

# Reporting STAT and Critical Public Health Ontario Laboratory Test Results

## Appendix A: Reporting Requirements for Critical Test Results

**COPY**

BY ORGANISM					
Organism	Clinical Disease	Test/Method	Results to Call or Fax to client	Internal Notification	
				Business Hours Contact microbiologist (MCM) and Outbreak Coordinator (OC) responsible for the testing.	After-Hours Contact On-Call Microbiologist
<i>Amoeba</i> spp	Amoebic encephalitis including Primary Amoebic Meningoencephalitis (PAM) and Granulomatous Amoebic Encephalitis (GAE)		Any positive result	All cases: MCM/OC	Yes
Arboviruses		Serology	None	All encephalitis cases: MCM	
<i>Bacillus anthracis</i>		PCR	Positive	All cases: MCM/OC	Yes
<i>Blastomyces dermatitidis</i>	Blastomycosis	Microscopy on primary specimen	Yeast-like form in body material	All cases: MCM	
		Culture	Positive isolate		
		Serology	None		
<i>Bordetella pertussis</i>	Whooping cough	PCR	Positive	Outbreak identified: MCM/OC	Yes (Outbreaks)
		Culture	Positive		
<i>Brucella</i> spp.	Brucellosis	Serology	CF >1:8 Agglutination >1:160	All cases: MCM/OC	Yes
		Culture	Positive isolate		
<i>Burkholderia mallei</i>		PCR (referred to NML)	Positive	All cases: MCM	Yes
<i>Burkholderia pseudomallei</i>		PCR (referred to NML)	Positive	All cases: MCM	Yes
<i>Chlamydophila pneumoniae</i>		PCR	Detected	Outbreak identified: MCM/OC	
<i>Chlamydia trachomatis</i>		NAAT	None	In a child less than 12 years old: MCM	
		Culture	None	In a child less than 12 years old: MCM	
		LGV serology		All cases: MCM	
<i>Clostridium difficile</i>		Toxin/EIA	Detected	Outbreak identified: MCM/OC	
<i>Clostridium perfringens</i>		Enterotoxin/EIA	Detected	Outbreak identified: MCM/OC	
<i>Clostridium tetani</i>	Tetanus	Culture	Positive	All cases: MCM	Yes
<i>Coccidioides immitis</i> or <i>Coccidioides posadasii</i>	Coccidioidomycosis	Serology	>1:8 CF, +ID band	All cases: MCM	
		Microscopy on primary specimen	Spherules in body material		
		Culture	Positive primary/confirmed isolate		

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<i>Corynebacteria diphtheriae</i>	Diphtheria	Culture	Positive toxogenic isolate	All cases: MCM/OC	Yes
<i>Coxiella burnetii</i>	Q Fever	Serology	None		
<i>Cryptococcus spp.</i>		Latex Agglutination for CSF, serum, urine	Antigen Reactive		
		Microscopy on primary sample	Encapsulated budding yeast cells		
		Culture	Positive isolate		
<i>Cryptosporidium spp.</i>	Cryptosporidiosis	Parasitology	Positive Oocysts	Outbreak identified: MCM/OC	
<i>Cyclospora spp.</i>	Cyclosporiasis	Parasitology	Positive Oocysts	Outbreak identified: MCM/OC	
Cytomegalovirus(See also "Herpes Viruses" below)		Serology	Positive IgM for infant up to 3 months	As indicated on left: MCM	
		Culture	Positive for infant up to age 3 months	As indicated on left: MCM	
<i>Entamoeba histolytica/dispar</i>	Amebiasis (amoebic encephalitis see above)	Culture	Positive isolate	Outbreak identified: MCM/OC	
<i>Escherichia coli 0157</i>		Culture	Positive primary/confirmed isolate	Outbreak identified: MCM/OC	
<i>Francisella tularensis</i>	Tularemia	Culture	Confirmed isolate	All cases: MCM/OC	Yes
		Serology	Positive		
		PCR	Detected		
<i>Giardia lamblia</i>	Giardiasis	Parasitology	Positive	Outbreak identified: MCM/OC	
<i>Haemophilus influenzae type b</i>	Invasive	Culture	Identified as type B	All cases: MCM/OC	No
Hepatitis A virus	Hepatitis	Serology	Positive IgM	Outbreak identified: MCM/OC	
Hepatitis B virus	Hepatitis	Serology	None	Outbreak identified: MCM/OC	
		PCR	None		
Hepatitis C virus	Hepatitis	Serology	None	Outbreak identified: MCM/OC	
		PCR	None		
Herpes viruses (CMV, Herpes Simplex, Varicella virus)		Culture or EM	Positive from neonate/pregnant patient or sterile site	All cases meeting description at left: MCM	
<i>Histoplasma capsulatum</i>	Histoplasmosis	Serology	>1:8 CF; +H and/or M band	All cases: MCM	
		Microscopy on primary specimen	Typical budding yeast cells		
		Isolate	Positive ID		
HIV	AIDS	Serology	None	Outbreak identified: MCM/OC	

