

## COMMUNICABLE DISEASES REGULATION

1 In this Regulation,

(a) "biological agent" includes sera, immune globulins, vaccines and toxoids;

(a.1) "carrier" means a person who, without apparent symptoms of a communicable disease, harbours and may disseminate an infectious agent;

(b) "case" means a person who has a communicable disease;

(b.01) "Chief Medical Officer" means the Chief Medical Officer of Health appointed by the Minister under section 13 of the Act;

(b.1) "cleaning" means removing, by scrubbing and washing with hot water and either soap or a detergent, infectious agents which may be adherent to surfaces or removing organic matter favourable to the survival of such agents;

(c) "communicable disease" means an illness in humans that is caused by an organism or micro-organism or its toxic products and is transmitted directly or indirectly from an infected person or animal or the environment;

(c.1) "community health nurse" means a registered nurse as defined in the *Nursing Profession Act* who is employed or engaged by a regional health authority or a provincial health board established under the *Regional Health Authorities Act* or the Department to provide public health services;

(d) "concurrent decontamination" means decontamination as soon as possible after the discharge of infectious material from the body of an infected person or after the soiling of articles with infectious discharges;

(d.1) repealed AR 96/2005 s2;

(e) "contact" means any person or animal suspected to have been in association with an infected person or animal or a contaminated environment to a sufficient degree to have had the opportunity to become infected;

(e.1) "contamination" means the presence of an infectious agent on a body surface, or on or in an inanimate article or substance including food;

(f) "decontamination" means the process of making free from contamination any body surface, inanimate article or substance;

(f.1) "Department" means the Department of which the Minister is charged with the administration;

(f.2) "Deputy Chief Medical Officer" means the Deputy Chief Medical Officer of Health appointed by the Minister under section 13 of the Act;

(g), (g.1) and (h) repealed AR 96/2005 s2;

(h.1) "disinfestation" means the destruction or removal, by any physical or chemical process, of animal forms present on domestic animals or humans or in the environment;

(i) "epidemic" means the occurrence in a community of persons of a number of cases of a communicable disease in excess of normal expectations;

(i.01) "executive officer" means an executive officer within the meaning of section 9 or 16 of the Act;

(i.1) "facility" means any place where a person can receive treatment for communicable diseases;

(j) "familial contact" means any person living within the same household as an infected person during the period of infectivity;

(j.01) "health region" means a health region established under the *Regional Health Authorities Act*;

(j.1) "hospital" means an approved hospital as defined in the *Hospitals Act*;

(k) "immunization" means the administration of a biological agent to a person to increase that person's resistance to the effect of an infectious agent or its toxic products;

(k.1) "incubation period" means the period of time between the exposure of a person to an infectious agent and the appearance of the first sign or symptom of the disease in question;

(l) "infected person" means a person who harbours an infectious agent;

(l.1) "infection" means the entry and multiplication of an infectious agent in the body of a person or animal;

(m) "infectious agent" means an organism or micro-organism that is capable of producing a communicable disease;

(m.1) "institution" means a correctional institution as defined in the *Corrections Act*, a facility as defined in the *Mental Health Act*, a nursing home within the meaning of the *Nursing Homes Act*, and a social care facility as defined in the *Social Care Facilities Licensing Act*;

(n) "isolation" means the separation of a person or animal infected with a communicable disease from other persons or animals in a place and under conditions that will prevent the direct or indirect conveyance of the infectious agent from the infected person or animal to a susceptible person or animal;

(n.1) "laboratory" means a medical diagnostic laboratory where examinations of specimens of blood, spinal fluid, sputum, stool, urine, gastric washings, exudate or other specimen or discharge derived from a body are made for the purpose of determining the presence or absence of an infectious agent;

(o) repealed AR 96/2005 s2;

(o.1) "medical officer of health" means a physician appointed by a regional health authority or designated by the Minister under the Act as a medical officer of health, and includes the Chief Medical Officer and the Deputy Chief Medical Officer;

(p) "Minister" means the Minister determined under section 16 of the *Government Organization Act* as the Minister responsible for the Act;

(q) "notifiable disease" means any communicable disease listed in Schedule 1 or 2 and any communicable disease in epidemic form;

(r) "outbreak" means a distribution of cases of a communicable disease that is unusual in terms of time, place or persons affected;

(s) "public place" includes any place in which the public has an interest arising out of the need to safeguard the public health and includes, without limitation,

(i) public conveyances and stations and terminals used in connection with them,

(ii) places of business and places where business activity is carried on,

(iii) learning institutions,

(iv) institutions,

(v) places of entertainment or amusement,

(vi) places of assembly,

(vii) dining facilities and licensed premises,

(viii) accommodation facilities, including all rental accommodation,

(ix) recreation facilities,

(x) medical, health, personal and social care facilities, and

(xi) any other building, structure or place visited by or accessible to the public;

(t) "quarantine" means

(i) in respect of persons or animals, the limitation of freedom of movement and contact with other persons or animals, and

(ii) in respect of premises, the prohibition against or the limitation on entering or leaving the premises,

during the incubation period of the communicable disease in respect of which the quarantine is imposed;

(u) "school" means

(i) a school operating under the *School Act*,

(ii) a place where an early childhood services program is offered or provided, and

(iii) a day care facility licensed under the *Social Care Facilities Licensing Act*;

(v) repealed AR 96/2005 s2;

(w) "surveillance" means the practice of close medical and other supervision of cases and contacts, as determined by the medical officer of health, in order to mitigate or eliminate a communicable disease or to promote prompt recognition of infection or illness with a communicable disease;

(x) "teacher" includes an instructor, lecturer, professor, principal, president, supervisor or superintendent of any school, college, university, technical institute or other learning institution;

(y) "terminal decontamination" means the decontamination of

(i) the clothing of a person,

(ii) the physical environment of a person,

(iii) the contents of the isolation room, and

(iv) any article or piece of equipment used in the diagnosis or treatment of a person

after the person has been removed from isolation or has ceased to be a source of infection or after isolation procedures have been discontinued.

(z) repealed AR 96/2005 s2.

AR 238/85 s1; 357/88; 206/2001; 96/2005

**2(1)** The Minister may

(a) provide free of charge, biological agents for the prevention, treatment or modification of communicable diseases, and

(b) with respect to the biological agents referred to in clause (a), determine

(i) which agents are to be provided free of charge,

(ii) the persons eligible to receive those agents,

(iii) the conditions under which those agents may be provided and administered, and

(iv) the method of distribution of those agents and the health practitioners to whom they may be provided.

**(2)** Subject to subsection (3), no person shall impose any charge in respect of the supply or administration of an agent provided under this section.

**(3)** Subsection (2) does not prohibit a physician from charging a fee for the administration of the agent if that fee does not include any charge in respect of the cost of the agent.

AR 238/85 s2

**3(1)** The Minister may provide free of charge drugs for the treatment or modification of communicable diseases.

**(2)** Repealed AR 96/2005 s3.

AR 238/85 s3; 206/2001; 96/2005

4 In any dispute as to the diagnosis of a disease in respect of which action may be taken under section 29(1) of the Act, the medical officer of health's decision as to the diagnosis of the disease is final, subject only to a review by the Chief Medical Officer.

AR 238/85 s4; 96/2005

5 When a person is infected with a communicable disease in respect of which the Act requires that notification be given to a medical officer of health, the notification shall be given to the medical officer of health of the health unit in which the person was located at the time of the onset of symptoms.

AR 238/85 s5

**6(1)** The diseases set out in Schedule 1 are the diseases prescribed for the purposes of sections 20(1) and 22(1) of the Act.

**(2)** The diseases set out in Schedule 2 are the diseases prescribed for the purposes of section 20(2) of the Act.

**(3)** The diseases set out in Schedule 3 are the diseases prescribed for the purposes of sections 39(1), 44(1) and 47(1) of the Act.

AR 238/85 s6; 357/88; 96/2005

**7** A medical officer of health may, in exercising his powers and carrying out his duties under the Act and this Regulation, use the assistance of community health nurses and executive officers.

AR 238/85 s7; 96/2005

**8(1)** A medical officer of health shall, in accordance with Schedule 4, investigate all occurrences of notifiable diseases to establish the cause, the mode of transmission and the probable source and to identify others who may be at risk.

**(2)** Repealed AR 96/2005 s7.

AR 238/85 s8; 96/2005

**9(1)** Where a medical officer of health receives a notification under section 22(1) of the Act from the operator of a day care facility, he may by order require the operator to notify the parents or guardians of other children attending the facility that their children may have been exposed to the communicable disease.

