Draft Regulations

Draft Ministerial Order

Environment Quality Act
(chapter Q-2)

Fees payable under the Environment Quality Act — Amendment

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (chapter R-18.1), that the Ministerial Order to amend the Ministerial Order concerning the fees payable under the Environment Quality Act, appearing below, may be made by the Minister on the expiry of 45 days following this publication.

The draft Ministerial Order provides for the fees payable under the Ministerial Order concerning the fees payable under the Environment Quality Act for declarations of compliance concerning the activities provided for in Chapter III of the Regulation respecting sand pits and quarries (*insert the reference to the Compilation of Québec Laws and Regulations*).

The draft Ministerial Order will have a positive impact on enterprises, the public, departments and bodies, and municipalities that file a declaration of compliance with the Minister under the Environment Quality Act. The amendment to the Ministerial Order reduces the fees payable, since the costs relating to the filing of a declaration of compliance are lower than those provided for the issue of an authorization.

Further information on the draft Ministerial Order may be obtained by contacting Michèle Dumais, Direction des dossiers horizontaux et des études économiques, Ministère de l'Environnement et de la Lutte contre les changements climatiques, Édifice Marie-Guyart, 675, boulevard René-Lévesque Est, 29e étage, boîte 97, Québec (Québec) G1R 5V7; telephone: 418 521-3929, extension 4089; fax: 418 644-3386; email: michele.dumais@environnement.gouv.qc.ca.

Any person wishing to comment on the draft Ministerial Order is requested to submit written comments within the 45-day period to Michèle Dumais, at the above-mentioned contact information.

MARIECHANTAL CHASSÉ,
Minister of Environment
and the Fight Against Climate Change

Ministerial Order to amend the Ministerial Order concerning the fees payable under the Environment Quality Act

Environment Quality Act
(chapter Q-2, s. 95.3)

1. The Ministerial Order concerning the fees payable under the Environment Quality Act (chapter Q-2, r. 28) is amended by inserting the following after Chapter III:

"CHAPTER III.1
DECLARATION OF COMPLIANCE

14.1. Fees of $295 are payable by any person or municipality that, in accordance with subdivision 2 of Division II of Chapter IV of the Environment Quality Act, files a declaration of compliance with the Minister for a project activity referred to in Chapter III of the Regulation respecting sand pits and quarries *(insert the reference to the Compilation of Québec Laws and Regulations)*.".

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

103801

Draft Regulation

Public Health Act
(chapter S-2.2)

Application of the Public Health Act

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (chapter R-18.1), that the Minister's Regulation under the Public Health Act, appearing below, may be made by the Minister of Health and Social Services on the expiry of 45 days following this publication.

The draft Regulation groups into a single regulation all the regulatory provisions made under the Public Health Act (chapter S-2.2) and updates some of them. The update of the regulatory provisions concerns in particular the collection of information on births, stillbirths and deaths, reportable intoxications, infections and diseases, and vaccination.

In addition, the draft Regulation determines the information that public health directors must send to the Minister and the conditions according to which they must do so, to allow the Minister to identify real or apprehended health threats for the population of two or more regions.

Lastly, the draft Regulation revokes the regulatory provisions imposing certain prophylactic measures and regulatory provisions related to the collection of information on persons who have an acquired immunodeficiency syndrome.

The draft Regulation has no impact on enterprises, including small and medium-sized businesses.

Further information on the draft Regulation may be obtained by contacting Marlène Mercier, Director, Direction de la vigie sanitaire, Ministère de la Santé et des Services sociaux, 201, boulevard Crémazie Est, Montréal (Québec) H2M 1L2; telephone: 514 873-1580; email: marlene.mercier@msss.gouv.qc.ca.

