PUBLIC HEALTH ACT
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REPORTING AND DISEASE CONTROL REGULATIONS

The Commissioner in Executive Council, on the recommendation of the Minister, under section 85 of the *Public Health Act,* S.Nu. 2016,c.13, and every enabling power, makes the annexed *Reporting and Disease Control Regulations*.

Interpretation

Definitions
1. In these regulations,

"adverse event following immunization" means an adverse medical event which has a temporal association, but not necessarily a causal association, with the administration of an immunizing agent and which cannot be clearly attributed to other causes; (*effet secondaire suivant l'immunisation*)

"coroner" has the same meaning as in the *Coroners Act*; (*coroner*)

"ICD-10" means the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada; (*CIM-10*)

"immunizing agent" means any substance or organism that provokes an immune response, whether by active or passive means, when introduced into the body; (*agent immunisant*)

"immunization error" includes
(a) administration of incorrect or expired immunizing agent,
(b) incorrect timing of administration,
(c) incorrect dose of immunizing agent,
(d) incorrect interval between doses of immunizing agent,
(e) incorrect route of administration,
(f) incorrect site of administration; (*erreur d'immunisation*)

"optometrist" means a registered optometrist as defined in the *Optometry Act*; (*optométriste*)

"patient" means an individual about whom a report has been made under section 12 of the Act; (*patient*)

"reportable disease" means a disease listed in Schedule 2 or a virulent communicable disease. (*maladie à déclaration obligatoire*)

Reporting for health care professionals

Virulent communicable diseases
2. (1) The communicable diseases listed in Schedule 1 are prescribed as virulent communicable diseases for the purposes of the Act.

Other reportable events
(2) The following are prescribed for the purposes of section 12 of the Act:
(a) communicable diseases listed in Schedule 2;
(b) conditions listed in Schedule 3;
(c) congenital anomalies listed in Schedule 4;
(d) events listed in Schedule 5.

Persons required to report

3. The following persons are prescribed as persons who shall make reports under section 12 of the Act:

(a) coroners;

(b) persons in charge of institutions, with respect to outbreaks at the institution;

(c) optometrists, with respect to communicable diseases of the eye listed in Schedules 1 and 2;

(d) a person authorized by law to administer an immunizing agent, with respect to immunization errors and adverse events following immunization.

Time of reporting

4. A person required to report a reportable event shall send the report to the Chief Public Health Officer,

(a) with respect to a disease, condition or event listed in Schedule 1, 2, 3 or 5, in accordance with the time of reporting indicated next to the name or description of the disease, condition or other event in the relevant Schedule;

(b) with respect to an emerging communicable disease that the Chief Public Health Official considers to be virulent, immediately; or

(c) with respect to a congenital condition listed in Schedule 4, within one week of initial diagnosis.

Content of report

5. (1) In addition to the information referred to in section 14 of the Act, a report made under section 12 of the Act must include

(a) the name of the disease or condition, or a description of the event;

(b) if the report relates to an individual,

(i) the health card number of the individual, if known to the reporter;

(ii) in the case of a communicable disease, the risk factors to be associated with the transmission of the infection to the individual, if known to the reporter,

(iii) if the individual is deceased,

(A) the date of death,

(B) the place of death,

(C) the relation of a communicable disease to the cause of death, if one is identified by a medical practitioner or coroner;

(c) in the case of communicable disease, any contact information the reporter possesses of other persons who may have been exposed to the disease; and

(d) any laboratory tests related to the reportable event that are accessible to the reporter.

Form of report

(2) A report made under section 12 of the Act must be in a form approved by the Chief Public Health Officer.

Immunization Register

Interpretation

6. (1) In this section, "health care professional" includes any person who is authorized by law to administer an immunizing agent.

Immunization Register

(2) The Chief Public Health Officer shall establish and maintain a register known as the Immunization Register.

Recording of immunizations

(3) A health care professional who administers an immunizing agent to a resident of Nunavut, or who has documentation respecting the administration of an immunizing agent to a resident of Nunavut which has not been recorded in the Immunization Register, shall ensure the following information is entered into the Immunization Register:

(a) the patient's
  (i) name,
  (ii) date of birth,
  (iii) sex,
  (iv) community where the patient currently lives, and
  (v) health card number;
(b) the antigen or antibody, including its
  (i) brand name, and
  (ii) lot number;
(c) the date of administration;
(d) the route of administration, including the location on the patient's body where the immunizing agent was administered;
(e) the amount of immunizing agent that was administered; and
(f) the name and location of the health facility or other place where the immunizing agent was administered.

