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For more information concerning the history of these regulations, please see the Table of Regulations.

If you find any errors or omissions in this consolidation, please contact:

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CHAPTER P-30.1
PUBLIC HEALTH ACT
NOTIFIABLE DISEASES AND CONDITIONS AND COMMUNICABLE DISEASES REGULATIONS

Pursuant to section 72 of the Public Health Act R.S.P.E.I. 1988, Cap. P-30.1, Council made the following regulations:

1. In these regulations
(b) “carrier” means a person who, without apparent symptoms of a disease, harbours and may disseminate the infectious agent;
(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;
(d) “health practitioner” means a health practitioner as defined in the Consent to Treatment and Health Care Directives Act R.S.P.E.I. 1988, Cap. C-17.2. (EC560/13)

2. (1) The Chief Public Health Officer
(a) shall have overall responsibility for the control of communicable diseases 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 control of communicable diseases;
(c) may provide instructions to health practitioners involved in the treatment, follow-up and control of communicable diseases;
(d) revoked by EC22/14; and
(e) shall be responsible for the monitoring of notifiable diseases or conditions and may by order specify procedures, including frequency and form, for the reporting of them.

(2) Where the Chief Public Health Officer has delegated a power or duty of the Chief Public Health Officer under these regulations to a person or agency, including a public health official, medical practitioner and a unit of a government or health-system organization such as a laboratory or office for the compiling of information, references in the
applicable provisions of these regulations to the Chief Public Health Officer shall be read as references to the person or agency, as the case may be. (EC560/13; 22/14)

3. Every person is required to comply with the provisions of these regulations as applicable, and with any particular order the Chief Public Health Officer may issue in accordance with these regulations. (EC560/13)

4. A person who is, or is suspected of being, infected with a communicable disease, including a suspected carrier or contact, shall
   (a) if the person suspects an infection or is informed by a medical practitioner or public health official that he or she is or is suspected of being infected, place himself or herself under the care of a medical practitioner or direction of a public health official;
   (b) submit to diagnostic examination, treatment and control measures as directed by the medical practitioner or Chief Public Health Officer; and
   (c) identify any contact, and provide any other relevant information that may be required, to the medical practitioner or Chief Public Health Officer. (EC560/13)

5. The owner of an animal, substance or any thing which is a suspected or known transmitter of a communicable disease shall comply with any direction by the Chief Public Health Officer for the purpose of preventing spread of the communicable disease. (EC560/13)

6. When a person infected with a communicable disease is known to be relocating, the Chief Public Health Officer shall forward information concerning the case to the public health authority of the district of destination. (EC560/13)

7. A person directed by the Chief Public Health Officer shall submit reports of notifiable diseases or conditions, with any further information as may be required, as directed by the Chief Public Health Officer and to the appropriate agencies of the Government of Canada for purposes of national disease surveillance. (EC560/13; 22/14)

8. The following are designated as institutions for the purposes of section 34 of the Act:
   (a) a camp;
   (b) a community care facility;
   (c) a university or college. (EC560/13)
9. (1) For the purposes of section 35 of the Act, the following persons shall report to the administrator of a health facility at the times and in the manner required by the administrator:

(a) a health practitioner, with respect to information respecting an occurrence or suspected occurrence of a notifiable disease or condition that comes to the health practitioner’s attention in the course of carrying out his or her functions in the health facility;
(b) the Director of Laboratory Services, Queen Elizabeth Hospital, with respect to laboratory findings pertaining to a notifiable disease or condition.

(2) In addition to the requirements of clause (1)(b), the Director of Laboratory Services, Queen Elizabeth Hospital, shall report directly to the Chief Public Health Officer with respect to laboratory findings pertaining to a notifiable disease or condition. (EC560/13)

9.1 (1) A report made under section 33 of the Act shall include

(a) the name of the disease;
(b) the name, age, sex, health number as defined in the Provincial Health Number Act R.S.P.E.I. 1988, Cap. P-27.01, and telephone number, if any, of the person who has or may have the disease and, if the person is a minor, the name and telephone number of the person’s parent or guardian; and
(c) relevant details of the disease.

(2) A report made under section 34 or section 36 of the Act shall include

(a) a general description of the symptoms of the suspected disease;
(b) the number of persons suspected of being infected with the disease; and
(c) the location of the institution, school or child care centre to which the report relates.

