Alberta Government

Report of Notifiable Disease (NDR)*

*Including Diseases under Surveillance as per Section 15(1) and Section 22 of the *Public Health Act - Communicable Diseases Regulation*

00000000

Section 1 - Personal Identifiers

☐ Unable to contact ☐ Lost to follow-up

Lives on Reserve ☐ Yes ☐ No → *If Yes, name of reserve:* ____________

Identifier Code	**PHN / Other Identifier**	**Birth Date** YYYY-MM-DD	**Gender** ☐ Male ☐ Female ☐ Other ☐ Unknown

Ethnic Group ☐ Caucasian ☐ Black ☐ Asian (East/SE) ☐ Other Asian ☐ Middle East / Arab ☐ Latin American ☐ First Nations ☐ Inuit ☐ Métis ☐ Unknown ☐ Other, specify ____________

Name: *Last* *First* *Middle*	**Alias** *Last* *First*	**Pregnant** ☐ Yes ☐ No ☐ Unknown

Address	**Municipality**	**Province**	**Country**	**Postal Code**

Section 2 - Disease Descriptors and Laboratory Information

Disease Name	**ICD Code**	**Diagnosis (as per case definition)** ☐ Confirmed ☐ Clinical ☐ Suspect ☐ Probable ☐ Possible	☐ Case ☐ Carrier ☐ Unable to determine

Onset Date YYYY-MM-DD	**Diagnosis Date** YYYY-MM-DD	**Lab Diagnosis** ☐ Yes ☐ No ☐ Pending	**Specimen Collection Date** YYYY-MM-DD

Species

Type of Specimen ☐ Blood ☐ CSF ☐ Fluid ☐ Lesion ☐ Nasopharyngeal ☐ Stool ☐ Sputum ☐ Throat Swab ☐ Tissue ☐ Urine ☐ Vesicular Scraping ☐ Other, specify ____________

Hospitalized ☐ Yes ☐ No

Fatal ☐ Yes → *If Yes, Death Date:* ☐ No YYYY-MM-DD

☐ Died from disease ☐ Disease contributed to death (secondary cause) ☐ Died - other causes ☐ Died - unknown cause

Autopsy Performed? ☐ Yes ☐ No ☐ Unknown

Outbreak Associated ☐ N/A ☐ ProvLab ☐ AHS → EI #____________

EPI-Linked ☐ N/A NDR #____________

Section 3 - Immigration and Travel History

A. Was illness likely acquired while residing outside of Alberta?

☐ No → *Proceed to B*

☐ Yes → ☐ Domestic - Prov/Terr ________ ☐ Foreign: country of source ________

Date of Arrival YYYY-MM-DD → *Proceed to Section 6*

B. Was illness likely acquired during travel outside of Alberta?

☐ No → *Proceed to C*

☐ Yes → ☐ Domestic ☐ Foreign: Travel location ____________

Departure Date from Alberta YYYY-MM-DD **TO** ***Date of Return to Alberta*** YYYY-MM-DD

Travel Details - *Once complete, proceed to Section 6*

Country 1	Province	Municipality	Mode of transportation	
Date arrived at location YYYY-MM-DD	Date left location YYYY-MM-DD	Resort name / Destination details	Ate off site ☐ Yes ☐ No ☐ Unknown	Other travel information
Country 2	Province	Municipality	Mode of transportation	
Date arrived at location YYYY-MM-DD	Date left location YYYY-MM-DD	Resort name / Destination details	Ate off site ☐ Yes ☐ No ☐ Unknown	Other travel information

C. Was illness likely acquired during travel or stay at an alternate municipality within Alberta?

☐ No

☐ Yes → ☐ List municipality:____________

→ *Enterics - Proceed to Section 4*

→ *Non-Enterics - Proceed to Section 5*

Section 4 - Enterics

Where was the disease likely acquired? (Select only one)

- ☐ Acute care facility
- ☐ Animal facility
  - ☐ Abattoir
  - ☐ Farm
  - ☐ Intensive livestock operation
  - ☐ Pet store
  - ☐ Petting zoo / Livestock event
  - ☐ Vet clinic / school
  - ☐ Other: ____________
- ☐ Child care facility
- ☐ Community / Organization function
- ☐ Long term care
- ☐ Outdoors (recreation)
- ☐ Permitted food establishment
- ☐ Private dwelling
- ☐ Restricted function
- ☐ Senior's lodge / Assisted living
- ☐ Special event
- ☐ Workplace
- ☐ Unknown
- ☐ Other____________

How was the disease likely acquired? (Select only one)

- ☐ Animal or animal manure contact
- ☐ Domestic pet
  - ☐ Bird
  - ☐ Lizard, type____________
  - ☐ Mammal
    - ☐ Cat / kitten
    - ☐ Dog / puppy
    - ☐ Rodent
    - ☐ Other mammal, type____________
  - ☐ Snake, type____________
  - ☐ Turtle
  - ☐ Other pet____________
- ☐ Livestock
  - ☐ Cow / calf
  - ☐ Goat
  - ☐ Horse / donkey
  - ☐ Pig / swine
  - ☐ Poultry
    - ☐ Chicken ☐ Duck ☐ Goose
    - ☐ Turkey ☐ Other poultry________
  - ☐ Sheep / lamb
  - ☐ Other livestock____________
- ☐ Other animal____________
- ☐ Drinking water
- ☐ Food
  - ☐ Unpasteurized dairy
  - ☐ Raw/undercooked meat/poultry/eggs
- ☐ Person-to-person
- ☐ Pool water
- ☐ Recreational water
- ☐ Sexual contact
- ☐ Sewage / Waste water contact
- ☐ Unknown
- ☐ Other____________