**(2)** A regional health authority shall offer advice and assistance to day care facilities to minimize the spread of communicable diseases to children attending that facility, to staff caring for the children or to family or similar contacts of the children.

AR 238/85 s9; 96/2005

**10(1)** No person shall import, sell, offer for sale or otherwise distribute turtles of the genera *Pseudemys*, *Graptemys*, *Chrysemys* or *Chelydra*.

**(2)** Subsection (1) does not apply to post secondary institutions that obtain prior written authorization from the Chief Medical Officer.

AR 238/85 s10; 96/2005

**11(1)** No person shall sell or offer for sale a budgerigar or other psittacine bird unless it has been fed exclusively, from the time it was able to consume seed until the time of its delivery to the purchaser, on seed to each gram of which 5.0 mg of chlortetracycline has been added.

**(2)** A person engaged in selling or offering for sale budgerigars or other psittacine birds who becomes aware of sickness or death in excess of the usual rate, either in his flock or in any birds sold from his flock, shall immediately report the fact to the medical officer of health.

**(3)** On receiving notification of the sickness or death of any budgerigar or other psittacine bird under subsection (2), the medical officer of health may by order suspend for a specified period the sale of the remainder of the flock to which the sick or dead bird belonged.

**(4)** The medical officer of health may order the destruction of the entire flock or stock if more than 40% of the birds are infected and, in the opinion of the medical officer of health, the infection cannot be controlled.

AR 238/85 s11

12 A person who submits a dead budgerigar or other psittacine bird to a diagnostic laboratory for necropsy shall ensure that the body of the bird is submitted in a manner acceptable to the director of the laboratory.

AR 238/85 s12; 206/2001

13 A person engaged in selling or offering for sale budgerigars or other psittacine birds shall maintain complete records showing the suppliers and purchasers of the birds.

AR 238/85 s13

14 Repealed AR 96/2005 s10.

15 For the purpose of ensuring that this Regulation is reviewed for ongoing relevancy and necessity, with the option that it may be repassed in its present or an amended form following a review, this Regulation expires on March 31, 2014.

AR 96/2005 s11

Public Health Act

Schedule 1

(Notifiable Communicable Diseases)

(Section 6(1) of this Regulation;  
Sections 20(1) and 22(1) of the Act)

Acquired Immunodeficiency Syndrome (AIDS)

Amebiasis

Anthrax

Arboviral Infections (including Dengue)

Botulism

Brucellosis

Campylobacter

Cerebrospinal fluid isolates

Chickenpox

Cholera

Congenital Infections (includes Cytomegalovirus, Hepatitis B, Herpes Simplex, Rubella, Toxoplasmosis, Varicella-zoster)

Dengue

Diphtheria

Encephalitis, specified or unspecified

Enteric Pathogens. See note below

Foodborne Illness. See note below

Gastroenteritis, epidemic. See note below

Giardiasis

Haemophilus Influenzae Infections (invasive)

Hemolytic Uremic Syndrome

Hepatitis A, B, Non-A, Non-B

Human Immunodeficiency Virus (HIV) Infections

Kawasaki Disease

Lassa Fever

Legionella Infections

Leprosy

Leptospirosis

Listeriosis

Malaria

Measles

Meningitis (all causes)

Meningococcal Infections

Mumps

Neonatal Herpes

Nosocomial Infections

Ophthalmia Neonatorum (all causes)

Pandemic Influenza

Paratyphoid

Pertussis

Plague

Poliomyelitis

Psittacosis

Q-fever

Rabies

Reye Syndrome

Rickettsial Infections

Rocky Mountain Spotted Fever

Rubella (including Congenital Rubella)

Rubeola

Salmonella Infections

Severe Acute Respiratory Syndrome (SARS)

Shigella Infections

Smallpox

Stool Pathogens, all types. See note below

Tetanus

Toxic Shock Syndrome

Trichinosis

Tuberculosis

Tularemia

Typhoid

Typhus

Varicella

Viral Hemorrhagic Fevers (including Marburg, Ebola, Lassa, Argentinian, African Hemorrhagic Fevers)

Waterborne Illness (all causes) See note below

West Nile Infection

Yellow Fever

**NOTE:** Enteric Pathogens, Foodborne Illness, Gastroenteritis, epidemic and Waterborne Illness include the following and any other identified or unidentified cause: Aeromonas; Bacillus cereus; Campylobacter; Clostridium botulinum and perfringens; E. Coli (enteropathogenic serotypes); Salmonella; Shigella; Staphylococcus; Viruses such as Norwalk and Rotavirus; Yersinia.

AR 238/85 Sched.1; 357/88; 37/88; 96/2005; 58/2006

Schedule 2

(Notifiable Sexually Transmitted Communicable Diseases)

(Section 6(2) of this Regulation;  
Section 20(2) of the Act)

Chancroid

Chlamydia Trachomatis Infections (genito-urinary)

Gonococcal Infections

Lymphogranuloma Venereum

Muco-purulent Cervicitis

Non-gonococcal Urethritis

Syphilis

AR 238/85 Sched.2; 357/88; 96/2005

Schedule 3

(Diseases for Which a Certificate, Isolation Order

or Warrant for Examination may be Issued)

(Section 6(3) of this Regulation;  
Sections 39(1), 44(1) and 47(1) of the Act)

Acquired Immunodeficiency Syndrome (AIDS)

Anthrax

Cholera

Chancroid

Chlamydia Trachomatis Infections (genito-urinary)

Diphtheria

Gonococcal Infections

Human Immunodeficiency Virus (HIV) Infections

Lassa Fever

Leprosy

Lymphogranuloma Venereum

Pandemic Influenza

Plague

Severe Acute Respiratory Syndrome (SARS)

Smallpox

Syphilis

Tuberculosis

Viral Hemorrhagic Fevers

AR 238/85 Sched.3; 357/88; 96/2005; 58/2006

Schedule 4

1 For the purposes of section 29(2) of the Act, a medical officer of health shall, unless this Schedule provides to the contrary, take all reasonable steps to ensure that the provisions of this Schedule respecting Investigation of Contacts and Source of Infection, Isolation Procedures, Quarantine and Special Measures are complied with.

**2(1)** A reference in this Schedule to strict isolation procedures includes all precautions that may prevent the transmission of diseases that are spread by contact or airborne routes of infection and, without limiting the generality of the foregoing, includes the following measures:

(a) the infected person shall have a bed in a separate room protected against flies;

(b) all persons except those caring for the infected person or those with permission of the medical officer of health shall be excluded from the sick room;

(c) persons caring for the infected person shall avoid coming in contact with other persons within the household or elsewhere until reasonable precautions satisfactory to the medical officer of health have been taken to prevent the spread of infectious material from the infected person's room;

(d) persons caring for the infected person shall wear a mask, gloves and a washable outer garment and shall thoroughly wash their hands with soap and hot water after handling the infected person or any object he may have contaminated;

(e) before leaving the room in which the infected person is isolated, an attendant shall take off the mask, gloves and washable outer garment and leave them in the room until they are disinfected or destroyed;

(f) all soiled dressings and tissues and all discharges from the nose and mouth shall be placed and sealed in impervious bags in the isolation room and shall be disinfected or incinerated without being opened;

(g) discharges referred to in clause (f) must be received in pieces of soft tissue or cloth and then deposited in the impervious bag;

(h) objects that have been contaminated by the infected person shall be thoroughly cleansed before being removed from the contaminated area;

(i) vomitus, feces and urine of infected persons suffering from diseases in which the infectious agent appears in the vomitus, feces or urine shall be flushed down the toilet into a public sewerage system where one exists or shall be disposed of according to instructions given by the medical officer of health;

(j) equipment and furnishings in the isolation room shall be kept to a minimum;

(k) concurrent and terminal decontamination and cleaning procedures shall be performed.

**(2)** A medical officer of health may approve written isolation procedures of a hospital that differ from those required by subsection (1) if he is satisfied that they provide an adequate degree of protection of the public health.

**(3)** Where this Schedule indicates that modified isolation procedures are applicable, the medical officer of health may carry out any measures and make any orders

respecting enteric precautions, respiratory isolation, secretion or contact precautions and blood and body fluid precautions that are necessary in his opinion to prevent the spread of the communicable disease.

### **Acquired Immunodeficiency Syndrome (AIDS)**

(See Human Immunodeficiency Virus (HIV) Infections and specific diseases)

1 to 5 Repealed AR 96/2005 s15.

### **Amebiasis (Amebic Dysentery)**

#### Reporting Requirements

1 Individual occurrences (cases and carriers) are reportable by laboratories to the medical officer of health within 48 hours (see section 23(a)(ii) of the Act).