Any person wishing to comment on the draft Regulation is requested to submit written comments within the 45-day period to the Minister of Health and Social Services, 1075, chemin Sainte-Foy, 15e étage, Québec (Québec) G1S 2M1

DANIELLE MCCANN,
Minister of Health and Social Services

Minister's Regulation under the Public Health Act

Public Health Act
(chapter S-2.2, ss. 44, 47, 48, 51.1, 57, 64, 69, 79, 81 to 83 and 136, pars. 1, 2, 4 to 6, 8 and 9)

CHAPTER I
COLLECTION OF SOCIOLOGICAL AND HEALTH-RELATED INFORMATION ON BIRTHS, STILLBIRTHS AND DEATHS

DIVISION I
GENERAL

1. A certificate drawn up under this Chapter must indicate the surname and given names of the person completing the certificate and the person's capacity, the address of the person's location of practice, telephone number where the person can be reached and, where applicable, the number of the person's professional permit. The certificate must also be dated and signed by that person.

2. A person who sends an inaccurate or incomplete certificate to the Minister must, as soon as possible, communicate the missing or corrected information to the Minister.

In addition, a person who sends to the Minister an incomplete certificate or a certificate likely to provide missing information or documentary proof must, at the Minister's request, communicate that information or document to the Minister. The information and documents required by the Minister must be sent to the Minister within 30 days of the request.

DIVISION II
SPECIAL PROVISIONS APPLICABLE TO CERTIFICATES OF LIVE BIRTH AND STILLBIRTH

3. For the purposes of this Division, childbirth means the expulsion or extraction from its human mother, of a liveborn child, that is, a living product of conception, whatever its weight, or of a stillborn child, that is, a non-living product of conception weighing 500 grams or more.

4. A certificate of live birth or stillbirth, as the case may be, must be completed at the time of childbirth. Where the childbirth results in the birth of more than one child, a certificate must be drawn up for each child.

The certificate must be dated and signed by one of the two parents.

5. The certificate of live birth contains the following information:

(1) concerning the birth:

(a) the date and time of the birth;

(b) the address of the location where the birth occurred and, if the birth occurred in a facility maintained by a health and social services institution, the name and code of the facility;

(c) an indication that it is a single or multiple birth;

(d) in the case of a multiple birth, the order of arrival of the child;

(2) concerning the child:

(a) the surname and given names given at birth;

(b) sex;

(c) weight at birth;

(d) gestational age at birth;

(3) concerning the mother:

(a) surname and given names;

(b) age;

(c) the date and province or country of birth;

(d) the date of the last delivery resulting in the birth of a liveborn child, if applicable;

(e) the number of liveborn children in previous pregnancies;

(f) the number of stillborn children in previous pregnancies;

(g) civil status and, where applicable, the date of her last marriage or civil union;

(h) an indication that she is living or not with a partner;

(i) mother tongue and language spoken at home;

(j) educational level;

(k) domicile address and every telephone number at which she can be reached;

(4) concerning the father:

(a) surname and given names;

(b) age;

(c) the date and province or country of birth;

(d) mother tongue.

6. The certificate of stillbirth contains the following information:

(1) concerning the delivery:

(a) the date of delivery;

(b) the address of the location where the birth occurred and, if the birth occurred in a facility maintained by a health and social services institution, the name and code of the facility;

(c) an indication that it is a single or multiple birth;

(d) in the case of a multiple birth, the order of arrival of the child;

(2) concerning the child:

(a) sex;

(b) weight at birth;

(c) gestational age at birth;

(d) the cause that directly provoked the stillbirth and any other cause that contributed to it;

(e) an indication whether or not an autopsy was performed;

(f) if an autopsy was performed, an indication that the causes of the stillbirth indicated in the certificate take into account or not the results of the autopsy;

(g) if a funeral services business took charge of the body:

i. the date of the taking charge;

ii. the name, address and licence number of the funeral services business;

iii. the name of the representative of the funeral services business that took charge of the body and the representative's signature;

(h) the method of disposing of the body;

(3) concerning the mother:

(a) surname and given names;

(b) age;

(c) the date and province or country of birth;

(d) the date of the last delivery resulting in the birth of a liveborn child, if applicable;

(e) the number of liveborn children in previous pregnancies;

(f) the number of stillborn children in previous pregnancies;

(g) civil status and, where applicable, the date of her last marriage or civil union;

(h) an indication that she is living or not with a partner;

(i) her mother tongue and language spoken at home;

(j) educational level;

(k) domicile address;

(4) concerning the father:

(a) surname and given names;

(b) age;

(c) the date and province or country of birth;

(d) mother tongue.

