

## Draft Regulations

### Draft Regulation

Public Health Act  
(R.S.Q., c. S-2.2)

#### Minister's Regulation

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), that the Minister's Regulation under the Public Health Act, the text of which appears below, may be made by the Minister upon the expiry of 45 days following this publication.

The main purpose of the draft Regulation is to establish a list of the intoxications, infections and diseases that must be reported to public health authorities pursuant to section 79 of the Public Health Act and the information that must be provided. It also determines that tuberculosis is a disease for which treatment is mandatory. Finally, it establishes two systems for collecting information for the purposes of the ongoing surveillance of the health status of the population.

Further information may be obtained by contacting

Dr. Horacio Arruda, Direction générale de la santé publique, Ministère de la Santé et des Services sociaux, 1075, chemin Sainte-Foy, 12<sup>e</sup> étage, Québec (Québec) G1S 2M1, telephone: (418) 266-6720, fax: (418) 266-6708, e-mail: horacio.arruda@msss.gouv.qc.ca

Any interested person having comments to make on the matter is asked to send them in writing, before the expiry of the 45-day period, to the Minister of State for Health and Social Services and Minister of Health and Social Services, 1075, chemin Sainte-Foy, 15<sup>e</sup> étage, Québec (Québec) G1S 2M1.

FRANÇOIS LEGAULT,  
*Minister of State for Health and Social Services and  
Minister of Health and Social Services*

### Minister's Regulation under the Public Health Act

Public Health Act  
(R.S.Q., c. S-2.2, ss. 47, 48, 79, 81 to 83 and s. 136,  
pars. 6, 8 and 9)

#### CHAPTER I LIST OF INTOXICATIONS, INFECTIONS AND DISEASES THAT MUST BE REPORTED TO PUBLIC HEALTH AUTHORITIES UNDER CHAPTER VIII OF THE ACT

**1.** The diseases listed below must be reported immediately, by telephone, by any physician and any chief executive officer of a laboratory or of a department of medical biology to the national public health director and the public health director in the territory :

Botulism  
Cholera  
Yellow fever  
Viral haemorrhagic fever  
Anthrax  
Plague  
Smallpox

A written report must also be transmitted to those authorities within 48 hours by the person making the report.

**2.** The infections and diseases listed below must be reported by any physician and any chief executive officer of a laboratory or of a department of medical biology to the public health director in the territory, by means of a written report transmitted within 48 hours :

Babesiosis	Rubella
Brucellosis	Syphilis
Chancroid	Tetanus
Pertussis	Trichinosis
Diphtheria	Tuberculosis
Arthropod-borne viral encephalitis	Tularaemia
Q fever	Typhus
Granuloma inguinale	
Viral hepatitis	
<i>Chlamydia trachomatis</i> infections	
Plasmodium infections	
Gonococcal infections	
Invasive <i>Escherichia coli</i> infections	
Invasive <i>Haemophilus influenzae</i> infections	
Invasive meningococcal infections	
Invasive group A streptococcal infections	
Invasive <i>Streptococcus pneumoniae</i> infections	
West Nile virus infection	
Legionnaire's disease	
Leprosy	
Lymphogranuloma venereum	
Chagas disease	
Lyme disease	
Mumps	
Poliomyelitis	
Psittacosis	
Rabies	
Measles	

**3.** The intoxications, infections and diseases listed below must be reported by any physician to the public health director in the territory, by means of a written report transmitted within 48 hours :

Asbestosis

Hepatic angiosarcoma

Asthma whose occupational origin has been confirmed by a special committee on occupational lung diseases established pursuant to section 231 of the Act respecting industrial accidents and occupational diseases (R.S.Q., A-3.001)

Acute broncho-pulmonary injury of chemical origin (bronchiolitis, pneumonitis, alveolitis, bronchitis, bronchial irritation syndrome or pulmonary edema)

Berylliosis

Byssinosis

Lung cancer linked to asbestos and whose occupational origin has been confirmed by a special committee on occupational lung diseases established pursuant to section 231 of the Act respecting industrial accidents and occupational diseases

Epidemic diarrhoea of unspecified origin

Outbreak of Vancomycin-resistant enterococci

Outbreak of Methicillin-resistant *Staphylococcus aureus*

Hantavirus infection

Chemical intoxication of the cardiac, digestive, hemopoietic, renal, pulmonary and neurological systems

Creutzfeldt-Jakob disease and its variants

Mesothelioma

Acute flaccid paralysis

Congenital rubella

Silicosis

Food and water poisoning

**4.** Any physician who diagnoses a human immunodeficiency virus infection or an acquired immunodeficiency syndrome infection in a person who has received blood, blood products, organs or tissues must report the diagnosis to the health director in the territory, by means of a written report transmitted within 48 hours.