#### Investigation of Contacts and Source of Infection

2 See Enteric Infections.

#### Isolation Procedures

3 See Enteric Infections.

#### Quarantine

4 See Enteric Infections.

#### Special Measures

5 See Enteric Infections.

### **Anthrax**

#### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 22(1)(a) and 23(a)(i) of the Act).

#### Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to determine the history of exposure to the infected animal or contaminated animal products and to determine others who may have been exposed to the source.

#### Isolation Procedures

3(1) Strict isolation procedures apply for pulmonary (inhalation) cases.

**(2)** Modified (secretion or contact) isolation procedures apply for cutaneous lesions until lesions are bacteriologically free of anthrax bacilli.

Quarantine

4 Not applicable.

Special Measures

**5(1)** The medical officer of health shall ensure that an animal that is suspected of having anthrax is isolated under the care of a veterinarian and that the Federal District Veterinarian, Canadian Food Inspection Agency - Animal Health Department, Health Canada, and the Chief Provincial Veterinarian of the Department of Agriculture, Food and Rural Development are notified immediately.

**(2)** The hair, wool, bristles, milk and carcass of an infected animal, and any product manufactured from those materials shall be disposed of or treated in accordance with the directions of the Federal District Veterinarian, Canadian Food Inspection Agency - Animal Health Department, Health Canada and the Chief Provincial Veterinarian of the Department of Agriculture, Food and Rural Development.

**Arboviral Infections (including Dengue, Encephalitis)**

Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to determine the source of infection.

Isolation Procedures

3 Not applicable.

Quarantine

4 Not applicable.

Special Measures

5 Not applicable.

**Botulism (including Infant Botulism)**

Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 22(1)(a) and 23(a)(i) of the Act).

#### Investigation of Contacts and Source of Infection

2 See Foodborne or Waterborne Illness.

#### Isolation Procedures

3 See Foodborne or Waterborne Illness.

#### Quarantine

4 See Foodborne or Waterborne Illness.

#### Special Measures

5 See Foodborne or Waterborne Illness.

### **Brucellosis**

#### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

#### Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to identify the source of infection and the identity of other persons exposed to the source.

#### Isolation Procedures

3 Not applicable.

#### Quarantine

4 Not applicable.

#### Special Measures

5 The medical officer of health shall

(a) by order prohibit the distribution of unpasteurized milk from the animal or herd from which any person became or is suspected of having become infected, and

(b) immediately report implicated animals and herds to

(i) the Chief Provincial Veterinarian of the Department of Agriculture, Food and Rural Development, and

(ii) the Federal District Veterinarian, Canadian Food Inspection Agency - Animal Health Department, Health Canada.

### **Campylobacter Infections**

#### Reporting Requirements

1 Individual occurrences (cases and carriers) are reportable by laboratories to the medical officer of health within 48 hours (see section 23(a)(ii) of the Act).

#### Investigation of Contacts and Source of Infection

2 See Enteric Infections.

#### Isolation Procedures

3 See Enteric Infections.

#### Quarantine

4 See Enteric Infections.

#### Special Measures

5 See Enteric Infections.

### **Cerebro-spinal Fluid Isolates (All organisms)**

#### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act) unless otherwise noted for a disease listed specifically elsewhere in this Schedule.

#### Investigation of Contacts and Source of Infection

2 See specific diseases.

#### Isolation Procedures

3 See specific diseases.

#### Quarantine

4 See specific diseases.

#### Special Measures

5 See specific diseases.

## **Chancroid**

(See Sexually Transmitted Diseases)

## **Chickenpox (Varicella)**

### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

### Investigation of Contacts and Source of Infection

2 Not applicable.

### Isolation Procedures

3 In hospitals or other settings where exposure of immunocompromised persons is likely, strict isolation procedures apply during the period of communicability, and susceptible contacts should be discharged from the hospital or other setting or isolated during the period from 7 to 21 days after contact.

### Quarantine

4 Not applicable.

### Special Measures

**5(1)** The medical officer of health shall by order exclude the infected person from non-familial contacts and school for a period of 7 days from the day the first eruption appears.

**(2)** Subsection (1) as it relates to a day care facility does not apply where the medical officer of health is satisfied that the infected person can be adequately isolated from susceptible persons or that all other children attending the day care facility have been exposed or are immune.

**(3)** Persons with lesions of herpes zoster that cannot be covered shall avoid direct contact with susceptible persons.

**(4)** Persons with lesions of herpes zoster shall avoid direct contact with immunocompromised persons.

## **Cholera**

### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 22(1)(a) and 23(a)(i) of the Act).

## Investigation of Contacts and Source of Infection

2(1) The medical officer of health shall attempt to determine the source of infection.

(2) Close contacts of the case and other persons exposed to the same source of infection shall, on the request of the medical officer of health, provide stool samples for cultures.

## Isolation Procedures

3 Modified (enteric) isolation procedures apply until the termination of the illness or until the patient has received appropriate antibiotic treatment for 48 hours, whichever occurs first.

## Quarantine

4 Not applicable.

## Special Measures

5(1) Contacts shall be subject to surveillance for 5 days from the date of last exposure.

(2) The medical officer of health may by order exclude contacts from occupations involving food handling or health care during the period referred to in subsection (1).

## **Congenital Infections (all)**

## Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act) unless otherwise noted for a disease listed specifically elsewhere in this Schedule.

## Investigation of Contacts and Source of Infection

2 See specific diseases.

## Isolation Procedures

3 See specific diseases.

## Quarantine

4 See specific diseases.

## Special Measures

5 See specific diseases.

## **Cytomegalovirus Infections**

### Reporting Requirements

1 Individual occurrences (congenital infections only) are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

### Investigation of Contacts and Source of Infection

2 Not applicable.

### Isolation Procedures

3 Modified (secretion or contact) isolation procedures apply in the case of a patient that is hospitalized.

### Quarantine

4 Not applicable.

### Special Measures

5 No exclusion from any activity is required.

## **Dengue**

(See Arboviral Infections)

## **Diphtheria**

### Reporting Requirements

1 Individual occurrences (respiratory and non-respiratory, case and carrier state) are reportable by all sources to the medical officer of health by the fastest means possible (see sections 22(1)(a) and 23(a)(i) of the Act).

### Investigation of Contacts and Source of Infection

**2(1)** The medical officer of health shall attempt to identify all contacts.

**(2)** All contacts shall on the request of the medical officer of health submit to such tests as he considers necessary to determine unrecognized infections.

### Isolation Procedures

**3(1)** Modified (respiratory or secretion or contact) isolation procedures apply

(a) until 2 consecutive cultures from the nose and 2 from the throat, in cases of respiratory diphtheria, or 2 cultures from the lesion in the case of

non-respiratory diphtheria, taken not less than 24 hours apart and not less than 24 hours after the cessation of chemotherapy, are reported negative for toxigenic diphtheria bacilli, or

(b) for 2 weeks or such longer period as determined by the medical officer of health where tests under clause (a) are, in the opinion of the medical officer of health, not practical.

**(2)** Subsection (1) does not apply where the isolate is shown to be non-toxicogenic.

Quarantine

4 Not applicable.

Special Measures

**5(1)** The medical officer of health shall order that all contacts shall be excluded from

- (a) contact with children,
- (b) occupations involving the care of the sick and dependent,
- (c) occupations involving the handling of foods, and
- (d) school,

until cultures from the nose, throat and any lesion are proved to be negative for toxigenic diphtheria bacilli.

**(2)** The medical officer of health shall ensure that a single swab is taken from the nose, throat and lesions of all household, school and other close contacts of a case or carrier and shall determine their immunization status.

**(3)** The medical officer of health may require the operator of a day care centre to provide him with immunization records in his possession relating to the children attending the day care centre.

### **Encephalitis**

Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 See specific diseases.

Isolation Procedures

3 See specific diseases.

#### Quarantine

4 See specific diseases.

#### Special Measures

5 See specific diseases.

#### **Enteric Infections (Including Amebiasis, Giardiasis, Rotavirus, Norwalk Agent and bacterial infections other than Typhoid and Paratyphoid Fever)**

(See also Foodborne or Waterborne Illness)

#### Reporting Requirements

1 Individual occurrences are reportable by laboratories to the medical officer of health within 48 hours (see section 23(a)(ii) of the Act). See also specific diseases.

#### Investigation of Contacts and Source of Infection

**2(1)** The medical officer of health shall ensure that appropriate laboratory tests are conducted with respect to household members who are symptomatic or work in occupations involving food handling, patient care or the care of young children, elderly people or dependent people.