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				Business Hours Contact microbiologist (MCM) and Outbreak Coordinator (OC) responsible for the testing.	After-Hours Contact On-Call Microbiologist
		PCR/Viral Load	None		
HTLV		Serology	None		
Influenza A or B	Influenza	Culture	None (see respiratory outbreaks for exceptions)	Result on deceased person: MCM/OC	
		PCR/NAT			
<i>Legionella spp.</i>	Legionnaires' Disease	Culture/DFA/ELISA/IFA	Positives	Outbreak identified: MCM/OC	
<i>Listeria monocytogenes</i>	Listeriosis	Culture	Positive isolates	All cases: MCM/OC	
Measles virus	Measles	Serology	Positive IgM	All cases: MCM/OC	
		Culture	Positive isolates		
		PCR	Detected		
<i>Mycoplasma pneumoniae</i>	Pneumonia	PCR	Detected	Outbreak identified: MCM/OC	
<i>Mycobacterium tuberculosis</i>	Tuberculosis	AFB STAT Smears	Positive/Negative	Outbreak identified: MCM/OC	Yes (Outbreak)
		AFB smear, new patient	Positive		
		AMTD-Direct Test	Positive/Negative		
		TB culture, new patient	Positive		
Mumps virus	Mumps	Serology	Positive IgM	All diagnostic cases: MCM/OC	
		Culture	Positive isolates		
		PCR	Detected		
<i>Neisseria gonorrhoeae</i>	Gonorrhoea	Culture	Positive	In a child less than 12 years old: MCM	
		NAAT	Detected	In a child less than 12 years old: MCM	
<i>Neisseria meningitidis</i>	Meningitis	Culture	Positive grouping and typing	All cases: MCM	Yes
Parvovirus B19	Fifth Disease	Serology	None	Outbreak identified: MCM/OC	
<i>Plasmodium spp.</i>	Malaria	Parasitology	Positive or Negative	MCM	
<i>Pneumocystis jirovecii (carinii)</i>		Parasitology	Positive or Negative		
Rabies virus	Rabies	Serology	Any positive result on non-vaccinated case with exposure	All cases: MCM	Yes
Rotavirus		EM/Rapid Test	Positive outbreak only		
RSV	RSV	Rapid Test	Positive (outbreak or infants only)		
Rubella virus	Rubella	Serology	Positive IgM	All diagnostic cases: MCM/OC	
		Culture	Positive isolates		
<i>Salmonella paratyphi</i>	Paratyphoid fever	Culture	Positive primary/confirmed isolate	Outbreak identified: MCM/OC	
<i>Salmonella typhi</i>	Typhoid fever	Culture	Positive isolate	Outbreak identified:	

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				Business Hours Contact microbiologist (MCM) and Outbreak Coordinator (OC) responsible for the testing.	After-Hours Contact On-Call Microbiologist
				MCM/OC	
<i>Salmonella spp.</i>	Salmonellosis	Culture	Positive primary/confirmed isolate	Outbreak identified: MCM/OC	
<i>Shigella spp.</i>	Shigellosis	Culture	Positive primary/confirmed isolate	Outbreak identified: MCM/OC	
<i>Shigella dysenteriae</i>	Shigellosis	Culture	Positive primary/confirmed isolate	Outbreak identified: MCM/OC	
<i>Sporothrix schenckii</i>	Sporotrichosis	Culture	Positive isolate	All cases: MCM	
		Microscopy on primary specimen	Suspicious slide results		
Syphilis	Syphilis	Serology	Positive <ul style="list-style-type: none"> <li>• on sterile sites (CSF)</li> <li>• in children &lt;1 yr old</li> </ul>	All cases meeting description at left: MCM	
		DFA	Positive		
		RPR	New positives $\geq 1:8$		
<i>Toxoplasma gondii</i>	Toxoplasmosis	Serology	IgM Reactive	IgM in pregnancy or neonates: MCM	
<i>Ureaplasma urealyticum</i> Large colony Mycoplasma		Culture	Positive – infants only	Positive infants: MCM	
Varicella Zoster virus (see also "Herpes Viruses" above)	Chicken pox/Shingles	Serology	Any result for pregnant patient only	IgM pos pregnancy: MCM Outbreak identified: MCM/OC	
<i>Vibrio cholerae</i>	Cholera	Culture	Primary/confirmed isolate	All cases: MCM/OC	Yes
West Nile virus	West Nile	Serology	IgM Reactive	All IgM pos cases: MCM/OC	
<i>Yersinia enterocolitica</i>	Yersiniosis	Culture	Primary/confirmed isolate	Outbreak identified: MCM/OC	
<i>Yersinia spp.</i>	Yersiniosis	Culture	Primary/confirmed isolate	Outbreak identified: MCM/OC	
		Serotype/biotype	Any positive		
		Serology	$\geq 1:800$		

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Appendix A: Reporting Requirements for Critical Test Results cont'd

