

<p><b>Mailing Address:</b>  Department of Health and Wellness  Population Health Assessment and Surveillance  Surveillance Team  PO Box 488  Halifax, NS B3J 2R8</p> <p><b>Note:</b> Please ensure envelope is labeled  <b>'MEDICAL CONFIDENTIAL'</b></p>	<p><b>Confidential Fax#:</b> 902-424-0550</p> <p><b>E-mail:</b>  Surveillance Epi Content Lead  cc: Administrative Support  <b>via</b>  Secure File Transfer <b>(only)</b></p>
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## General Reporting

<ul style="list-style-type: none"> <li>• <a href="#">Daycare Surveillance Reporting Tool</a></li> </ul>	<p>Completed case forms should be filed according to NSHA procedures. For further information contact <b>902-424-6567</b>.</p>
<ul style="list-style-type: none"> <li>• <a href="#">School Surveillance Reporting Tool</a></li> </ul>	<p>Completed case forms should be filed according to NSHA procedures. For further information contact <b>902-424-6567</b>.</p>
<ul style="list-style-type: none"> <li>• <a href="#">School and Daycare Absenteeism Flow Chart</a></li> </ul>	<p>For reference purposes.</p>

## Adverse Events Following Immunization (AEFI)

<ul style="list-style-type: none"><li>• Adverse Events Following Immunization (AEFI) PHAC Form <a href="http://www.phac-aspc.gc.ca/im/pdf/raefi-dmcisi-eng.pdf">http://www.phac-aspc.gc.ca/im/pdf/raefi-dmcisi-eng.pdf</a></li></ul>	Completed case forms must be sent to the DHW Surveillance Team via secure e-mail, mail or confidential fax. For further information contact <b>902-424-6567</b> .
<ul style="list-style-type: none"><li>• Adverse Events Following Immunization (AEFI) User's Guide <a href="http://www.phac-aspc.gc.ca/im/pdf/AEFI-ug-gu-eng.pdf">http://www.phac-aspc.gc.ca/im/pdf/AEFI-ug-gu-eng.pdf</a></li></ul>	Guidelines for completion of Adverse Events Following Immunization (AEFI) Case Report Form

## Direct Contact, Respiratory Routes, and Through the Provision of Health Care

- [Ebola Case Report Form \(Public Health Agency of Canada\)](#)

Completed case forms must be sent to the DHW Surveillance Team via secure e-mail, mail or confidential fax immediately after initial report is completed or as requested. For further information contact **902-424-6567**.

**NOTE:** Please complete as much detail as possible on this form at the time of the initial report. It is not expected that all fields will be completed during the initial report, but that updates will be made when information becomes available.

## Direct Contact, Respiratory Routes, and Through the Provision of Health Care

<ul style="list-style-type: none"><li>● <a href="#">Emerging Respiratory Pathogens and Severe Acute Respiratory Infection (SARI) Case Report Form</a></li></ul>	Completed case forms must be sent to the DHW Surveillance Team via secure e-mail, mail or confidential fax. For further information contact <b>902-424-6567</b> .
<ul style="list-style-type: none"><li>● ER ICP ILI Surveillance Weekly Report Form</li></ul>	Completed case forms must be sent to the DHW Surveillance Team via secure e-mail, mail or confidential fax or e-mail SURVEILLANCEDHW@novascotia.ca. For further information contact <b>902-424-6567</b> .
<ul style="list-style-type: none"><li>● <a href="#">LTCF Residents: Influenza Surveillance Line Listing</a></li></ul>	Completed line listings should be filed according to NSHA procedures. For further information contact <b>902-424-6567</b> .
<ul style="list-style-type: none"><li>● <a href="#">LTCF Staff: Influenza Surveillance Line Listing</a></li></ul>	Completed line listings should be filed according to NSHA procedures. For further information contact <b>902-424-6567</b> .

## Seasonal Influenza Vaccine Data Collection

<ul style="list-style-type: none"><li>• <a href="#">Clinic Line List</a></li></ul>	For clinic use.
<ul style="list-style-type: none"><li>• <a href="#">Long Term Care Line List</a></li></ul>	For Long Term Care (nursing home and residential care facility) use.
<ul style="list-style-type: none"><li>• <a href="#">Public Health Aggregate Data</a></li></ul>	For public health clinic use. For further information contact <b>902-424-6567</b> .
<ul style="list-style-type: none"><li>• <a href="#">Health Care Facilities Immunizing Staff/Volunteers (excluding LTC/RCF)</a></li></ul>	For facility use. For further information contact your <b>local public health office</b> .
<ul style="list-style-type: none"><li>• <a href="#">Long Term Care/Residential Care Facilities</a></li></ul>	For long term care/residential care facility use. For further information contact your <b>local public health office</b> .
<ul style="list-style-type: none"><li>• <a href="#">All other Facilities or Clinics (non-PH and Non-Health Care Facilities)</a></li></ul>	For facility/clinic use. For further information contact your <b>local public health office</b> .
<ul style="list-style-type: none"><li>• <a href="#">Seasonal Influenza Immunization Summary Sheet</a></li></ul>	For NSHA public health services use. For further information contact <b>902-424-6567</b> .

## Enteric, Foodborne and Waterborne

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<ul style="list-style-type: none"><li>● <a href="#">Cyclosporiasis Questionnaire PHAC Form</a></li></ul>	Completed case forms must be uploaded in Panorama. For further information, contact 902-424-6567.
<ul style="list-style-type: none"><li>● <a href="#">Listeria (Invasive) Questionnaire PHAC Form</a></li></ul>	Completed case forms must be uploaded in Panorama. For further information, contact 902-424-6567.
<ul style="list-style-type: none"><li>● <a href="#">Salmonella - Frozen Processed Chicken Products Form (PHAC)</a></li></ul>	Completed case forms must be uploaded in Panorama. For further information, contact 902-424-6567.

## Tuberculosis (TB)

<ul style="list-style-type: none"><li>• <a href="http://www.phac-aspc.gc.ca/tbpc-latb/pdf/tbform_aircraft09.pdf">Canadian Tuberculosis and Air Travel PHAC Form:</a> <a href="http://www.phac-aspc.gc.ca/tbpc-latb/pdf/tbform_aircraft09.pdf">http://www.phac-aspc.gc.ca/tbpc-latb/pdf/tbform_aircraft09.pdf</a></li></ul>	Completed forms should be uploaded in Panorama. For further information contact <b>902-424-6567</b> .
<ul style="list-style-type: none"><li>• <a href="http://www.who.int/tb/publications/2008/WHO_HTM_TB_2008.399_eng.pdf">Canadian Tuberculosis and Air Travel Guidelines</a> <a href="http://www.who.int/tb/publications/2008/WHO_HTM_TB_2008.399_eng.pdf">http://www.who.int/tb/publications/2008/WHO_HTM_TB_2008.399_eng.pdf</a></li></ul>	Guidelines for completion of Canadian Tuberculosis and Air Travel Reporting Form