Patient's health record

(4) When a health care professional is required to ensure information is entered into the Immunization Register, the health care professional shall record the same information in the health record of the patient.

Reporting of zoonotic diseases

Prescribed zoonotic diseases

7. The communicable diseases listed in Schedule 6 are prescribed as zoonotic diseases for the purposes of the Act.

Definition of "contact with an animal"

8. For the purposes of section 13 of the Act and section 16 of these regulations, "contact with an animal" includes

(a) exposure to the saliva or neural tissue of the animal through a bite, scratch or break in the skin; and
(b) exposure of the mucosa of the human to the saliva or neural tissue of the animal.

Time of reporting

9. (1) A person required to report a reportable event under section 13 of the Act shall send the report to the Chief Public Health Officer as soon as practicable, but in no case later than

(a) with respect to rabies, 24 hours after the reportable event; or
(b) with respect to all other zoonotic diseases, the first business day following the reportable event.

Form of report

(2) A report made under section 13 of the Act must be in a form approved by the Chief Public Health Officer.

Content of report, rabies

(3) In addition to the information referred to in section 14 of the Act, a report made under section 13 of the Act with respect to rabies must include any information the reporter has about other animals that have been in contact with the animal known or suspected of being infected.

Protection and preservation of animals

Orders respecting animals

10. (1) For the purposes of subsection 55(8) of the Act, "veterinary facility" includes a laboratory that tests animals for zoonotic diseases.

Animal in isolation or quarantine

(2) When an environmental health officer requires or authorizes the isolation or quarantining of an animal under subsections 55(7) and (8) of the Act, the person isolating or quarantining the animal shall ensure that

(a) the animal has

(i) adequate shelter from the elements,

(ii) protection from wild animals, and

(iii) adequate food; and

(b) the animal is kept in a manner that ensures it cannot harm anyone.

Preservation of head of rabid animal

11. No person shall destroy or damage the head of an animal that

(a) has bitten or attempted to bite a person; and

(b) may have rabies.

Disease Control

Collection of specimens

12. If a health care professional has reason to believe that a person has a reportable disease, the health care professional shall, with the consent of the person and if reasonably practicable in the circumstances, ensure that specimens necessary to diagnose the disease are

(a) collected from the person; and

(b) sent to a laboratory for testing.

Definition

13. (1) In this section, "duties of the reporter" means the duties of a person making a report under sections 12 and 14 of the Act and these regulations.

Patient advice

(2) As part of the patient advice under subsection 12(2) of the Act, a health care professional making the report shall

(a) provide information on the disease; and

(b) advise the patient about specific control measures that the patient should follow to prevent transmission of the disease.

Transfer of patient

(3) If a patient is transferred or referred to another health care professional, that health care professional shall, if applicable, carry out all the duties of the reporter.

Person in charge of health facility

(4) The person in charge of a health facility where a patient is being taken care of shall ensure that

(a) the reporter or another health care professional at the health facility is carrying out the duties of the reporter; or

(b) the patient is transferred or referred to another health facility or health care professional who is capable of carrying out the duties of the reporter.

Transfer or referral

(5) When a patient is transferred or referred to another health facility or health care professional before the duties of the reporter have been fulfilled, the transferring or referring person shall

(a) inform the receiving health facility or health care professional of the requirement to carry out the duties of the reporter; and

(b) report the specifics of the transfer or referral to the Chief Public Health Officer, including the identity of the new health facility or health care professional.

Duties of Chief Public Health Officer

14. (1) When the Chief Public Health Officer receives a report made under section 12 or 13 of the Act, the Chief Public Health Officer shall ensure that

(a) the reportable event is investigated;

(b) in the case of a reportable disease,

(i) the person with the reportable disease is provided necessary treatment and monitoring until the person no longer presents a significant risk to public health;

(ii) necessary measures are put in place to prevent transmission; and

(iii) persons who may have been exposed to a pathogen that causes the reportable disease are identified; and

(c) in the case of rabies, all practicable steps are taken to prevent the known or suspected rabid animal from presenting a risk to public health.