**(2)** The medical officer of health shall attempt to determine the sources of infection and modes of transmission unless he considers it unnecessary to do so.

#### Isolation Procedures

3 Modified (enteric) isolation procedures apply to cases during the period of infection.

#### Quarantine

4 Not applicable.

#### Special Measures

**5(1)** The medical officer of health shall order that an infected person shall be excluded from occupations involving food handling, patient care or the care of young children, elderly people or dependent people until 2 swabs, specimens or cultures taken from the infected person not less than 24 hours apart and at least 48 hours after the cessation of chemotherapy are reported as negative, unless the medical officer of health is satisfied that the risk of transmission is acceptably low.

(2) An infected person who has diarrhea shall not engage in any occupation referred to in subsection (1) while he has diarrhea.

(3) An infected person who attends day care facilities or similar facilities shall not so attend while diarrhea persists unless the medical officer of health is satisfied that the staff, physical facilities and procedures at the facility are adequate to prevent transmission of the disease.

6 The medical officer of health shall ensure that all known contacts are instructed in the appropriate personal hygiene and enteric precautions.

7 The medical officer of health shall order that familial contacts be excluded from occupations involving food handling, patient care or the care of young children, elderly people or dependent people during the period of contact and until 2 stool cultures taken from the contact not less than 24 hours apart are reported as negative, unless the medical officer of health is satisfied that the risk of transmission is acceptably low.

8 In the case of a day care facility the medical officer of health shall investigate asymptomatic contacts of cases of Salmonellosis and Shigellosis and shall ensure that any children found to be positive are segregated together where it is practical to do so.

**Exotic and Imported Diseases (including Viral Hemorrhagic Fevers, Lassa Fever, Smallpox and other diseases not normally encountered in Alberta and with a capacity for rapid transmission, high mortality or both)**

#### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 22(1)(a) and 23(a)(i) of the Act).

#### Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to determine the identity of all face to face contacts of the case that occurred during the period that the case was infectious.

#### Isolation Procedures

3 Strict isolation procedures apply until the infected person is no longer capable of transmitting the disease.

#### Quarantine

4 The medical officer of health shall ensure that intimate contacts are quarantined from the last day of contact for a period equal to the maximum incubation period of the disease, if known, or for 21 days if the incubation period is not known, in the manner the medical officer of health determines.

#### Special Measures

5(1) If a medical officer of health reasonably believes that a person has an exotic or imported disease, he shall immediately notify the Chief Medical Officer.

(2) On receiving notification under subsection (1), the Chief Medical Officer shall direct the medical officer of health to isolate the infected person in a suitable location and arrange for treatment of the disease.

(3) No specimens shall be taken from the case for diagnostic or other purposes except with the approval of and in accordance with the instructions of the medical officer of health in consultation with the Chief Medical Officer.

#### **Foodborne or Waterborne Illness**

**NOTE:** The requirements of sections 1 to 5 are in addition to the requirements under the heading Enteric Infections.

#### Reporting Requirements

1 Not applicable except in the case of outbreaks of the disease or abnormal presentation or manifestations, in which case occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see section 22(1)(a) and 23(a)(i) of the Act).

#### Investigation of Contacts and Source of Infection

2 The medical officer of health shall

(a) conduct an investigation of any instance of illness which appears to be foodborne or waterborne to determine the cause of the illness, the number of persons affected, the nature of contamination of the food or water, defects in food handling and preparation or in the water treatment process, distribution of the food or water and any other pertinent epidemiologic information,

(b) attempt to identify all implicated food and water, and to recover it for testing and disposal, and

(c) attempt to identify others exposed to the implicated food and water, and follow up according to the infectious agent involved.

#### Isolation Procedures

3 Not applicable.

#### Quarantine

4 Not applicable.

#### Special Measures

5(1) The medical officer of health may by order do any or all of the following:

- (a) require the abatement of the source of contamination;
- (b) require modifications to food handling or water treatment;
- (c) require the boiling of water before its use for human consumption;
- (d) require the cessation of distribution of implicated foods or the recall or destruction of implicated foods;
- (e) require use of alternate sources of food or water;
- (f) require the doing or refraining from doing of any other things that will in his opinion assist in preventing others from becoming infected.

**(2)** The medical officer of health shall attempt to obtain

- (a) samples of food or water that is or may be contaminated, and
- (b) samples of feces and vomitus from persons known or suspected to be infected,

and shall submit the samples to a medical diagnostic laboratory for examination.

**(3)** The medical officer of health shall

- (a) order that any suspected contaminated food be held in secure storage facilities for the prevention of consumption pending the results of the laboratory examination referred to in subsection (2), and
- (b) order the destruction of any food that has been proven by laboratory examination to be contaminated.

**(4)** The medical officer of health may by order exclude from employment in occupations involving the handling of food persons who have

- (a) staphylococcus skin infection or nose or throat carrier-state, or
- (b) suspicious skin lesion

until any infection is cleared.

**(5)** In the case of Botulism, the medical officer of health shall assess persons exposed to the suspected source as to the need for the administration of antitoxin.

#### **Food Poisoning**

(See Foodborne or Waterborne Illness)

#### **Gastroenteritis**

(See Enteric Infections)

### **Gonococcal Infections**

(See Sexually Transmitted Diseases)

### **Giardiasis**

#### Reporting Requirements

1 Individual occurrences (symptomatic and asymptomatic infections) are reportable by laboratories to the medical officer of health within 48 hours (see section 23(a)(ii) of the Act).

#### Investigation of Contacts and Source of Infection

2 See Enteric Infections.

#### Isolation Procedures

3 See Enteric Infections.

#### Quarantine

4 See Enteric Infections.

#### Special Measures

5 See Enteric Infections.

### **Haemophilus Infections**

#### Reporting Requirements

1 Individual occurrences of invasive infections are reportable by all sources to the medical officer of health by the fastest means possible (see sections 22(1)(a) and 23(a)(i) of the Act).

#### Investigation of Contacts and Source of Infection

2 See Meningitis, Bacterial.

#### Isolation Procedures

3 See Meningitis, Bacterial.

#### Quarantine

4 See Meningitis, Bacterial.

## Special Measures

5 See Meningitis, Bacterial.

## **Hemolytic Uremic Syndrome**

### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

### Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to determine the infectious etiology of the disease.

### Isolation Procedures

3 See specific diseases.

### Quarantine

4 See specific diseases.

## Special Measures

5 See specific diseases.

## **Hepatitis A (Infectious Hepatitis)**

### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

### Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to

(a) determine the association, if any, of the case or contact with day care or similar facilities,

(b) identify unreported cases, and

(c) determine whether known instances are sporadic or common source associated.

### Isolation Procedures

3 Modified (enteric) isolation procedures apply until 14 days from onset of illness or 7 days after onset of jaundice, whichever time period expires last.

Quarantine

4 Not applicable.

Special Measures

5 A medical officer of health

(a) may by order exclude an infected person from employment in occupations involving the handling of food for a period of 14 days from the onset of the illness,

(b) shall offer immune serum globulin to all day care and close household contacts unless at least 14 days have elapsed since exposure of the contact occurred or the contact is known to be immune to the disease, and

(c) shall instruct all known contacts in the applicable personal hygiene and enteric precautions.

#### **Hepatitis B (Cases and carriers)**

Reporting Requirements

1 Individual occurrences (all cases and, in addition, carrier state in pregnant women) are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to identify

(a) the source of infection, and

(b) contacts in need of prophylaxis including, but not limited to, newborn infants and persons with needlestick exposures.

Isolation Procedures

3 Modified (blood and body fluid) isolation procedures apply until the infected person is free of Hepatitis B surface antigen.

Quarantine

4 Not applicable.

Special Measures

5(1) No person who is known to have Hepatitis B surface antigen in his blood shall donate blood.

(2) Blood, tissue, fluids and contaminated articles from a person referred to in subsection (1) shall be disposed of so as to cause no risk to other individuals.

(3) No exclusion from any occupation is required unless the medical officer of health is satisfied that a person is shown to be a source of infection to others and that other measures to prevent further transmission to others cannot reasonably be assured.

#### **Hepatitis, Non-A, Non-B**

##### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

##### Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to identify the source of the infection.

##### Isolation Procedures

3 Modified (blood and body fluid) isolation procedures apply for the duration of the illness.

##### Quarantine

4 Not applicable.

##### Special Measures

5(1) No person who has had Hepatitis Non-A, Non-B shall donate blood.