The same applies when such a diagnosis is made in respect of a person who has previously donated blood, organs or tissues.

**5.** The intoxications, infections and diseases listed below must be reported by any chief executive officer of a laboratory or of a medical biology department to the public health director in the territory, by means of a written report transmitted within 48 hours :

Amoebiasis

Cryptosporidiosis

Cyclosporiasis

Typhoid and paratyphoid fever

Gastroenteritis due to *Yersenia enterocolitica*

Giardiasis

*Campylobacter* infections

Type I and II HTLV infections

Vancomycin-resistant *Staphylococcus aureus* infections

Listeriosis

Salmonellosis

Shigellosis

The same applies to all intoxications caused by toxic chemical substances when the analysis results obtained show an abnormally high value that exceeds the known thresholds in public health.

**6.** A physician who makes a report under this Chapter must provide the following information :

(1) name of the intoxication, infection or disease being reported ;

(2) name, sex, occupation, date of birth, address with postal code, telephone number and health insurance number of the person affected ;

(3) date of the onset of the disease ;

(4) where samples have been taken for laboratory analysis, the date on which the samples were taken and the name of the laboratories that will analyse them ;

(5) name and professional permit number of the physician, and telephone number at which he or she can be reached ;

(6) in the case of a report of viral hepatitis, babesiosis, brucellosis, Q fever, viral haemorrhagic fever, Creutzfeldt-Jakob disease and its variants, Chagas disease, Lyme disease, Type I and II HTLV infections, plasmodium infection, rabies, syphilis, tuberculosis, West Nile virus infection, arthropod-borne viral encephalitis or of a report made pursuant to section 4, all information pertaining to blood, organ or tissue donations made by the person affected and all information pertaining to blood, blood products, organs and tissues received by the person affected ; and

(7) in the case of a report of syphilis, if it is primary, secondary, latent of less than or more than one year, congenital, tertiary, or any other form.

The written reports must be dated and signed by the physician.

**7.** A chief executive officer of a laboratory or of a department of medical biology who makes a report pursuant to this Chapter must provide the following information :

(1) name of the intoxication, infection or disease for which he or she has reported a positive analysis result ;

(2) type of sample, including the place where it was taken, the date on which it was taken, the analyses performed and the results obtained ;

(3) name and permit number of the physician who prescribed the analyses;

(4) name, sex, date of birth, address with postal code, telephone number and health insurance number of the person from whom the sample was taken; and

(5) name of the laboratory or of the department of medical biology, its address, as well as the name of the person signing the report and the telephone numbers at which that person can be reached.

Written reports must be dated and signed by the chief executive officer or by the person duly authorized to sign such reports in accordance with the internal management rules of the laboratory or of the department.

**8.** Subject to the reports that must be made to the national public health director, the Laboratoire de santé publique du Québec of the Institut national de santé publique du Québec must, notwithstanding the provisions of sections 1, 2 and 5, send the reports to the public health director in the territory of the place of residence of the person from whom the sample was taken.

## CHAPTER II

### DISEASES FOR WHICH TREATMENT IS MANDATORY UNDER CHAPTER IX OF THE ACT

**9.** Tuberculosis is a disease for which treatment is mandatory.

## CHAPTER III

### COLLECTION OF INFORMATION FOR THE PURPOSES OF ONGOING SURVEILLANCE OF THE HEALTH STATUS OF THE POPULATION PURSUANT TO SECTIONS 47 AND 48 OF THE ACT

#### DIVISION I HIV

**10.** The Laboratoire de santé publique du Québec must transmit any confirmed positive laboratory analysis result showing the presence of the human immunodeficiency virus to the person designated by the national public health director and provide that person with the following information for the purposes of the ongoing surveillance of the health status of the population:

(1) name and permit number of the physician who requested the analysis; and

(2) if it is available, the patient's health insurance number.