7. A certificate of live birth or stillbirth must be sent to the Minister within 8 days of the date of childbirth.

Where childbirth occurs in a facility maintained by a health and social services institution, the president and executive director or the executive director of the institution, as the case may be, must ensure that the certificate is sent to the Minister.

Where childbirth occurs elsewhere than in a facility maintained by a health and social services institution, the person responsible for completing the certificate under section 45 of the Public Health Act (chapter S-2.2) must send it to the Minister.

DIVISION III
SPECIAL PROVISIONS APPLICABLE TO CERTIFICATES OF DEATH

8. A certificate of death must be completed when a death occurs.

9. The certificate of death must contain the following information:

(1) concerning the deceased person:

(a) surname and given names;

(b) age;

(c) weight at birth if the person was under 7 days of age at the time of death;

(d) the date and province or country of birth;

(e) sex;

(f) health insurance number, where applicable;

(g) domicile address;

(h) language spoken;

(i) civil status;

(j) if the person was married or in a civil union, the surname, given names and age of the spouse;

(k) surname and given names of the person's father and mother;

(2) concerning the death:

(a) the date and time of the death;

(b) the address of the location where the death occurred and, if the death occurred or is pronounced in a facility maintained by a health and social services institution, the name and code of the facility;

(c) the cause that directly provoked the death and any other cause that contributed to the death;

(d) in the case of a violent death, an indication that it is an accident, a suicide or a homicide, as the case may be, and the identification of the location and circumstances of the death;

(e) in the case of a woman, an indication that the death occurred or not during a pregnancy or within 42 days of the end of a pregnancy;

(f) an indication that the coroner has been notified or not of the death under section 34 of the Act respecting the determination of the causes and circumstances of death (chapter R-0.2);

(3) concerning the body:

(a) an indication that the deceased person was suffering or not from a reportable intoxication, infection or disease and, where applicable, the identification thereof;

(b) an indication that there is presence or not of radioisotopes;

(c) an indication that an autopsy was performed or not;

(d) if an autopsy was performed, an indication that the causes of death indicated in the certificate take into account or not the results of the autopsy;

(e) if a funeral services business took charge of the body:

i. the date of the taking charge;

ii. the name, address and licence number of the funeral services business;

iii. the name of the representative of the funeral services business that took charge of the body and the representative's signature;

(f) the method of disposing of the body.

10. A certificate of death must be sent to the Minister within 3 days after the death.

Where the certificate is completed by the coroner under the third paragraph of section 46 of the Public Health Act (chapter S-2.2), the coroner must send the certificate as soon as possible. In addition, where the certificate related to a death that occurred outside Québec is completed by the funeral services director of a funeral services business under the fourth paragraph of section 46 of that Act, the director must send the certificate within 3 days following the body's arrival in Québec.

CHAPTER II
COLLECTION OF INFORMATION
ON THE PREVALENCE, INCIDENCE
AND DISTRIBUTION OF HEALTH PROBLEMS

11. The Laboratoire de santé publique du Québec must send 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 health professional who requested the analysis;

(2) if it is available, the health insurance number of the person from whom the sample was taken.

12. To ensure the confidentiality of information, the person designated must verify in the Laboratoire de santé publique du Québec's records whether a similar laboratory result has already been sent for the same person.

The person performs that verification by encrypting 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 must contact the health professional who requested the analysis to obtain the health insurance number, and then proceed with the verification described in the second paragraph.