(2) Blood, tissue, fluids and contaminated articles from a person referred to in subsection (1) shall be disposed of so as to cause no risk to other individuals.

(3) No exclusion from any occupation is required unless the medical officer of health is satisfied that a person is shown to be a source of infection to others and that other measures to prevent further transmission to others cannot reasonably be assured.

#### **Herpes Simplex Infections**

##### Reporting Requirements

1 Individual occurrences (Neonatal Infections (infants fewer than 28 days of age) or Encephalitis) are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

##### Investigation of Contacts and Source of Infection

2 Not applicable.

#### Isolation Procedures

3 None, except in the case of disseminated, severe primary or neonatal infections, in which case modified (secretion and contact) isolation procedures apply.

#### Quarantine

4 Not applicable.

#### Special Measures

5 Not applicable.

### **Human Immunodeficiency Virus (HIV) Infections**

#### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see sections 22(1)(b) and 23 of the Act).

#### Investigation of Contacts and Source of Infection

2 The medical officer of health shall ensure that an attempt is made to identify, locate and offer counselling and testing to sexual, needle sharing and perinatal contacts of the patient.

#### Isolation Procedures

3 None, other than infection prevention and control practices for contact with blood and body fluids as recommended by Health Canada.

#### Quarantine

4 Not applicable.

#### Special Measures

5(1) No case or suspected case shall donate blood, tissues, organs or semen.

(2) Blood, tissues, organs and fluids from a case shall be disposed of so as not to pose a risk of infection to other persons.

(3) No case shall engage in any activity that may transmit disease.

(4) No exclusion from any occupation is required unless provided under this Schedule as it relates to the specific disease from which the patient is suffering.

(5) Any organ or tissue procurement or transplant organization shall test donated organs or tissue for HIV before transplantation in accordance with directions from the Chief Medical Officer.

(6) All donated semen shall be screened for HIV before use for fertility procedures in accordance with directions from the Chief Medical Officer.

(7) All donated blood shall be screened for HIV before transfusion in accordance with directions from the Chief Medical Officer.

(8) The medical officer of health shall notify the blood procurement agencies of all cases who are known blood donors or recipients in accordance with directions from the Chief Medical Officer.

(9) The medical officer of health shall notify organ or tissue transplantation organizations of all cases who are known organ or tissue donors or recipients in accordance with directions from the Chief Medical Officer.

(10) Laboratories, blood, organ and tissue procurement agencies and transplant organizations shall submit a portion of blood, semen, organ or tissue specimens from donors who have tested positive for HIV to the Provincial Laboratory of Public Health for confirmation.

#### **Impetigo**

##### Reporting Requirements

1 Not applicable except in the case of outbreaks of the disease or abnormal presentation or manifestations, in which case occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

##### Investigation of Contacts and Source of Infection

2 See Skin Infections.

##### Isolation Procedures

3 See Skin Infections.

##### Quarantine

4 See Skin Infections.

##### Special Measures

5 See Skin Infections.

#### **Kawasaki Disease**

## Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

## Investigation of Contacts and Source of Infection

2 Not applicable.

## Isolation Procedures

3 Not applicable.

## Quarantine

4 Not applicable.

## Special Measures

5 Not applicable.

## **Lassa Fever**

(See Exotic and Imported Diseases)

## **Legionellosis**

### Reporting Requirements

1 Individual occurrences are reportable by laboratories to the medical officer of health within 48 hours (see section 23(a)(ii) of the Act).

### Investigation of Contacts and Source of Infection

2 Investigation is only required in the case of an outbreak.

### Isolation Procedures

3 Not applicable.

### Quarantine

4 Not applicable.

### Special Measures

5 Not applicable.

## **Leprosy**

## Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

## Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to identify all close contacts.

## Isolation Procedures

3 Not applicable.

## Quarantine

4 Not applicable.

## Special Measures

**5(1)** The medical officer of health shall identify close household contacts and ensure that they are examined for evidence of the disease.

**(2)** A contact referred to in subsection (1) is subject to surveillance for a period of 5 years from the date of examination.

**(3)** The medical officer of health may offer prophylaxis with BCG or dapsone to contacts under 25 years of age.

## **Leptospirosis**

### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

### Investigation of Contacts and Source of Infection

2 In the case of a common source outbreak, the medical officer of health shall attempt to ascertain the source and control it and shall investigate persons known to have been exposed to the source.

### Isolation Procedures

3 Not applicable.

### Quarantine

4 Not applicable.

### Special Measures

5 Not applicable.

**Lice (Pediculosis)**

(See Skin Infections)

**Listeriosis**

Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 In the case of a common source outbreak the medical officer of health shall attempt to ascertain the source and control it and shall investigate persons known to have been exposed to the source.

Isolation Procedures

3 Not applicable.

Quarantine

4 Not applicable.

Special Measures

5 Not applicable.

**Lymphogranuloma Venereum**

(See Sexually Transmitted Diseases)

**Malaria**

Reporting Requirements

1 Individual occurrences are reportable by laboratories to the medical officer of health within 48 hours (see section 23(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 The medical officer of health shall investigate each reported occurrence in order to determine the source of the infection.

Isolation

3 Not applicable.

## Quarantine

4 Not applicable.

## Special Measures

5 Not applicable.

## **Measles**

### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 22(1)(a) and 23(a)(i) of the Act).

### Investigation of Contacts and Source of Infection

2 The medical officer of health shall

(a) investigate each reported occurrence in order to determine the source of the infection, and

(b) attempt to identify all susceptible contacts.

### Isolation Procedures

3 None, except that where the infected person is in a health care facility, modified (respiratory) isolation procedures apply.

## Quarantine

4 When a case of measles occurs in a school, the medical officer of health shall order that any susceptible person at risk of exposure be excluded from attendance at school for a period of 14 days after the onset of symptoms in the last known case occurred or until the person is immunized.

## Special Measures

5 The medical officer of health shall order that an infected person be excluded from school and non-familial contacts from the onset of the catarrhal stage to the end of the 3rd day of the rash.

6 The medical officer of health may require the operator of a day care centre to provide him with immunization records in his possession relating to the children attending the day care centre.

## **Meningitis, Aseptic (Viral)**

### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

#### Investigation of Contacts and Source of Infection

2 Not applicable.

#### Isolation Procedures

3 Modified (enteric) isolation procedures apply during the febrile period.

#### Quarantine

4 Not applicable.

#### Special Measures

5 Not applicable.

### **Meningitis, Bacterial (including invasive H. influenzae infections and N. meningitidis)**

#### Reporting Requirements

1 **(1)** If the infection is due to invasive H. influenzae (excluding otitis media and pharyngitis) or N. meningitidis, individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 22(1)(a) and 23(a)(i) of the Act).

**(2)** If the infection is due to another infectious agent, individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see sections 22(1)(b) and 23(a)(ii) of the Act).

#### Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to identify all household, day care and other similarly close contacts of persons with invasive H. influenzae or N. meningitidis.

#### Isolation Procedures

3 **(1)** Modified (respiratory) isolation procedures apply until 24 hours after the start of chemotherapy or until clinical recovery, whichever occurs first.

**(2)** Subsection (1) does not apply to infections transmitted by other than the respiratory route.

#### Quarantine

4 Not applicable.

## Special Measures

5(1) All contacts are subject to surveillance until the medical officer of health is satisfied that the risk of infection has passed.

(2) The medical officer of health shall offer chemoprophylaxis to contacts when he considers it appropriate to do so.

(3) The medical officer of health shall ensure that all cases of Meningococcal or invasive H. influenzae infection are offered rifampin therapy before returning to school or similar settings unless it is medically contra-indicated to do so.

### **Meningococcal Infections (excluding carriers)**

(See Meningitis, Bacterial)

### **Mononucleosis (Infectious)**

#### Reporting Requirements

1 Not applicable except in the case of outbreaks of the disease or abnormal presentation or manifestations, in which case occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

#### Investigation of Contacts and Source of Infection

2 The medical officer of health shall conduct any investigation he considers necessary as to the source of the infection and the exposure of others to the infectious agent.

#### Isolation Procedures

3 Not applicable.

#### Quarantine

4 Not applicable.

#### Special Measures

5 Not applicable.

### **Mucopurulent Cervicitis**

(See Sexually Transmitted Diseases)

### **Mumps**

#### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

#### Investigation of Contacts and Source of Infection

2 Not applicable.

#### Isolation Procedures

3 Not applicable.

#### Quarantine

4 Not applicable.

#### Special Measures

5(1) The medical officer of health shall order that an infected person be excluded from school and non-familial contacts for a period of 9 days from the onset of swelling.