**11.** To ensure the confidentiality of information, the person designated by the national public health director must verify in the Laboratoire de santé publique du Québec's records whether a similar laboratory result has already been transmitted for the same person.

In performing the verification, the person designated by the national public health director must encrypt the patient's health insurance number. If the number is already encrypted, the information system indicates "Déjà déclaré" on the file, and no additional steps are taken.

Where the health insurance number has not been provided, the person designated by the national public health director must contact the physician who requested the analysis to obtain the health insurance number, and then proceed with the verification described in the preceding paragraph.

**12.** Where the verification shows that the health insurance number has never been encrypted, the person designated by the national public health director must contact the physician who requested the analysis to obtain the following information regarding the person, for the purposes of the ongoing surveillance of the health status of the population:

(1) month and year of birth;

(2) sex;

(3) place of residence and first three characters of the postal code;

(4) ethno-cultural origin, country of birth and, where applicable, date of arrival in Canada;

(5) risk factors associated with acquiring the virus;

(6) history of previous tests, clinical status and other relevant laboratory data available at the time of the diagnosis;

(7) reason for the test; and

(8) in the case of a woman, an indication as to whether she is pregnant.

**13.** Once the information has been obtained, the person designated by the national public health director must record it in a file maintained for the ongoing surveillance of the health status to ensure that the information cannot be associated with the person's health insurance number.

**DIVISION II****AIDS**

**14.** Any physician who diagnoses acquired immunodeficiency syndrome in a person must send the following information regarding that person to the person designated by the national public health director for the purposes of the ongoing surveillance of the health status of the population:

- (1) date of birth;
- (2) sex;
- (3) place of residence and first three characters of the postal code;
- (4) vital status;
- (5) ethno-cultural origin, country of birth and, where applicable, date of arrival in Canada;
- (6) indicator diseases of AIDS that have been diagnosed, diagnostic procedure used and dates of the diagnoses;
- (7) risk factors associated with acquiring the human immunodeficiency virus (HIV);
- (8) results of the anti-HIV serological tests that have been done, including confirmatory tests known for the HIV infection, with the corresponding dates; and
- (9) other relevant laboratory data available at the time of the diagnosis.

The physician must also include with the information the number the physician has assigned to the patient as a reference number, the physician's professional permit number, the telephone numbers at which he or she can be reached and the date on which the information was sent.

**CHAPTER IV**

**15.** Sections 1 to 14 replace sections 28 to 39 and Schedules 11 to 14 to the Regulation respecting the application of the Public Health Protection Act (R.R.Q., 1981, c. P-35, r.1).

**16.** This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

5717

**Draft Regulation**

Public Health Act  
(R.S.Q., c. S-2.2)

**Regulation**

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), that the Regulation under the Public Health Act, the text of which appears below, may be made by the Government upon the expiry of 45 days following this publication.

The main purpose of the draft Regulation is to define the criteria that must be met for an intoxication, infection or disease to be included in one of the lists that the Minister of Health and Social Services draws up pursuant to sections 79 and 83 of the Public Health Act.

The draft Regulation also determines the conditions subject to which a person may claim compensation for bodily injury caused by vaccination.

Further information may be obtained by contacting Dr. Horacio Arruda, Direction générale de la santé publique, ministère de la Santé et des Services sociaux, 1075, chemin Sainte-Foy, 12<sup>e</sup> étage, Québec (Québec) G1S 2M1; telephone: (418) 266-6720; fax: (418) 266-6708; E-mail: horacio.arruda@msss.gouv.qc.ca

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FRANÇOIS LEGAULT,  
*Minister of State for Health and Social Services and  
Minister of Health and Social Services*

**Regulation under the Public Health Act**

Public Health Act  
(R.S.Q., c. S-2.2, s. 137, pars. 1 and 2)

**DIVISION I****LIST OF CRITERIA FOR THE PURPOSES OF SECTIONS 79 AND 83 OF THE PUBLIC HEALTH ACT**

**1.** The following sections establish the criteria that the Minister of Health and Social Services must observe when drawing up, by regulation, a list of intoxications, infections and diseases pursuant to sections 79 and 83 of the Public Health Act.