13. Following the verification, if the health insurance number has never been encrypted, the person designated must contact the health professional who requested the analysis to obtain the following information regarding the person from whom the sample was taken, for the purposes of the ongoing surveillance of the health status of the population:

(1) date of birth;

(2) sex;

(3) municipality of residence and first 3 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;

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

Once the information has been obtained, the person designated 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.

CHAPTER III
COLLECTION OF INFORMATION ALLOWING
THE IDENTIFICATION OF REAL OR
APPREHENDED HEALTH THREATS FOR
THE POPULATION OF TWO OR MORE REGIONS

14. A public health director sends to the Minister the information referred to in this Chapter, insofar as the information is available and as the information becomes available, by using the information asset that the Minister implements for that purpose and that ensures the protection of the information entered therein.

The public health director must ensure that the information is constantly updated.

15. A public health director sends to the Minister the following information regarding every intoxication, infection or disease reported to the Minister in accordance with Chapter VIII of the Public Health Act (chapter S-2.2):

(1) the date of the report;

(2) the unique file number assigned, by the public health department, to every person, episode, outbreak or incident covered by the report;

(3) the sex, occupation, date of birth, address and socio-sanitary regions of the place of residence of the person covered by the report;

(4) where the location of exposure or acquisition, probable or confirmed, is situated outside Québec, the travel history, including the date and the identification of the province or State visited;

(5) where the person making the report is a physician, the information provided for in subparagraphs 1, 3, 6 and 7 of the first paragraph of section 33 and the date of the samples taken for analysis in a laboratory;

(6) where the person making the report is a chief executive officer of a medical biology laboratory or a clinical department of laboratory medicine , the person's surname and given names, and the information provided for in subparagraphs 1 and 2 of the first paragraph of section 34;

(7) an indication that it is a probable or confirmed case.

16. A public health director performing an epidemiological investigation following a report or opinion received, as the case may be, under Chapter VIII or Chapter X of the Public Health Act (chapter S-2.2), sends to the Minister the following information:

(1) the date of the beginning and end of the epidemiological investigation and its status;

(2) the identification of the biological, chemical or physical agent, confirmed or suspected, responsible for the intoxication, infection or disease and, where applicable, a description of the circumstances that allowed its detection;

(3) the identification of the biological, chemical or physical agent, confirmed or suspected, to which there was exposure;

(4) the identification of the suspected or confirmed source of contamination, the method used to highlight it and the socio-sanitary region, province or State where the source is situated;

(5) the result of environmental tests performed, including the sampling environment and the unit of measurement, the date on which the sample was taken and the date on which the result was received by the public health department;

(6) in respect of the person covered by the investigation:

(a) the description of the symptoms;

(b) the sites of the infection or disease;

(c) the clinical detection, the date on which it was carried out and the circumstances that led to the detection;

(d) the classification of the disease;

(e) the status, stage or form of the infection or disease;

(f) an indication that it is a primary or secondary case;

(g) an indication that it is a reinfection;

(h) the concomitant and anterior diseases and infections, including, where the investigated disease is tuberculosis or an infection transmitted sexually and by blood, the status of the human immunodeficiency virus;

(i) the results of any lung x-rays conducted;

(j) a description of the treatment administered, its results and the level of compliance;

(k) the name of every medication to which a sample taken from the person is resistant, its level of resistance and an indication that the resistance has been acquired or not during the treatment;

(l) an indication of a failure of the treatment;

(m) an indication that the person has been treated in a hyperbaric centre;

(n) the date of any admission to a hospital centre operated by a health and social services institution, the duration of the stay and an indication that there has been a stay in the intensive care unit;

(o) the evolution or final status of the infection or disease and the date on which the information has been obtained;

(p) complications following the infection or disease and the date on which the information has been obtained;

(q) the date of death of the person and an indication that the intoxication, infection or disease being investigated is a probable cause of death or not;

(r) the profession of the person and the information concerning the sector of economic activity concerned;

(s) a description of the living environment;

(t) the identification of the risk factors associated to the infection or disease being investigated;