Duties with respect to exposed persons

(2) The Chief Public Health Officer shall ensure that persons who may have been exposed to a pathogen that causes a reportable disease

(a) are informed of the exposure; and

(b) receive an explanation of the necessity of

(i) being assessed, and, if necessary, tested and treated, by a health care professional, and

(ii) taking reasonable measures to reduce the risk of infecting others.

Institutions with children

(3) If the Chief Public Health Officer receives a report under section 12 of the Act from the operator of an institution with children, the Chief Public Health Officer may require the operator of the institution to notify the parents or guardians of the other children attending the institution that their children may have been exposed to a communicable disease.

Same

(4) An operator shall comply with a requirement made under subsection (4).

Notifications

15. (1) This section applies if

(a) the public in general or a specific group or individual is threatened by a serious risk to public health; or

(b) there is an agreement for the sharing of information in force with the

(i) Canadian Blood Services or Héma-Québec, for the purposes of subsection (2); or

(ii) another Canadian jurisdiction, for the purposes of subsection (3).

Notification to Canadian Blood Services or Héma-Québec

(2) If the Chief Public Health Officer is aware that a person has a blood-borne infection has donated or received blood or blood products during its period of communicability, the Chief Public Health Officer shall notify

(a) Héma-Québec, in the case of blood or blood products donated to or received from Quebec; or

(b) Canadian Blood Services, in all other cases.

Notification to other jurisdictions

(3) Subject to subsection (4), the Chief Public Health Officer shall notify the appropriate public health official in another Canadian jurisdiction if the Chief Public Health Officer is aware that a person who has an infection transmitted by the receipt or donation of cells, tissues, organs, blood or blood products, including any of the following diseases, has donated or received cells, tissues, organs, blood or blood products during its period of communicability:

(a) Hepatitis B virus;

(b) Hepatitis C virus;

(c) human immunodeficiency virus;

(d) Creutzfeldt-Jakob disease prion;
(e) rabies virus.

Limitation
(4) Subsection (3) only applies where the cells, tissues, organs, blood or blood products were donated to or received from a person or body in the other Canadian jurisdiction.

Content of notification
(5) The Chief Public Health Officer shall include the following information in a notification under this section:

(a) the name of the infected person;
(b) the date of birth of the infected person;
(c) the health card number of the infected person;
(d) the name of the infection;
(e) the date of the donation or receipt by the infected person of the cells, tissues, organs, blood or blood products;
(f) the location or the facility where the donation or receipt occurred;
(g) if the Chief Public Health Officer becomes aware of the infection by means of a laboratory report, the laboratory test and results respecting the infection.

Reports

Reports
16. The Chief Public Health Officer shall, as part of the report referred to in paragraph 44(6)(e) of the Act, prepare

(a) a report on the zoonotic diseases, including
  (i) the number of incidents of humans in contact with an animal as defined in section 8, and
  (ii) outcomes following incidents of humans in contact with an animal as defined in section 8, including the use of post-exposure prophylaxis on humans; and
(b) a report on immunization programs established under section 8 of the Act, including
  (i) coverage rates,
  (ii) adverse events following immunization, and
  (iii) immunization errors.

Repeal

17. The *Communicable Disease Regulations* are repealed.

Coming into force

18. These regulations come into force on the same day as sections 12 to 14 of the Act come into force, or if they are already in force, on the day these regulations are registered by the Registrar of Regulations.

SCHEDULE 1

(Subsection 2(1), paragraphs 3(c) and 4(a))

VIRULENT COMMUNICABLE DISEASES

Common Name	**Scientific or technical name or names**	**Time of reporting**
AIDS	Acquired immunodeficiency syndrome	Next business day
Diphtheria	*Corynebacterium diphtheriae*, *ulcerans* and pseudotuberculosis	Immediately
HIV	Human immunodeficiency virus	Next business day
Middle East Respiratory Syndrome Coronavirus (MERS-CoV)	Middle East Respiratory Syndrome Coronavirus	Immediately
Plague	*Yersinia pestis*	Immediately
Rabies	Rabies virus	Immediately
Severe Acute Respiratory Syndrome (SARS)	SARS associated coronavirus (SARS CoV)	Immediately
Smallpox	*Variola major* *Variola minor*	Immediately
Syphilis (including congenital syphilis)	*Treponema pallidum*	Next business day
Tuberculosis (active)	*Mycobacterium tuberculosis complex* which includes the following: *Mycobacterium tuberculosis* *Mycobacterium africanum* *Mycobacterium canetii* *Mycobacterium caprae* *Mycobacterium microti* *Mycobacterium pinnipedii* *Mycobacterium bovis*, other than *M. bovis* BCG strain	Next business day
Viral Hemorrhagic Fevers, including Crimean-Congo, Ebola, Lassa and Marburg	Viruses causing hemorrhagic fevers, including the following: Nairovirus Ebola virus Lassa virus Marburg virus	Immediately