(3) A report made under subsection 9(2) of these regulations shall include

(a) the name of the disease;
(b) the name, date of birth and medical record number of the person from whom the specimen was taken; and
(c) the name of the ordering physician or family physician other person who is or has been attending the person referred to in clause (b).

(4) All reports referred to in this section shall include any further relevant information requested by the Chief Public Health Officer.
(5) A report referred to in subsections (1) to (3) inclusive shall be delivered to the Chief Public Health Officer within the following time periods:
   (a) for a disease listed in Schedule I, within one hour;
   (b) for a disease listed in Schedule II or III, within 24 hours;
   (c) for any other notifiable disease or condition or communicable disease, as directed by the Chief Public Health Officer. (EC22/14)

9.2 (1) Exposure of a person to an animal suspected or known to be infected with rabies is a reportable event for the purposes of sections 33, 34 and 36 of the Act.

9.3 (1) Subject to subsection (2), as a preventive measure against the transmission of gonorrhea, chlamydia or other infectious diseases, a medical practitioner assisting at the birth of a baby shall within one hour of the birth treat the eyes of the baby with a prophylactic solution, dispensed in single use containers, of
   (a) 1% tetracycline;
   (b) 0.5% erythromycin; or
   (c) 1% silver nitrate.

(2) Subsection (1) does not apply if the parents of the baby provide a written statement directing that subsection (1) not be followed in the case of their baby.

(3) Before accepting a written statement under subsection (2), the medical practitioner assisting at the birth shall inform the parents respecting
   (a) the reasons why the treatment is recommended;
   (b) the advantages that may be anticipated from the treatment;
   (c) the problems that may arise if the treatment is not given; and
   (d) any side effects that may arise from the treatment.

(4) A copy of the written statement referred to in subsection (2) shall be added to the baby’s patient record. (EC22/14)

10. A medical practitioner or the Chief Public Health Officer may provide information concerning the condition of a person who is or is
suspected of being infected with a communicable disease to members of the person’s family for the protection of their health. (EC560/13)

11. 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 Public Health Officer or other person who may impose or supervise the carrying out of the measures. (EC560/13)

12. (1) The following are notifiable diseases or conditions, the occurrence of which, in humans, may be required to be reported to the Chief Public Health Officer in the manner directed by the Chief Public Health Officer:

(a) any occurrence of the following
   (i) enteric, food and waterborne diseases, including but not limited to:
      (A) Amoebiasis,
      (B) Botulism,
      (C) Campylobacteriosis,
      (D) Cholera,
      (E) Cryptosporidiosis,
      (F) Cyclosporiasis,
      (G) Giardiasis,
      (H) Hepatitis A,
      (I) Listeriosis,
      (J) Paralytic Shellfish Poisoning,
      (K) Salmonellosis,
      (L) Shigellosis,
      (M) Typhoid,
      (N) Verotoxic *Escherichia coli*,
      (O) Haemolytic uremic syndrome,
      (P) *Vibrio parahaemolyticus*,
      (Q) Yersiniosis,
   (ii) diseases transmitted by respiratory routes, including but not limited to:
      (A) Hantavirus,
      (B) Invasive Group A Streptococcal Disease,
      (C) Invasive Meningococcal Disease,
      (D) Invasive Pneumococcal Disease,
      (E) Influenza,
      (F) Legionellosis,
      (G) Leprosy,
      (H) Severe Acute Respiratory Syndrome,
      (I) Tuberculosis,
      (J) outbreaks of influenza-like illness in health facilities and institutions,
(iii) diseases spread by direct contact or through the provision of health care, including but not limited to:
   (A) Clostridium difficile,
   (B) Creutzfeld-Jacob Disease, Classic,
   (C) Creutzfeld-Jacob Disease, Variant,
   (D) Extensively drug-resistant Enterobacteriaceae,
   (E) Group B Streptococcal Disease of the Newborn,
   (F) Herpes (neonatal),
   (G) Methicillin Resistant Staphylococcus aureus (including colonizations),
   (H) Vancomycin Resistant Staphylococcus aureus (infections only),
(iv) disease preventable by routine vaccination, including but not limited to:
   (A) Poliomyelitis,
   (B) Varicella,
   (C) Diphtheria,
   (D) Invasive *Haemophilus influenzae* Serotype B,
   (E) Invasive *Haemophilus influenzae* non-B (non-vaccine preventable),
   (F) Hepatitis B,
   (G) Measles,
   (H) Mumps,
   (I) Pertussis,
   (J) Rotavirus,
   (K) Rubella,
   (L) Congenital Rubella syndrome,
   (M) Tetanus,
(v) sexually transmitted and bloodborne pathogens, including but not limited to:
   (A) Chlamydia,
   (B) Gonorrhea,
   (C) Hepatitis C,
   (D) Herpes Simplex,
   (E) Human Immunodeficiency Virus,
   (F) Lymphogranuloma Venereum,
   (G) Syphilis,
(vi) vectorborne and other zoonotic diseases, including but not limited to:
   (A) Anthrax,
   (B) Brucellosis,
   (C) Malaria,
   (D) Plague,
   (E) Rabies,
   (F) Tularemia,
(G) West Nile Virus,
(H) Yellow Fever,
(I) Lyme Disease,
(vii) other diseases and conditions, including but not limited to:
(A) Neoplasms (benign or malignant),
(B) Viral Hemorrhagic Fevers,
(C) Smallpox,
(D) novel organisms deemed as having pandemic potential by the World Health Organization,
(E) adverse events following immunization (AEFI),
(F) Acute Flaccid Paralysis,
(G) severe acute respiratory disease of unknown etiology;

