

chapter S-2.2, r. 2

Updated to 1 May 2017

## **Minister's Regulation under the Public Health Act**

### **Public Health Act**

(chapter S-2.2, ss. 47, 48, 79, 81 to 83 and 136)

#### **CHAPTER I**

#### **LIST OF INTOXICATIONS, INFECTIONS AND DISEASES THAT MUST BE REPORTED TO PUBLIC HEALTH AUTHORITIES UNDER CHAPTER VIII 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

A written report must also be transmitted to those authorities within 48 hours by the person making the report.

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M.O. 2003-011, s. 1.

**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
- Brucellosis
- Chagas disease
- Chancroid
- *Chlamydia trachomatis* infection
- Diphtheria
- 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

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M.O. 2003-011, s. 2.

**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 (chapter 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

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M.O. 2003-011, s. 3.

**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.

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M.O. 2003-011, s. 4.

**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 enterocolitica*

— Giardiasis

— Leptospirosis

— Listeriosis

— Salmonellosis

— Shigellosis

— Type I or II HTLV infection

— Vancomycin-resistant *Staphylococcus aureus* infection

— Verocytotoxin-producing *Escherichia coli* infection

The same applies to all intoxications caused by toxic chemical substances belonging to the following classes where the results of the biological indicator measurements obtained show an abnormally high value that exceeds recognized public health thresholds:

— alcohols

— esters

— gases and asphyxiants

— glycols

— hydro-carbons and other volatile organic compounds

— ketones

— metals and metalloids

— pesticides

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M.O. 2003-011, s. 5.

**6.** A physician who makes a report under this Chapter must provide the following information:

- (1) name of the intoxication, infection or disease being reported;
- (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, syphilis, 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.

The written reports must be dated and signed by the physician.

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M.O. 2003-011, s. 6.

**7.** 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.

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 management rules of the laboratory or of the department.

M.O. 2003-011, s. 7.

**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.

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M.O. 2003-011, s. 8.

## **CHAPTER II**

### **DISEASES FOR WHICH TREATMENT IS MANDATORY UNDER CHAPTER IX OF THE ACT**

**9.** Tuberculosis is a disease for which treatment is mandatory.

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M.O. 2003-011, s. 9.

## **CHAPTER III**

### **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**

## **DIVISION I**

### **HIV**

**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
- (2) if it is available, the patient's health insurance number.

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M.O. 2003-011, s. 10.

**11.** 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.

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.

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 second paragraph.

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M.O. 2003-011, s. 11.

**12.** Where the verification shows that the health insurance number has never been encrypted, the person designated by the national public health director must contact the health professional who requested the analysis to obtain the following information regarding the person, for the purposes of the ongoing surveillance of the health status of the population:

- (1) month and year of birth;

- (2) sex;
- (3) place of residence and first 3 characters of the postal code;
- (4) ethno-cultural origin, country of birth and, where applicable, date of arrival in Canada;
- (5) risk factors associated with acquiring the virus;
- (6) history of previous tests, clinical status and other relevant laboratory data available at the time of the diagnosis;
- (7) reason for the test; and
- (8) in the case of a woman, an indication as to whether she is pregnant.

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M.O. 2003-011, s. 12.

**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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M.O. 2003-011, s. 13.

## **DIVISION II**

### **AIDS**

**14.** 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 birth;
- (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.

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.

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M.O. 2003-011, s. 14.

## **CHAPTER IV**

**15.** Sections 1 to 14 replace sections 28 to 39 and Schedules 11 to 14 to the Regulation respecting the Act respecting medical laboratories, organ, tissue, gamete and embryo conservation and the disposal of human bodies (R.R.Q., 1981, c. P-35, r. 1).

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M.O. 2003-011, s. 15.

**16.** *(Omitted).*

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M.O. 2003-011, s. 16.

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#### REFERENCES

M.O. 2003-011, 2003 G.O. 2, 3290