(u) the ethno-cultural origin of the person, country of birth and date of arrival in Canada;

(v) in the case of a woman, an indication that she is pregnant;

(w) sex and the number of sexual partners reported;

(x) an indication that the person uses drugs by injection or inhalation and the identification of those drugs;

(y) an indication of the intentional nature of the exposure;

(z) a history of the frequented circles where there was a risk of transmission;

(aa) the commercial name of the vaccine administered before the infection or disease being investigated and connected to it, the lot number of the product, the dates and sites of the vaccination and the immunization status;

(bb) the epidemiological link that corresponds to the unique number of the episode during which the person acquired the infection;

(7) the identification of the probable or confirmed location of exposure or acquisition;

(8) where the location of exposure or acquisition, probable or confirmed, is situated in Québec:

(a) the name of the municipality and the identification of the socio-sanitary region, the local health and social services network and the territory of the local community service centre concerned;

(b) the geographical coordinates of the exposure;

(c) in the case of a living environment or a building, its company or trade name, address and establishment number assigned in accordance with the Act respecting occupational health and safety (chapter S-2.1);

(9) where the probable or confirmed location of exposure or acquisition is situated outside Québec, the travel history including the identification of the province or State visited;

(10) where the acquisition is of a nosocomial nature:

(a) an indication of the type of infection;

(b) the public or private nature of the living environment in which the infection has been contracted and, in the case of a health and social services institution, the identification of the care unit;

(c) the number of infectious sites, the observation period and the characteristics of the population affected;

(11) in the case of carbon monoxide exposure, an indication of whether or not there was a carbon monoxide detector and the type of fuel involved;

(12) the date of the probable or confirmed exposure;

(13) the circumstances of the exposure, probable or confirmed, including the method, route and type of exposure;

(14) in respect of any incident or outbreak investigated:

(a) the start and end dates;

(b) the date of the first data entry and the date of the last update;

(c) the type of investigation;

(d) the category of the outbreak and the socio-sanitary regions concerned;

(e) the public health authority having taken charge of the investigation;

(f) the disease, infection, intoxication or syndrome observed and the symptomatology observed or the case definition;

(g) in respect of the persons concerned by the investigation:

i. the number of cases by sex, age groups and the range of age of the persons concerned by the investigation;

ii. the date of onset of the symptoms of the first and last cases;

iii. the number of cases according to the incubation periods and the durations of the disease;

iv. the number of cases according to probable or confirmed cases;

v. the identification of any type of laboratory examination and the number of results;

vi. the identification of any medication to which a sample taken from those persons is resistant, their number and level of resistance;

vii. the number of cases according to the immunization status of the persons exposed and contacts;

viii. the number of cases according to the evolution of the disease;

ix. the number of cases according to the type of complication;

x. the number of persons treated, hospitalized or deceased;

(h) in respect of the exposure or transmission investigated:

i. the identification of any probable or confirmed location of exposure, including the geographical coordinates, socio-sanitary region and province or State;

ii. the number of persons exposed or the number of contacts, dates of exposure and type of contact or exposure;

iii. the number of persons exposed based on the identification of the profession;

iv. the type of transmission and contributing factors;

(i) where the outbreak investigated is caused by influenza in a living environment in which care is provided:

i. the public or private nature of the living environment in which the infection has been contracted and, in the case of a health and social services institution, the identification of the care unit;

ii. the number of users and staff members exhibiting a flu-like and influenza syndrome and, among them, the number of persons vaccinated against influenza;

iii. the number of users having received an antiviral prophylaxis, a description of the antiviral administered and, where applicable, the profile of the resistance encountered.