Alberta Government

Report of Notifiable Disease (NDR)*

*Including Diseases under Surveillance as per Section 15(1) and Section 22 of the *Public Health Act - Communicable Diseases Regulation*

00000000

Section 5 - Non-Enterics

Manifestation/Site (Select ALL that apply)

- ☐ Cellulitis
- ☐ Encephalitis
- ☐ Epiglottitis
- ☐ Joint
- ☐ Meningitis
- ☐ Necrotizing fasciitis
- ☐ Osteomyelitis
- ☐ Pericarditis
- ☐ Peritonitis
- ☐ Pneumonia
- ☐ Septicemia / Bacteremia
- ☐ Soft Tissue Infection
- ☐ Toxic Shock Syndrome
- ☐ Varicella / Shingles
  - ☐ Disseminated
  - ☐ Lesions
  - ☐ Post-Herpetic Neuralgia
- ☐ Unknown
- ☐ Other__________________

Medical Risk Factors (Select ALL that apply)

- ☐ Anemia / Hemoglobinopathy
- ☐ Arthritis
- ☐ Asthma
- ☐ Blood / Blood product
- ☐ Chromosomal Disease
- ☐ Chronic GI Disease
- ☐ Chronic Heart Disease
- ☐ Chronic Hepatic Disease
- ☐ Chronic Renal Disease
- ☐ COPD
- ☐ Diabetes
- ☐ Hepatitis C
- ☐ HIV
- ☐ Hypertension
- ☐ Immunocompromised
- ☐ Metabolic Disorder
- ☐ Neurological Disorder
- ☐ Postpartum
- ☐ Seizure Disorder (including epilepsy)
- ☐ Wound (non-surgical)
- ☐ Wound (surgical)
- ☐ None Identified
- ☐ Unknown
- ☐ Other Chronic Disease, specify __________________
- ☐ Other Chronic Lung Disease, specify __________________
- ☐ Other, specify__________________

Social / Behaviour Conditions (Select ALL that apply)

- ☐ Addiction / Abuse
  - ☐ Alcohol
  - ☐ Illegal drug
  - ☐ Non-prescription drug
  - ☐ Prescription drug
- ☐ Homeless
- ☐ Incarceration
- ☐ Piercing
- ☐ Sexual contact
- ☐ Sharing personal hygiene equipment
- ☐ Smoking
- ☐ Tattoo
- ☐ None identified
- ☐ Unknown
- ☐ Other__________________

Where was disease likely acquired? (Select only one)

- ☐ Acute care facility
- ☐ Child care facility
- ☐ Community
- ☐ Correctional facility
- ☐ Long term care
- ☐ Private dwelling
- ☐ School
- ☐ Senior's lodge / Assisted living
- ☐ Workplace
- ☐ Unknown
- ☐ Other____________

How was disease likely acquired? (Select only one)

(For Bloodborne Infections Only)

- ☐ Blood / Blood product
- ☐ Breast milk
- ☐ Injection drug use (IDU)
- ☐ Non-IDU
- ☐ Non-surgical invasive procedure
- ☐ Sexual contact
- ☐ Surgical / Outpatient procedure
- ☐ Vertical
- ☐ Unknown
- ☐ Other_______________

Additional Risk Factors for Acquiring HUS

- ☐ Prior disease (e.g. VTEC, IPD, etc) progressing to HUS
  - → NDR #____________________

  OR

  - → What disease / When / Where acquired__________________________
- ☐ Prior non-lab confirmed diarrheal illness progressing to HUS
- ☐ Prior non-lab confirmed non-diarrheal illness progressing to HUS
- ☐ Unknown

Section 6 - Disease Specific Immunization and Pre or Post Exposure Prophylaxis History

A. Eligible/Indicated for Provincial Vaccine	Records Available	Immunization Status	Reason Not Immunized / Partially Immunized	
☐ No	☐ No	☐ Up-to-date	☐ History of disease	☐ Refusal
☐ Yes	☐ Yes	☐ Partial	☐ Medical contraindication	☐ Unknown
☐ Unknown		☐ Not Immunized	☐ Outside vaccine indications for use	☐ Other____________
		☐ Unknown		

Vaccine Code	Antigen Count	Date Received	Where was each vaccine given → Choose from the following list:

1. Public Health - AHS / FNIHB
2. Doctor Office / ER Department (in Alberta)
3. Pharmacy (in Alberta)
4. Private / Travel Clinic (in Alberta)
5. Out-of-Country, specify__________________
6. Out-of-Province, specify__________________
7. Other__________________
8. Unknown

B. Prior to symptom onset, was this person given Pre or Post Exposure Prophylaxis?

☐ No ☐ Yes → If Yes, Agent Received__________________________________ ***Date of Received*** YYYY-MM-DD

Section 7 - Additional Information / Reporting

Submitter	Telephone Number	Date Reported to Alberta Health
		YYYY-MM-DD

Comments

____

____

____

____

____

____

____

____

Designations: (White copy) = Communicable Disease Control (Yellow copy) = Submitter

Backer

Information on this form is collected under the authority of section 20(b) of the *Health Information Act* (as per section 27 (1)(a) and 27 (2)) for the purposes of providing health service, planning and resource allocation, health system management, public health surveillance and health policy development. Questions about the use and collection of this information can be directed to the HIA contact information provided below:

Alberta Health, Health Information Act Help Desk:
Phone: 780-427-8089
Email: hiahelpdesk@gov.ab.ca

Send completed forms to:

Communicable Disease, Surveillance and Assessment Branch
Health System Accountability and Performance Division
Alberta Health
23rd Floor, ATB Place North Tower
10025 Jasper Avenue NW
Edmonton, AB T5J 1S6

© Copyright of the Government of Alberta, Alberta Health