(2) The medical officer of health may require the operator of a day care centre to provide him with immunization records in his possession relating to the children attending the day care centre.

#### **Neonatal Herpes Infections**

(See Herpes Simplex Infections)

#### **Nongonococcal Urethritis**

(See Sexually Transmitted Diseases)

#### **Nosocomial Infections**

#### Reporting Requirements

1 Not applicable except in the case of outbreaks of the disease or abnormal presentation or manifestations, in which case occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

#### Investigation of Contacts and Source of Infection

2 As determined by the medical officer of health.

#### Isolation Procedures

3 As determined by the medical officer of health.

## Quarantine

- 4 As determined by the medical officer of health.

## Special Measures

- 5 As determined by the medical officer of health.

## **Ophthalmia, Neonatorum (all forms)**

### Reporting Requirements

1**(1)** Individual occurrences of gonococcal ophthalmia are reportable by all sources to the Chief Medical Officer within 48 hours (see sections 22(3) and 23(b) of the Act).

**(2)** Individual occurrences of other types of ophthalmia are reportable by all sources to the medical officer of health within 48 hours (see sections 22(1)(b) and 23(a)(ii) of the Act).

### Investigation of Contacts and Source of Infection

2 The physician in charge of the confinement shall ensure that the mother of the infected child is examined for Chlamydia and N. gonorrhoea and treated as required.

### Isolation Procedures

3 Modified (secretion or contact) isolation procedures apply for the first 24 hours of treatment.

## Quarantine

- 4 Not applicable.

## Special Measures

5**(1)** The physician or nurse in charge of a confinement shall ensure that, immediately following a birth, a sufficient quantity of

- (a) 1% silver nitrate solution from a single dose container,
- (b) 1% tetracycline in a single dose ophthalmic preparation, or
- (c) 0.5% erythromycin in a single dose ophthalmic preparation

is instilled in the infant's eyes.

**(2)** The physician or nurse shall forthwith report any failure of a dosage administered pursuant to subsection (1).

## **Pandemic Influenza**

### Reporting Requirements

1 The medical officer of health shall ensure that individual occurrences of the disease are reported as directed by the Chief Medical Officer.

### Investigation of Contacts and Source of Infection

2 The medical officer of health shall conduct an investigation of the source of infection and all contacts in accordance with directions from the Chief Medical Officer.

### Isolation Procedures

3 The medical officer of health shall ensure that isolation procedures are carried out in accordance with directions from the Chief Medical Officer.

### Quarantine

4 The medical officer of health shall ensure that contacts are quarantined in accordance with directions from the Chief Medical Officer.

### Special Measures

5 The medical officer of health shall ensure that

(a) surveillance and other special measures are carried out in accordance with directions from the Chief Medical Officer, and

(b) examinations conducted pursuant to section 40(1)(b) are carried out in accordance with directions from the Chief Medical Officer.

## **Paratyphoid Fever**

(See Typhoid or Paratyphoid Fever)

### **Paratyphoid Carrier-State**

(See Typhoid Carrier-State)

## **Pertussis (Whooping Cough)**

### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

### Investigation of Contacts and Source of Infection

2 Not applicable.

## Isolation Procedures

3(1) Modified (respiratory) isolation procedures apply

- (a) for a period of 3 weeks from onset of symptoms,
- (b) until the cough has stopped, or
- (c) until the patient has received 7 days of an appropriate antibiotic,

whichever occurs first.

(2) A person who has reason to believe he may be infected shall avoid contact with young unimmunized children.

## Quarantine

4 Not applicable.

## Special Measures

5(1) No unimmunized contact less than 6 years of age shall attend school or public gatherings until

- (a) 14 days after last exposure, or
- (b) he has been receiving appropriate antibiotic therapy for at least 48 hours,

whichever occurs first.

(2) The medical officer of health shall ensure that incompletely immunized or unimmunized children are offered a dose of pertussis vaccine unless it is medically contra-indicated to do so.

## Pinworms

(See Skin Infections)

## Plague

### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 22(1)(a) and 23(a)(i) of the Act).

### Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to identify

- (a) the source of infection,
- (b) other persons exposed to the same source of infection, and
- (c) persons with household or face to face contact with cases.

#### Isolation Procedures

**3(1)** In pneumonic cases strict isolation procedures apply until disinfestation is complete and

- (a) cultures of appropriate specimens are reported negative, or
- (b) the infected person has received 3 full days of appropriate antibiotic therapy and has shown a favourable clinical response,

whichever occurs first.

**(2)** If the infected person has a cough or X-rays show evidence of disease, the infected person shall be considered to have the pneumonic form of the disease unless proven otherwise.

**(3)** In bubonic cases, modified (secretion or contact) isolation procedures apply until the infected person and his clothing have been disinfested to the satisfaction of the medical officer of health and the infected person has received 3 full days of appropriate antibiotic therapy, and thereafter modified (wound) isolation procedures apply if the infected person has a negative chest X-ray and no cough.

#### Quarantine

4 The medical officer of health may require the quarantine of any case or contact until the person has been disinfested and the premises have been freed of rodents or the rodents determined to be free of infestation to the satisfaction of the medical officer of health.

#### Special Measures

**5(1)** All contacts are subject to surveillance for a period of 1 week from the date of last contact.

**(2)** The medical officer of health shall ensure that contacts of pneumonic cases

- (a) receive chemoprophylaxis and remain under surveillance for 7 days thereafter, or
- (b) are maintained in strict isolation for 7 days.

**(3)** Where the medical officer of health considers that there is any evidence of infected animals, he shall ensure that flea control and anti-rodent measures satisfactory to him are taken.

## **Pneumonia**

### Reporting Requirements

- 1 None, except as required for specific disease.

### Investigation of Contacts and Source of Infection

- 2 See specific diseases.

### Isolation Procedures

- 3 See specific diseases.

### Quarantine

- 4 See specific diseases.

### Special Measures

- 5 See specific diseases.

## **Poliomyelitis**

### Reporting Requirements

- 1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 22(1)(a) and 23(a)(i) of the Act).

### Investigation of Contacts and Source of Infection

- 2 The medical officer of health shall attempt to determine the source of infection of all cases.

### Isolation Procedures

- 3 Modified (enteric) isolation procedures apply for 1 week from onset of symptoms or until the virus can no longer be identified in the stool, whichever period expires last.

### Quarantine

- 4 The medical officer of health may by order require the quarantine of any contact.

### Special Measures

- 5(1) All known contacts are subject to surveillance during the incubation period and the medical officer of health shall ensure that they are offered oral polio vaccine or immune globulin as appropriate.

(2) If the medical officer of health reasonably believes that wild poliovirus is implicated and that at least 2 cases are associated by time and place, he shall ensure that an immunization program using oral polio vaccine is implemented.

(3) The medical officer of health may require the operator of a day care centre to provide him with immunization records in his possession relating to the children attending the day care centre.

### **Psittacosis (Ornithosis)**

#### Reporting Requirements

1 Individual occurrences are reportable by laboratories to the medical officer of health within 48 hours (see section 23(a)(ii) of the Act).

#### Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to determine the source of infection and to trace the origin of the infected birds.

#### Isolation procedures

3 Modified (respiratory) isolation procedures apply until

- (a) 48 hours after adequate antimicrobial therapy has begun, or
- (b) the infected person achieves clinical recovery,

whichever occurs first.

#### Quarantine

4 The medical officer of health may quarantine the premises in which the diseased birds are kept until the birds are destroyed or otherwise disposed of and the premises are disinfected to his satisfaction.

#### Special Measures

5 Not applicable.

### **Q-fever**

#### Reporting Requirements

1 Individual occurrences are reportable by laboratories to the medical officer of health within 48 hours (see section 23(a)(ii) of the Act).

#### Investigation of Contacts and Source of Infection

2 The medical officer of health shall

(a) attempt to determine whether the infected person has a history of exposure to cattle, sheep or goats, has consumed raw milk or has been exposed to the disease in a laboratory, and

(b) attempt to identify others with exposure similar to that referred to in clause (a).

#### Isolation Procedures

3 Not applicable.

#### Quarantine

4 Not applicable.

#### Special Measures

5 Any person who has knowledge of a suspected animal source of the disease shall forthwith notify the Chief Provincial Veterinarian of the Department of Agriculture, Food and Rural Development.

### **Rabies**

#### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 22(1)(a) and 23(a)(i) of the Act).

#### Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to determine the source of infection and the identity of all others exposed to the source.

#### Isolation Procedures

3 Strict isolation procedures apply for the duration of the illness.

#### Quarantine

4 Not applicable.

#### Special Measures

5(1) When an animal in which rabies is reasonably suspected bites a person, the attending physician shall immediately report that fact to the medical officer of health.