Where the investigation referred to in the first paragraph follows a report, the public health director sends the following information to the Minister, in addition to the information referred to in that paragraph:

(1) the date and description of the report;

(2) in respect of any person concerned by the investigation:

(a) the unique file number assigned by the public health department to the person concerned by the investigation;

(b) the person's sex, date of birth and the address of the person's residence including the socio-sanitary region;

(c) the date of the onset of symptoms;

(d) the type of sample taken, the site where it was taken, the date on which it was taken, the analyses carried out and the results obtained including the name of the pathogen and the biological indicator;

(e) the name of the medical biology laboratory or a clinical department of laboratory medicine that carried out the analyses;

(f) an indication that it is a probable or confirmed case;

(g) information on blood, organ or tissue donations made by that person and information on the blood, blood products, organs or tissue received by that person;

(3) the unique file number assigned by the public health department to the outbreak or incident investigated.

17. A public health director sends to the Minister the following information concerning any report received under Division II of Chapter VII of the Public Health Act (chapter S-2.2) of an unusual clinical manifestation:

(1) the unique file number assigned to the incident by the public health department;

(2) the information referred to in the second paragraph of section 69 of the Act, except the surname and given names of the person in whom the clinical manifestation was observed and the surname and given names of the person who was vaccinated;

(3) the information provided for in section 24.

Where the report referred to in the first paragraph gives rise to an epidemiological investigation provided for in Division I of Chapter XI of the Public Health Act, the public health director informs the Minister of the status of the investigation.

CHAPTER IV
FLUORIDATION OF DRINKING WATER

18. For the purposes of section 57 of the Public Health Act (chapter S-2.2), the optimum fluoride concentration to prevent tooth decay is set at 0.7 milligrams per litre of water.

CHAPTER V
COLLECTION OF INFORMATION ON VACCINATION

DIVISION I
VACCINATION REGISTRY

19. A health and social services institution that operates a centre where a professional administers a vaccine must, within 2 business days of the administration of the vaccine, release the following information to the operations manager of the vaccination registry for registration:

(1) the information referred to in section 64 of the Public Health Act (chapter S-2.2), except the information provided for in subparagraphs *f* and *g* of paragraph 1 and subparagraphs *k* and *l* of paragraph 3, the vacci-nator's unique provider number and the unique identification number of the location providing health services and social services to which the vaccinator is attached;

(2) the information referred to in section 22.

A health and social services institution that operates a centre where a health professional has, in accordance with the second paragraph of section 61 of the Public Health Act, validated a vaccination received by a person outside Québec must, within 2 business days of the vaccination validation, release the information referred to in the first paragraph, insofar as it is available, to the operations manager of the vaccination registry for registration in the vaccination registry.

20. A vaccinator not acting within the scope of the mission of a centre operated by a health and social services institution must, within 2 business days of the administration of a vaccine, release the information referred to in the first paragraph of section 19 to the operations manager of the vaccination registry for registration in the registry.

21. A health professional who does not act within the scope of the mission of a centre operated by a health and social services institution and who has, in accordance with the second paragraph of section 61 of the Public Health Act (chapter S-2.2), validated a vaccination received by a person outside Québec must, within 2 business days of the validation, release the information referred to in the first paragraph of section 19, insofar as it is available, to the operations manager of the vaccination registry for registration in the vaccination registry.

22. In addition to the information provided for in section 64 of the Public Health Act (chapter S-2.2), the following information, insofar as it is available, must be released to the operations manager of the vaccination registry for registration in the registry:

(1) in respect of the vaccinated person:

(a) the criteria and the type of proof of immunity;

(b) if the person is not registered with the Régie de l'assurance maladie du Québec, the number and title of the official document emanating from a State authority establishing the person's identity;

(2) the means of communication preferred by the vaccinated person in case of vaccine reminder, recall or promotion;

(3) an indication that the vaccination was performed under a public vaccination program.