(b) an outbreak of any of the following if the disease appears epidemic or the case shows unusual features:
   (i) Impetigo,
   (ii) Ringworm,
   (iii) Pediculosis,
   (iv) Scabies;
(c) an outbreak of enteric illness, including Norovirus, whether or not confirmed by laboratory tests;
(d) any occurrence of the following:
   (i) a disease of known etiology occurring with unusual frequency or in a rare or unusual form,
   (ii) clusters of cases of a disease of unknown etiology.

(2) The notifiable diseases specified in subsection (1) are communicable diseases for the purposes of the Act, with the exception of the following diseases and conditions:
   (a) Paralytic Shellfish Poisoning;
   (b) Haemolytic uremic syndrome;
   (c) Congenital Rubella syndrome;
   (d) Cancer;
   (e) adverse events following immunization (AEFI); and
   (f) Acute Flaccid Paralysis.

(3) The time period within which a notifiable disease or condition or communicable disease shall be reported is that specified in Schedule I, II or III, as the case may be. (EC560/13; 22/14)

13. The Notifiable and Communicable Diseases Regulations (EC330/85) are revoked. (EC560/13)
Schedule I

Occurrences of the following shall be reported verbally as soon as observed and in any case not later than 1 hour after observation:

1. Acute Flaccid Paralysis
2. Anthrax
3. Botulism
4. Cholera
5. Diptheria
6. Diseases of known etiology occurring with more frequency or in a rare form or unusual form of clusters of cases presenting with unknown etiology
7. Enteric illness outbreaks, including Norovirus
8. Hantavirus
9. Hepatitis A
10. Haemolytic Uremic Syndrome
11. Invasive Group A Streptococcal Disease
12. Invasive *Haemophilus influenzae* Serotype B
13. Measles
14. Meningococcal Disease Invasive
15. Novel organisms deemed as having pandemic potential by the WHO
16. Outbreaks of influenza-like illness in health facilities and institutions
17. Paralytic Shellfish Poisoning
18. Plague
19. Poliomyelitis
20. Rabies
21. Rubella
22. Severe Acute Respiratory Syndrome (SARS)
23. Smallpox
24. Tuberculosis
25. Typhoid
26. Verotoxigenic *Escherichia coli*
27. Viral Hemorrhagic Fevers
28. West Nile Virus
29. Yellow Fever

(EC22/14)
Schedule II

Occurrences of the following shall be reported verbally as soon as observed and in any case not later than 24 hours after observation:

1. Adverse events following immunization (AEFI)
2. Congenital Rubella Syndrome
3. Creutzfeld-Jacob Disease, Classic
4. Creutzfeld-Jacob Disease, Variant
5. Mumps
6. Leprosy

(EC22/14)

Schedule III

An outbreak of the following shall be reported verbally as soon as observed and in any case not later than 24 hours after observation if the disease appears epidemic or the case shows unusual features:

1. Impetigo
2. Ringworm
3. Pediculosis
4. Scabies

(EC22/14)