CHEDULE 2

(Section 1, paragraphs 2(2)(a), 3(c)and 4(a))

REPORTABLE COMMUNICABLE DISEASES

Common name	**Scientific or technical name or names**	**Time of reporting**
Amoebiasis	*Entamoeba histolytica/dispar*	Next business day
Anthrax	*Bacillus anthracis*	Immediately
Arthropod-borne viral encephalitis	Arthropod-borne encephalitis viruses	Next business day
Bacillus cereus food intoxication	*Bacillus cereus*	Immediately
Botulism	*Clostridium botulinum*	Immediately
Brucellosis	*Brucella* species	Next business day
Campylobacteriosis (Campylobacter enteritis)	*Campylobacter* species	Next business day
Chancroid	*Haemophilus ducreyi*	Next business day
Chickenpox (Varicella)	*Varicella* virus	Next business day
Genital Chlamydia Extra-genital Chlamydia Perinatally Acquired Chlamydia	*Chlamydia trachomatis*	Next business day
Cholera	*Vibrio cholerae*	Immediately
Clostridium difficile associated diarrhea	*Clostridium difficile* toxin	Next business day
Creutzfeldt-Jakob Disease, Classic and Variant	Creutzfeldt-Jakob disease prion	Next business day
Clostridium perfringens	*Clostridium perfringens*	Immediately
Chikungunya	*Chikungunya* virus	Next business day
Cryptosporidiosis	*Cryptosporidium* species	Next business day
Cyclosporiasis	*Cyclospora cayetanensis*	Next business day
Dengue	*Dengue* virus	Next business day
Giardiasis	*Giardia lamblia* *Giardia intestinalis* *Giardia duodenalis*	Next business day
Genital Gonorrhea Extra-genital Gonorrhea Perinatally Acquired Gonorrhea	*Neisseria gonorrhoeae*	Next business day
Group B Streptococcal Disease of the Newborn	*Streptococcus agalactiae*	Next business day
Hantavirus Pulmonary Syndrome or Viral disease	Hantavirus	Next business day
Hepatitis A	Hepatitis A virus	Immediately
Hepatitis B	Hepatitis B virus	Next business day
Hepatitis C	Hepatitis C virus	Next business day
Hepatitis D	Hepatitis D virus	Next business day
Hepatitis E	Hepatitis E virus	Next business day
Human Papilloma Virus	Human Papilloma Virus	Next business day
Human T-cell Lymphotropic Virus	Human T-cell Lymphotropic Virus, all types	Next business day
Influenza, Laboratory Confirmed	Influenza virus	Next business day
Invasive Haemophilus Influenza Disease	*Haemophilus influenza*, all serotypes	Immediately
Invasive Group A Streptococcal Disease	*Streptococcus pyogenes*	Immediately
Invasive Meningococcal Disease	*Neisseria meningitidis*	Immediately