23. The following information must be released to the operations manager of the registry for registration in the vaccination registry, upon request by the manager or the Minister, by any person or organization in possession of the information:

(1) in respect of the vaccinated person:

(a) the language spoken;

(b) the surname and given names of each of the person's parents;

(c) an indication that the person works in an educational institution, if applicable;

(d) the date of death, if applicable;

(2) in respect of the vaccinated person attending an educational institution, the year of the school year corresponding to the school data contained in the registry in the person's respect;

(3) in respect of the vaccinated person who works in an educational institution:

(a) the name of the educational institution where the person works, the person's educational level, and, if applicable, the class number and the name of the school board and of the building where the person works;

(b) the year of the school year corresponding to the school data contained in the registry in the person's respect;

(4) from among the information provided for in section 64 of the Public Health Act (chapter S-2.2):

(a) the information provided for in subparagraphs *f* and *g* of paragraph 1 and subparagraphs *k* and *l* of paragraph 3;

(b) the vaccinator's unique provider number and the unique identification number of the location providing health services and social services to which the vaccinator is attached.

DIVISION II
REPORTING OF UNUSUAL CLINICAL MANIFESTATIONS TEMPORARILY ASSOCIATED WITH VACCINATION

24. Every health professional referred to in section 69 of the Public Health Act (chapter S-2.2) must provide to the public health director of the professional's territory, in addition to the information provided for in that section, the following information, insofar as it is available:

(1) the date of birth, sex and estimated age at vaccination time of the person concerned;

(2) the vaccination date, the brand name of the vaccine administered or the name of the immunizing agent and the lot number of the vaccine administered;

(3) the dose number, the lot number of the adjuvant, the injection site and administration route of the vaccine administered, the quantity administered and the unit of measurement of the vaccine administered;

(4) the socio-sanitary region where the person concerned resides or, if vaccination did not take place in Québec, the Canadian province or the country where vaccination took place;

(5) the time elapsed between vaccination and the beginning of the unusual clinical manifestation;

(6) identification of the unusual clinical manifestation;

(7) a description of the unusual clinical manifestation;

(8) the duration of the unusual clinical manifestation;

(9) immunization errors observed in connection with the unusual clinical manifestation;

(10) the evolution of the incident at the time of reporting and at the time of the follow-up;

(11) in the case of a woman, an indication that she is pregnant and the expected date of delivery;

(12) the type of any medical consultation relating to the unusual clinical manifestation;

(13) the date of any admission to a hospital centre operated by a health and social services institution in connection with the unusual clinical manifestation and the duration of hospitalization;

(14) an indication that a current hospitalization is extended following the unusual clinical manifestation and the duration of that extension;

(15) the severity of the case;

(16) a description of the treatment received;

(17) the medication history of the person concerned at the time of vaccine administration, in connection with the unusual clinical manifestation;

(18) a description of the health problems, diseases, allergies and acute lesions of the person concerned that are known at the time of vaccine administration, in connection with the unusual clinical manifestation;

(19) a description of the unusual clinical manifestations associated with vaccination that appeared previously in the person concerned;

(20) the date of death of the person concerned;

(21) the position of the person reporting the unusual clinical manifestation and the socio-sanitary region of the report;

(22) the date of the report.

CHAPTER VI
REPORTABLE INTOXICATIONS, INFECTIONS AND DISEASES

25. Subject to the reports that must be made to the national public health director under this Chapter, the reports referred to therein must be made to the public health director having jurisdiction in the socio-sanitary region of the place of residence of the person concerned by the report.

26. A physician or a chief executive officer of a medical biology laboratory or a clinical department of laboratory medicine must report by telephone as soon as possible to the national public health director and the competent public health director, the following diseases:

(1) botulism;

(2) cholera;

(3) yellow fever;

(4) viral haemorrhagic fevers;

(5) Anthrax;

(6) plague;

(7) smallpox.

The person reporting must send a written report to those directors within 48 hours of the telephone communication.

27. A physician must report by telephone as soon as possible to the competent public health director,

(1) acute broncho-pulmonary injury of chemical origin (bronchiolitis, pneumonitis, alveolitis, bronchitis or pulmonary edema); and

(2) injury of the cardiac, digestive, hematopoietic, urinary, pulmonary or neurological systems where the physician has serious reason to believe that the injury is the result of an environmental or occupational origin to gases and asphyxiants.