(2) Where the medical officer of health receives a report under subsection (1) with respect to a dog or cat, he may do any or all of the following:

(a) have the dog or cat secured alive and uninjured and cause it to be confined in a secure place at the owner's expense for a period of up to 10 days;

(b) require examination of the dog or cat by a veterinarian;

(c) require the dog or cat to be killed without injuring the head where he suspects that the dog or cat is infected with the disease.

**(3)** If a dog or cat confined under subsection (2)(a) is alive at the end of 10 days, it shall be considered not to be suffering from rabies and shall be released.

**(4)** If the dog or cat is killed as provided in subsection (2)(c) or dies in less than 10 days before there has been an adequate opportunity to observe it, the medical officer of health shall ensure that the head of the animal is packed in ice in a sealed container and sent immediately by the quickest possible method with a report of the circumstances to the Animal Diseases Research Institute, Canadian Food Inspection Agency, Health Canada.

**(5)** In the case of a suspected rabid wild animal or a domestic animal other than a dog or cat, the medical officer of health shall ensure that the animal is killed without injuring the head, and that the head is forwarded to the Animal Diseases Research Institute, Canadian Food Inspection Agency, Health Canada in the same manner as is described in subsection (4).

**(6)** Any person who has knowledge of a case of suspected animal rabies shall immediately report that fact to the Federal District Veterinarian, Canadian Food Inspection Agency - Animal Health Department, Health Canada.

**(7)** The medical officer of health shall attempt to ascertain the identity of any person bitten by or significantly exposed to an animal in which rabies is reasonably suspected and shall ensure that those persons receive appropriate advice and treatment.

#### **Relapsing Fever (Louse-borne)**

##### Reporting Requirements

1 Not applicable.

##### Investigation of Contacts and Source of Infection

2 Not applicable.

##### Isolation Procedures

3 Modified (secretion or contact) isolation procedures apply until completion of disinfestation of the infected person his familial contacts and the environment of the infected person and his familial contacts.

##### Quarantine

4 The medical officer of health shall order the quarantine of all exposed louse-infested contacts until disinfestation is completed.

Special Measures

5 Not applicable.

### **Reye Syndrome**

Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 Not applicable.

Isolation Procedures

3 Not applicable.

Quarantine

4 Not applicable.

Special Measures

5 Not applicable.

### **Rickettsial Infections**

Reporting Requirements

1 Individual occurrences are reportable by laboratories to the medical officer of health within 48 hours (see section 23(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to determine the source of the infection.

Isolation Procedures

3 Not applicable.

Quarantine

4 Not applicable.

## Special Measures

5 Not applicable.

## **Rocky Mountain Spotted Fever**

(See Rickettsial Infections)

## **Rubella (Including Congenital Rubella Syndrome)**

### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

### Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to identify all pregnant contacts of known cases.

### Isolation Procedures

3 Not applicable.

### Quarantine

4 Not applicable.

## Special Measures

**5(1)** The medical officer of health shall by order exclude persons who have Rubella or who he suspects have Rubella from activities in which they will or are likely to expose pregnant women to Rubella.

**(2)** No woman of child bearing age shall care for an infant with Congenital Rubella Syndrome unless the woman is immune to Rubella.

**(3)** The medical officer of health shall by order exclude a person with Rubella or suspected Rubella from attendance at school or similar settings until the expiration of 4 days after the onset of the rash.

**(4)** The medical officer of health may require the operator of a day care centre to provide him with immunization records in his possession relating to the children attending the day care centre.

**(5)** All staff of day care facilities and persons with face to face contact with patients in a health care facility shall ensure that they are immunized against Rubella.

## **Salmonella Infections**

## Reporting Requirements

1 Individual occurrences (cases and carriers) are reportable by laboratories to the medical officer of health within 48 hours (see section 23(a)(ii) of the Act).

## Investigation of Contacts and Source of Infection

2 See Enteric Infections.

## Isolation Procedures

3 See Enteric Infections.

## Quarantine

4 See Enteric Infections.

## Special Measures

5 See Enteric Infections.

## **Scabies**

(See Skin Infections)

## **Severe Acute Respiratory Syndrome (SARS)**

### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible.

### Investigation of Contacts and Source of Infection

2 The medical officer of health shall conduct an investigation of the source of infection and all contacts in accordance with directions from the Chief Medical Officer.

### Isolation Procedures

3 The medical officer of health shall ensure isolation procedures are carried out in accordance with directions from the Chief Medical Officer.

### Quarantine

4 The medical officer of health shall ensure that contacts are quarantined in accordance with directions from the Chief Medical Officer.

### Special Measures

5 The medical officer of health shall notify the blood procurement agencies of all Severe Acute Respiratory Syndrome (SARS) cases who are known blood donors or recipients in accordance with directions from the Chief Medical Officer.

**Sexually Transmitted Diseases (including Chancroid, Gonococcal Infections, Lymphogranuloma Venereum, Mucopurulent Cervicitis, Non-gonococcal Urethritis, Syphilis)**

Reporting Requirements

1 Individual occurrences are reportable by all sources to the Chief Medical Officer within 48 hours (see sections 22(3) and 23(b) of the Act).

Investigation of Contacts and Source of Infection

2(1) The medical officer of health shall ensure that an attempt is made to identify, locate and examine the sexual contacts of all cases.

(2) Sexual contacts shall be either treated at once or treated on the basis of clinical and laboratory findings, whichever the medical officer of health or attending physician determines.

Isolation Procedures

3 Not applicable.

Quarantine

4 Not applicable.

Special Measures

5 An infected person shall receive medication to render him non-infectious and shall not engage in any activity that may transmit the disease until he is no longer infectious.

**Shigellosis (Bacillary Dysentery)**

Reporting Requirements

1 Individual occurrences (cases and carriers) are reportable by laboratories to the medical officer of health within 48 hours (see section 23(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 See Enteric Infections.

Isolation Procedures

3 See Enteric Infections.

## Quarantine

4 See Enteric Infections.

## Special Measures

5 See Enteric Infections.

## **Skin Infections (including Impetigo, Pediculosis, Pinworms, Scabies, Ringworm)**

### Reporting Requirements

1 Not applicable except in the case of outbreaks of the disease or abnormal presentation or manifestations, in which case occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

### Investigation of Contacts and Source of Infection

**2(1)** The medical officer of health shall attempt to determine the existence of other infected persons among household and other close contacts.

**(2)** In the case of Ringworm, the medical officer of health shall attempt to locate any animal source of infection.

### Isolation Procedures

3 Not applicable except in hospitals, in which case modified (secretion or contact) isolation procedures apply until the person has received effective therapy for at least 24 hours.

## Quarantine

4 Not applicable.

## Special Measures

**5(1)** The medical officer of health shall order that an infected person be excluded from school and non-familial contacts until he is free of lesions or rendered non-infectious by chemical agents.

**(2)** In the case of Pediculosis and Scabies the medical officer of health may, in addition to his powers under subsection (1), order that other family members and other persons with skin to skin contact with the infected person receive treatment as if they were infected.

**(3)** The person in charge of the clothing and bedding used by an infected person shall ensure that they are disinfected concurrently by washing with soap and hot water or by dry cleaning.

**Smallpox**

(See Exotic and Imported Diseases)

**Stool Pathogens**

(See Enteric Infections)

**Syphilis**

(See Sexually Transmitted Diseases)

**Tetanus**

## Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

## Investigation of Contacts and Source of Infection

2 Not applicable.

## Isolation Procedures

3 Not applicable.

## Quarantine

4 Not applicable.

## Special Measures

5 Not applicable.

**Toxic Shock Syndrome**

## Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

## Investigation of Contacts and Source of Infection

2 Not applicable.

## Isolation Procedures

3 Not applicable.

Quarantine

4 Not applicable.

Special Measures

5 Not applicable.

**Toxoplasmosis**

Reporting Requirements

1 Individual occurrences (congenital infections only) are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 Not applicable.

Isolation Procedures

3 Not applicable.

Quarantine

4 Not applicable.

Special Measures

5 Not applicable.

**Trichinosis**

Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to identify the source of the infection and to identify others exposed to the same source.

Isolation Procedures

3 Not applicable.

Quarantine

4 Not applicable.

#### Special Measures

**5(1)** The medical officer of health may have examined any meat or meat products he reasonably believes may be responsible for the infection and may seize and destroy any meat or meat products shown to be responsible for the infection.