Invasive Pneumococcal Disease	*Streptococcus Pneumoniae*	Next business day
Legionellosis	*Legionella* species	Immediately
Leprosy	*Mycobacterium leprae*	Next business day
Leptospirosis	*Leptospira*	Next business day
Listeriosis	*Listeria monocytogenes*	Immediately
Lyme Disease	*Borrelia burgdorferi*	Next business day
Lymphogranuloma Venereum	*Chlamydia trachomatis*	Next business day
Malaria	*Plasmodium* species	Next business day
Measles	Rubeola virus	Immediately
Mumps	Mumps virus	Immediately
MRSA, colonization or infection	Methicillin resistant *staphylococcus aureus*	Next business day
Norovirus	*Norovirus*	Next business day
Paratyphoid	*Salmonella paratyphi*	Immediately
Pertussis	*Bordetella pertussis*	Next business day
Poliomyelitis	Poliovirus	Immediately
Q fever	*Coxiella burnetti*	Next business day
Rotavirus diarrhea	Rotavirus	Next business day
Rubella (except congenital) German Measles	Rubella virus	Immediately
Rubella (congenital)	Rubella virus	Next business day
RSV	Respiratory Syncytial virus	Next business day
Salmonellosis	*Salmonella* species, excluding *Salmonella typhi* and *Salmonella paratyphi*	Next business day
Shellfish poisoning (amnesic, domoic or paralytic)	Shellfish toxins	Immediately
Shigellosis	*Shigella* species	Immediately
Staphylococcus aureus intoxications	*Staphylococcus aureus*	Immediately
Tapeworm Infestation causing Echinococcal Disease	*Echinococcus granulosis* *Echinococcus multilocularis*	Next business day
Tetanus	*Clostridium tetani*	Next business day
Toxoplasmosis	*Toxoplasma gondii*	Next business day
Tularemia	*Francisella tularensis*	Next business day
Trichinosis (Trichinellosis)	*Trichinella spiralis or nativa*	Immediately
Typhoid	*Salmonella typhi*	Immediately
Verotoxigenic *Escherichia coli*	Verotoxin producing strains of *Escherichia coli*	Immediately
Vancomycin-resistant *enterococci* (VRE)	Vancomycin-resistant *enterococci* (VRE)	Next business day
Vibrio species	*Vibrio parahemolyticus or vulnificus*	Next business day
West Nile Virus infection	West Nile virus	Next business day
Yellow fever	Yellow fever virus	Next business day
Yersiniosis	*Yersinia entercolitica*	Next business day
Zika virus infection	Zika virus	Next business day

CHEDULE 3

(Paragraphs 2(2)(b) and 4(a))

REPORTABLE CONDITIONS

In this schedule, "cancer" means the following, except non-melanoma skin cancers (ICD-O-3 topographies C44.0-C44.9 with behaviour codes of 1, 2, 3):

(a) primary, malignant tumours (ICD-O-3 topographies C00.0-C80.9 and with behaviour codes of 3);

(b) carcinoma in situ/intraepithelial/noninfiltrating/noninvasive tumours (behaviour codes of 2); except cervix (ICD-O-3 topographies C53.0-C53.9) and prostate (ICD-O-3 topography C61.9);

(c) primary, benign tumours of the meninges, brain, spinal cord, cranial nerves and other parts of the central nervous system (ICD-O-3 topographies C70.0-C72.9 with behaviour codes of 0);

(d) primary, benign tumours of the pituitary gland, craniopharyngeal duct and pineal gland (ICD-O-3 topographies C75.1, C75.2, C75.3 with behaviour codes of 0, for 2007 and later).

Name of condition	**Time of reporting**
Acute flaccid paralysis	Within one week of making the diagnosis.
Adverse event following immunization	Within one week of the health care professional becomes aware of the adverse event.
Cancer	Within one week of the confirmation of the diagnosis.
Guillain-Barre syndrome	Within one week of making the diagnosis.
Hemolytic Uremic Syndrome	Within 24 hours of making the diagnosis.
Severe acute respiratory illness (SARI)	Within one week of making the diagnosis.
Tuberculosis (latent)	Within one week of making the diagnosis.

CHEDULE 4

(Paragraphs 2(2)(b) and 4(c))

REPORTABLE CONGENITAL ANOMALIES

Name of congenital condition	**ICD-10 Codes**
Congenital malformations of the nervous system, including (a) anencephaly and similar malformations; (b) encephalocele; (c) microcephaly; (d) congenital hydrocephalus; (e) spina bifida, with or without hydrocephalus; and (f) other malformations of the brain, spinal cord or nervous system.	Q00-Q07
Congenital malformations of eye, ear, face or neck, including (a) congenital malformations of (i) eyelid, (ii) lacrimal apparatus, (iii) orbit, or (iv) lens; and (b) anophthalmos, microphthalmos or macrophthalmos.	Q10-Q18
Congenital malformation of the circulatory system, including (a) congenital malformations of (i) cardiac chambers and connections, (ii) cardiac septa, (iii) pulmonary and tricuspid valves, (iv) aortic and mitral valves, (v) great arteries, (vi) great veins, or (vii) peripheral vascular system; and (b) other congenital malformations of heart or circulatory system.	Q20-Q28
Congenital malformations of the respiratory system, including congenital malformations of (a) nose; (b) larynx; (c) trachea and bronchus; or (d) lung.	Q30-Q34
Congenital malformations of the digestive system, including (a) cleft lip or palate; (b) congenital malformations of (i) tongue, (ii) mouth, (iii) pharynx, (iv) oesophagus, (v) upper alimentary tract, (vi) intestine, (vii) gallbladder, (viii) bile ducts, or (ix) liver; and (c) congenital absence, atresia or stenosis of small or large intestine.	Q38-Q45
Congenital malformations of genital organs, including (a) congenital malformations of (i) ovaries, (ii) fallopian tubes, (iii) broad ligaments,	Q50-Q56

