endemic country; positive skin biopsy
Measles	PCR+ or IgM+
Invasive Meningococcal Disease	Please call for gram-negative diplococci in CSF or blood, as well as with confirmatory testing
Plague	Recent travel; culture positive from blood, CSF, sputum or buboes
Polio	Unvaccinated; travel to Africa, SE Asia; virus isolation from stool
Rubella	Unvaccinated; IgM+ serology
Tetanus	Unvaccinated; culture + ( <i>Clostridium tetani</i> ) from wound
Typhoid/Paratyphoid	<i>S. typhi</i> or <i>S. paratyphi</i> isolated from stool, blood or urine

**Laboratory physicians to report by phone as soon as the following have laboratory confirmation of the following disease when part of a hospital or facility outbreak:**

Disease	Laboratory Confirmation
GI Outbreak in a Health Care Facility	Laboratory result from any GI outbreak. A GI outbreak is 3 or more HCA cases of gastroenteritis (diarrhea and/or vomiting) among patients/staff within the same setting within a 4-day period
ILI Outbreak in a Health Care Facility	Detection of virus from nasopharyngeal washing or swab associated with an outbreak. 2 or more HCA cases of influenza-like illness (fever, cough, sore throat, arthralgia, myalgia, prostration) among patients/staff within 1 week in a ward/facility.



**LIST OF REPORTABLE COMMUNICABLE DISEASES IN BC**

**Schedule A: Reportable by all sources, including Laboratories**

- Acquired Immune Deficiency Syndrome
- Anthrax
- Botulism
- Brucellosis
- Carbapenemase Producing Organism (CPO)
- Chancroid
- Cholera
- Congenital Infections:
  - Toxoplasmosis
  - Rubella
  - Cytomegalovirus
  - Herpes Simplex
  - Varicella-Zoster
  - Hepatitis B Virus
  - Listeriosis and any other congenital infection
- Creutzfeldt-Jacob Disease
- Cryptococcal infection
- Cryptosporidiosis
- Cyclospora infection
- Diffuse Lamellar Keratitis
- 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
- Gonorrhoea – all sites
- Group A Streptococcal Disease, Invasive
- H5 and H7 strains of the Influenza virus
- Haemophilus influenzae* Disease, All Invasive, by Type
- Hantavirus Pulmonary Syndrome
- Hemolytic Uremic Syndrome (HUS)
- Hemorrhagic Viral Fevers
- Hepatitis Viral:
  - Hepatitis A
  - Hepatitis B
  - Hepatitis C
  - Hepatitis E
  - Other Viral Hepatitis



Human Immunodeficiency Virus Infection

Leprosy

Lyme Disease

Measles

Meningitis: All causes

(i) Bacterial:

- Haemophilus
- Pneumococcal
- Other

(ii) Viral

Meningococcal Disease:

- All Invasive including “Primary Meningococcal Pneumonia” and “Primary Meningococcal Conjunctivitis”

Mumps

Neonatal Group B Streptococcal Infection

Paralytic Shellfish Poisoning (PSP)

Pertussis (Whooping Cough)

Plague

Poliomyelitis

Rabies

Reye Syndrome

Rubella :

- Congenital Rubella syndrome

Severe Acute Respiratory Syndrome (SARS)

Smallpox

*Streptococcus pneumoniae* Infection, Invasive

Syphilis

Tetanus

Transfusion Transmitted Infection

Tuberculosis

Tularemia

Typhoid Fever and Paratyphoid Fever

Waterborne Illness:

- All causes

West Nile Virus Infection

Yellow Fever

### **Schedule B: Reportable by Laboratories only**

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



- Creutzfeldt-Jacob Disease
- Cryptococcal Infection
- Herpes Genitalis
- Human Immunodeficiency Virus Infection
- Influenza virus, including the H5 and H7 strains
- Legionellosis
- Leptospirosis
- Listeriosis
- Malaria
- Q Fever
- Rickettsial Diseases
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Tularemia
- West Nile Virus Infection

## REFERENCES

As per Health Act Communicable Disease Regulation includes amendments up to B.C. Reg. 380/2012, March 18, 2013

[http://www.bclaws.ca/EPLibraries/bclaws\\_new/document/ID/freeside/12\\_4\\_83#section](http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/12_4_83#section)

Letter to provincial laboratory directors. Carbapenemase Producing Organisms (CPO). Office of the Provincial Health Officer. BC Ministry of Health. December 22 2016

Memorandum: Reportable Communicable Diseases. Dr Reka Gustafson, VCH MHO. October 2015.

Reviewed January 19, 2017