**(2)** All persons who were exposed to the suspected source of the infection are subject to surveillance during the incubation period, and the medical officer of health shall ensure that they are offered any treatment he considers necessary.

#### **Tuberculosis**

##### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

##### Investigation of Contacts and Source of Infection

2 The medical officer of health shall conduct an investigation of the source of the infection and all contacts in accordance with the directions of the Chief Medical Officer.

##### Isolation Procedures

**3(1)** In the case of Pulmonary Tuberculosis in an infectious form, modified (respiratory) isolation procedures apply until the person is no longer infectious.

**(2)** Modified (secretion or contact) isolation procedures apply to a person with cutaneous tuberculosis lesions or discharging sinuses until the lesions or sinuses are shown to be bacteriologically sterile.

##### Quarantine

4 Not applicable.

#### Special Measures

**5(1)** The medical officer of health shall order that all familial contacts and all other contacts he considers to have been sufficiently exposed are tuberculin tested.

**(2)** Where a person who is tested pursuant to subsection (1) has a positive reaction,

(a) the medical officer of health shall order a chest X-ray and any other diagnostic procedures he considers appropriate, and

(b) the person is subject to surveillance until the medical officer of health is satisfied that the risk of infection has passed.

6 The medical officer of health shall by order exclude a person with cutaneous tuberculosis in an infectious form from public places and from employment in occupations involving the care of children, close contact with the public or the handling of food until the person is no longer infectious.

### **Tularemia**

#### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

#### Investigation of Contacts and Source of Infection

2 Not applicable.

#### Isolation Procedures

3 Not applicable.

#### Quarantine

4 Not applicable.

#### Special Measures

5 Not applicable.

### **Typhoid or Paratyphoid Fever**

#### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health by the fastest means possible (see sections 22(1)(a) and 23(a)(i) of the Act).

#### Investigation of Contacts and Source of Infection

2 The medical officer of health shall investigate all known occurrences in an attempt to determine the source of infection and the identity of others at risk.

#### Isolation Procedures

**3(1)** Modified (enteric) isolation procedures apply until 3 successive stool and urine cultures are reported negative or for a period of 21 days, whichever occurs first.

**(2)** The stool and urine cultures referred to in subsection (1) shall be taken not less than 24 hours apart and not earlier than 72 hours after cessation of chemotherapy.

## Quarantine

4 Not applicable.

## Special Measures

5(1) On release from isolation, the case is subject to surveillance until 3 consecutive stool and urine cultures of the case taken at intervals of 2 weeks following the termination of isolation are reported negative by the Provincial Laboratory for Public Health.

(2) During the period referred to in subsection (1), the medical officer of health shall by order exclude the person referred to in subsection (1) from employment in occupations involving food handling, patient care or nursing care of young children, the elderly or the dependent.

(3) If the person referred to in subsection (1) still excretes the infectious agent after 6 months from the onset of the disease, the medical officer of health shall declare and notify him as a carrier.

6(1) The medical officer of health shall, in the case of a contact of typhoid or paratyphoid fever in circumstances under which transmission is likely to occur, by order prohibit the contact from serving and handling food intended for distribution to any person other than a person in his immediate family until 3 consecutive stool and urine specimens taken from the contact not less than 24 hours apart are examined by the Provincial Laboratory for Public Health and shown not to contain *Salmonella typhi* or *Salmonella paratyphi*.

(2) A specimen taken under subsection (1) shall be taken not less than 72 hours after antibiotic or chemotherapeutic treatment.

(3) A contact is subject to surveillance for the duration of the incubation period if the time of exposure is known.

## **Typhoid or Paratyphoid (Carrier-state)**

### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

### Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to identify all contacts.

### Isolation Procedures

3 Not applicable.

## Quarantine

4 Not applicable.

#### Special Measures

5(1) The medical officer of health shall by order exclude a carrier from employment in any occupation involving food handling, patient care or the care of young children, the elderly or the dependent unless the medical officer of health in consultation with the Chief Medical Officer is satisfied that the risk of transmission is negligible.

(2) Subject to subsection (3), a carrier is subject to surveillance.

(3) The medical officer of health may release a carrier from surveillance and from the restrictions imposed under subsection (1) only if cultures of 6 consecutive specimens of the carrier's feces and urine taken at least 1 month apart are reported negative by the Provincial Laboratory for Public Health.

(4) At least 1 of the fecal specimens referred to in subsection (3) must be obtained by purge.

(5) The medical officer of health shall forthwith notify the Chief Medical Officer when he releases a person from surveillance or restrictions under subsection (3).

(6) A carrier shall immediately give written notice to the medical officer of health of any change in his address, and the medical officer of health shall immediately forward that information to the Chief Medical Officer.

(7) Section 6 under the heading Typhoid or Paratyphoid Fever applies, with all necessary modifications, to contacts of carriers of Typhoid Fever.

#### **Typhus, Louse-borne**

##### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

##### Investigation of Contacts and Source of Infection

2 The medical officer of health shall attempt to determine the source of infection.

##### Isolation Procedures

3 Modified (secretion or contact) isolation procedures apply until completion of disinfestation of the infected person, his familial contacts and their environment.

##### Quarantine

4 The medical officer of health shall order the quarantine of an exposed louse infected contact until disinfestation is completed.

## Special Measures

5 Not applicable.

### **Viral Hemorrhagic Fevers (including Marburg, Ebola, Lassa, Argentina and African Hemorrhagic Fevers)**

(See Exotic and Imported Diseases)

### **Waterborne Illness**

(See Foodborne or Waterborne Illness)

### **West Nile Infection**

#### Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health in accordance with directions from the Chief Medical Officer.

#### Investigation of Contacts and Source of Infection

2 The medical officer of health shall conduct an investigation of the source of infection in accordance with directions from the Chief Medical Officer.

#### Isolation Procedures

3 Not applicable.

#### Quarantine

4 Not applicable.

#### Special Measures

**5(1)** The medical officer of health shall notify the blood procurement agencies of all West Nile infection cases who are known blood donors or recipients in accordance with directions from the Chief Medical Officer.

**(2)** The medical officer of health shall notify organ or tissue procurement or transplant organizations of all West Nile infection cases who are known organ or tissue donors or recipients in accordance with directions from the Chief Medical Officer.

**(3)** Any organ or tissue procurement or transplant organization shall test donated organs or tissue for West Nile infection before transplantation in accordance with directions from the Chief Medical Officer.

**(4)** All donated blood shall be screened for West Nile infection before transfusion.

**(5)** Laboratories and blood procurement agencies shall submit a portion of the blood specimens from all individuals who have tested positive for West Nile infection to the Provincial Laboratory of Public Health for confirmation.

**Yellow Fever**

Reporting Requirements

1 Individual occurrences are reportable by all sources to the medical officer of health within 48 hours (see section 22(1)(b) and 23(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 Not applicable.

Isolation Procedures

3 Not applicable.

Quarantine

4 Not applicable.

Special Measures

5 The person caring for the infected person shall ensure that he is cared for in a mosquito proof room.

**Yersiniosis**

Reporting Requirements

1 Individual occurrences are reportable by laboratories to the medical officer of health within 48 hours (see section 23(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 See Enteric Infections.

Isolation Procedures

3 See Enteric Infections.

Quarantine

4 See Enteric Infections.

Special Measures

5 See Enteric Infections.

**Epidemics and diseases in rare or unusual form (any communicable disease)**

Reporting Requirements

1 **(1)** A physician, health practitioner, teacher or person in charge of an institution who knows of or has reason to suspect the existence of a communicable disease in epidemic form shall immediately notify the medical officer of health of the regional health authority by the fastest means possible.

**(2)** Individual occurrences of diseases in a rare or unusual form are reportable by all sources to the medical officer of health within 48 hours (see sections 22(1)(b) and 23(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 The medical officer of health shall investigate as is required under this Schedule for the specific disease and may carry out any further investigation he considers necessary in the circumstances.

Isolation Procedures

3 The isolation procedures required under this Schedule for the specific disease apply except as modified by the medical officer of health in the circumstances, and where the specific disease is not listed in this Schedule, the medical officer of health may impose any isolation requirements that he considers to be necessary.

Quarantine

4 The quarantine procedures required under this Schedule for the specific disease apply except as modified by the medical officer of health in the circumstances, and where the specific disease is not listed in this Schedule, the medical officer of health may impose any quarantine requirements that he considers to be necessary.

Special Measures

5 The special measures required under this Schedule for the specific disease apply except as modified by the medical officer of health in the circumstances and, where the specific disease is not listed in this Schedule, the medical officer of health may impose any special measures that he considers to be necessary.