(iv) uterus, or (v) cervix; (b) undescended testicle; (c) hypospadias; (d) indeterminate sex or pseudohermaphrodistism; and (d) other congenital malformations of genital organs.	
Congenital malformations of the urinary systems, including (a) renal agenesis and other reduction defects of kidney; (b) cystic kidney disease; (c) congenital obstructive defects of renal pelvis; (d) congenital malformation of ureter; and (e) other congenital malformations of urinary system.	Q60-Q64
Congenital malformations and deformations of the musculoskeletal system, including (a) congenital deformities of (i) hip, or (ii) feet; (b) polydactyly; (c) syndactyly; (d) reduction defect of limb; (e) osteochondrodysplasia; and (f) other congenital malformations of the musculoskeletal system, including (i) limb, (ii) skull, (iii) face bones, (iv) spine, or (v) bony thorax.	Q65-Q79
Other congenital malformations, including (a) anomalies of integument, including congenital ichthyosis, epidermolysis bullosa, congenital malformations of breast or skin; (b) fetal alcohol syndrome; (c) congenital malformation syndromes; (d) congenital malformations of (i) spleen, (ii) adrenal gland, or (iii) other endocrine glands; (e) situs inversus; (f) conjoined twins; and (g) phakomatoses.	Q80-Q89
Chromosomal abnormalities, including (a) trisomy 21, also known as Down's syndrome; (b) trisomy 18, also known as Edward's syndrome or Patau's syndrome; (c) autosomal syndromes; (d) Turner's syndrome; and (e) sex chromosome conditions.	Q90-Q99
Congenital adrenogenital disorders, including congenital adrenal hyperplasia.	E25
Disorders of Amino Acid or Fatty-Acid metabolism, including (a) phenylketonuria; (b) maple-syrup-urine disease; (c) citrullinaemia; (d) medium-chain acyl CoA dehydrogenase deficiency; (e) carnitine uptake defect; (f) isovaleric acidemia;	E70-E72

(g) glutaric acidemia type 1; and (h) methylmalonic acidemia.	
Disorders of carbohydrate metabolism.	E74
Disorders of glycoprotein metabolism.	E77
Congenital hypothyroidism.	E03
Cystic fibrosis.	E84
Glucose-6-phosphate dehydrogenase [G6PD] deficiency.	D55.0
Sickle-cell disorders.	D57
Thalassemias.	D56
Hereditary factor VIII deficiency or haemophilia.	D66
Muscular dystrophies and myopathies.	G71
Hydrops fetalis due to haemolytic disease.	P56
Biotinidase deficiency.	-
Severe combined immunodeficiency.	-

CHEDULE 5

(Paragraphs 2(2)(d)and 4(a))

OTHER REPORTABLE EVENTS

Event	**Time of reporting**
Immunization errors, other than errors that both (a) do not affect current immunization schedules; and (b) occurred more than one year before identification of the error.	Within five days of identifying error.
Testing for blood lead levels.	Within one week of obtaining test results.
Exposure of an individual to an animal known or suspected of being infected with rabies.	As soon as practicable, but in no case more than 24 hours.
Outbreak of a communicable disease.	Immediately.
Receipt of a diagnosis or other information from outside Nunavut indicating the occurrence of any reportable event with respect to a resident of Nunavut.	In accordance with the time of reporting for the reportable event under these regulations.

SCHEDULE 6

(Section 7)

PRESCRIBED ZOONOTIC DISEASES

Common Name	**Scientific or technical name or names**
Anthrax	*Bacillus anthracis*
Brucellosis	*Brucella* species
Erysipeloid	*Erysipelothrix rhusiopathiae*
Trichinellosis	*Trichinella spiralis* or *native*
Tuberculosis	*Mycobacterium bovis or Mycobacterium tuberculosis*
Tularemia	*Francisella tularensis*

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