

HEPATITIS B

- Fill out "Viral Hepatitis" section of CMR: chronic/acute, lab results; and suspected exposure.
- Is the patient pregnant? If so, indicate EDC.

HEPATITIS C

- Fill out "Viral Hepatitis" section of CMR: chronic/acute, lab results, and suspected exposure.

LYME DISEASE

- Lab results (particularly Western Blot).
- PHN will fax Lyme Disease Case Report form to be filled out and returned to PHN

MENINGOCOCCAL INFECTION (Neisseria Meningiditis): IMMEDIATE

- Is the patient a health care worker or day care worker?
- Is patient attending a school or day care? Name of school/daycare.
- Lab results and source of specimen.
- Were household and other close contacts given chemoprophylaxis? How many? What medication?

PERTUSSIS: Report within one working day

- Has patient been immunized against pertussis?
- Is the patient a health care worker or day care worker?
- Is patient attending a school or day care? Name of school/day care.
- Lab results and source of specimen.
- Were household and other close contacts given chemoprophylaxis? How many? What med?

SYPHILIS: Report within one working day

- Patient and partner(s) treated? - name of meds and date given.

TUBERCULOSIS (TB) REPORT SUSPECTED OR CONFIRMED TB DISEASE WITHIN ONE WORKING DAY

- TB skin test (TST): size in mm. (induration only), date and place; Previous TST results.
- Chest X-ray results / interpretation - fax a copy.
- Has patient been placed on medications? Name of medications and date started.
- Did patient give a sputum sample? Date and name of lab.
- Name of attending physician and pulmonologist.

Report positive TB skin test(TST) only if patient:

- Is a converter (TST positive now, known to be TST negative within the last 2 years).
- Is a child 4 years old or younger, regardless of previous TST status.
- Has an abnormal chest x-ray--report as suspect TB Disease.

For converter or TST-positive ≤ 4yrs old:

- Current TST size in mm, date and place of test.
- Prior TST size in mm, date and place of test.
- Chest X-ray results/interpretation.
- If patient has been placed on medications, name of medications and date started.