BY SAMPLE CATEGORY			
Sample Category	Comments	Test	Results to Call or Fax to client
Culture Confirmations	Phone submitter of the primary culture		Results that are different from sender's presumptive ID
Enteric Outbreaks	Must have a valid outbreak number assigned by Health Unit	Direct Test	Positive
		Culture	Positive
		PCR/NAT	Positive
		EM	Detected
Environmental /Food Samples	<i>(includes Salmonella, Listeria, Shigella, E coli O157, Campylobacter, Yersinia, Clostridium perfringens, Staphylococcus enterotoxin)</i>		Positive (any agent)
Medico-legal workup	Refer to QP08.02; QPS08.02		As arranged with client
Needlestick/Workplace exposure		HIV, Hepatitis Serology	Positive for <u>Source</u> only
Respiratory Outbreaks	Must have a valid outbreak number assigned by Health Unit	Direct Test	All Results
		Culture	First positive identification only
		PCR/NAT	
		EM	
Sterile site/biopsy	Mycology	Direct microscopy/culture	Any result
Virus Cultures	Refer to <b>Herpes viruses</b> for exceptions		Positives from sterile sites only (e.g. CSF)
Water bacteriology		Regulated HPPA drinking water	ANY ADVERSE RESULT; 1. Immediately Phone: WW owner and Health Unit 2. Immediately Fax: MOHLTC PHD 3. Fax within 24 hours: Health Unit (also MNR if a Provincial Park) 4. Electronic notification (LRMA) within 28 days (all results)
		Regulated SDWA drinking water	ANY ADVERSE RESULT; 1. Immediately Phone: WW owner and Health Unit and Spills Action Centre 2. Fax within 24 hours: Health Unit, WW owner and Spills Action Centre
		Non Regulated HPPA	ANY ADVERSE RESULT; Fax Health Unit Phone <b>any</b> results if requested by submitter
		Private Drinking Water	WTISEN notification to MOHLTC PHD and Health Unit associated with the location of source

## Appendix C: Health Protection and Promotion Act Specification of Reportable Diseases

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The following specified Reportable Diseases (Ontario Regulations 559 / 91) and amendments under the *Health Protection and Promotion Act* are to be reported to the Local Medical Officer of Health

Acquired Immunodeficiency Syndrome (AIDS)	➤ Encephalitis including:	➤ 2. Lassa Fever
Amebiasis	➤ 1. Primary, viral	➤ 3. Marburg virus disease
➤ Anthrax	2. Post – infectious	➤ 4. Other viral causes
➤ Botulism	3. Vaccine – related	Hepatitis, viral
➤ Brucellosis	1. Subacute sclerosing panencephalitis	➤ 1. Hepatitis A
Campylobacter enteritis	2. Unspecified	2. Hepatitis B
Chancroid	➤ Food poisoning, all causes	3. Hepatitis C
Chickenpox (Varicella)	➤ Gastroenteritis, institutional outbreaks	4. Hepatitis D (Delta hepatitis)
Chlamydia trachomatis infections	➤ Giardiasis, except asymptomatic	Herpes, neonatal
➤ Cholera	Gonorrhea	Influenza
➤ Cryptosporidiosis	➤ Haemophilus influenzae b disease, invasive	➤ Legionellosis
➤ Cyclosporiasis	➤ Hantavirus Pulmonary Syndrome	Leprosy
Cytomegalovirus infection, congenital	➤ Hemorrhagic fever, including:	➤ Listeriosis
➤ Diphtheria	➤ 1. Ebola virus disease	Lyme Disease
		Malaria

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- Measles
- Meningitis, acute
- 1. Bacterial
  - 3. viral
  - 4. other
- Meningococcal disease, invasive
- Mumps
- Ophthalmia neonatorum
- Paratyphoid Fever
- Pertussis (Whooping Cough)
- Plague
- Poliomyelitis, acute
- Psittacosis / Ornithosis
- Q Fever
- Rabies
- Respiratory infection outbreaks in institutions
- Rubella
- Rubella, congenital syndrome
- Salmonellosis
- SARS
- Shigellosis
- Smallpox
- Streptococcal infections, Group A invasive
- Streptococcal infections, Group B neonatal
- Streptococcal pneumoniae, invasive
- Syphilis
- Tetanus
- Transmissible Spongiform Encephalopathy, including
  1. Creutzfeldt – Jakob Disease, all types
  2. Gerstmann – Straussler – Scheinker Syndrome
  3. Fatal Familial Insomnia
  4. Kuru
- Trichinosis
- Tuberculosis
- Tularemia
- Typhoid Fever\*
- Verotoxin – production E. coli infection indicator conditions including – Hemolytic Uremic Syndrome (HUS)
- West Nile Virus Illness, including:
  1. West Nile Virus Fever
  2. West Nile Neurological Manifestations
- Yellow Fever
- Yersiniosis

**NOTE: Diseases that are in red bulleted > and respiratory infection outbreaks in institutions are reported immediately to the Medical Officer of Health by telephone. Other diseases are to be reported by the next working day.**

Names, addresses and telephone numbers of the Medical Officers of Health can be obtained from this website: <http://www.alphaweb.org>