The person reporting must send a written report to those directors within 48 hours of the telephone communication.

28. A physician or a chief executive officer of a medical biology laboratory or a clinical department of laboratory medicine must report in writing, to the competent public health director, the following infections and diseases, or pathogens that cause the infections or diseases, within 48 hours of the diagnosis, detection or characterization:

(1) babesiosis;

(2) brucellosis;

(3) chancroid;

(4) pertussis;

(5) diphteria;

(6) arthropod-borne viral encephalitis;

(7) Q fever;

(8) typhoid and paratyphoid fever;

(9) granuloma inguinale;

(10) viral hepatitis;

(11) Chlamydia trachomatis infection;

(12) Hantavirus infection;

(13) Plasmodium infection;

(14) gonococcal infection;

(15) invasive Haemophilus influenzae infection;

(16) invasive meningococcal infection;

(17) invasive group A streptococcal infection;

(18) invasive Streptococcus pneumoniae infection;

(19) West Nile virus infection;

(20) Legionnaire's disease;

(21) leprosy;

(22) lymphogranuloma venereum;

(23) Chagas disease;

(24) Lyme disease;

(25) mumps;

(26) poliomyelitis;

(27) psittacosis;

(28) rabies;

(29) measles;

(30) rubella;

(31) severe acute respiratory syndrome (SARS);

(32) syphilis;

(33) tetanus;

(34) trichinosis;

(35) tuberculosis;

(36) tularaemia;

(37) typhus.

29. A physician must report in writing to the competent public health director, within 48 hours of the diagnosis, the following intoxications, infections and diseases:

(1) asbestosis;

(2) hepatic angiosarcoma;

(3) occupational asthma;

(4) injury of the cardiac, digestive, hematopoietic, urinary, pulmonary or neurological systems where the physician has serious reason to believe that the injury is the result of an exposure of environmental or occupational origin to chemicals through:

(a) alcohols;

(b) aldehydes;

(c) ketones;

(d) corrosives;

(e) esters;

(f) ethers;

(g) glycols;

(h) hydrocarbons and other volatile organic compounds;

(i) metals and metalloids;

(j) pesticides;

(k) dusts and mineral fibers;

(5) berylliosis;

(6) byssinosis;

(7) 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 (chapter A-3.001);

(8) outbreak of vancomycin-resistant enterococci;

(9) outbreak of methicillin-resistant Staphylococcus aureus;

(10) epidemic gastroenteritis of unspecified origin;

(11) Creutzfeldt-Jakob disease and its variants;

(12) mesothelioma;

(13) acute flaccid paralysis;

(14) congenital rubella;

(15) silicosis;

(16) hemolytic-uremic syndrome (HUS) or thrombotic thrombocytopenic purpura (TTP) associated to Shiga toxin-producing Escherichia coli;

(17) food or water poisoning.

30. A physician who diagnoses an infection by human immunodeficiency virus or acquired immunodeficiency syndrome in a person who has received blood, blood products, organs or tissue must declare it to the competent public health director, using a written report sent within 48 hours of the diagnosis.

The same applies where such a diagnosis is given in respect of a person who has already given blood, organs or tissue.

31. A chief executive officer of a medical biology laboratory or a clinical department of laboratory medicine must report in writing to the competent public health director, within 48 hours of their detection or characterization, the pathogens that cause the following intoxications, infections and diseases:

(1) amoebiasis;

(2) anaplasmosis;

(3) cryptosporidiosis;

(4) cyclosporosis;

(5) dengue fever;

(6) giardiasis;

(7) Campylobacter infection;

(8) Shiga toxin-producingEscherichia coli infection;

(9) HTLV type I or II infection;

(10) vancomycin-resistant Staphylococcus aureus infection;

(11) Chikungunya virus infection;

(12) California serogroup virus infection;

(13) Zika virus infection;

(14) Yersinia enterocolitica infection;

(15) leptospirosis;

(16) listeriosis;

(17) salmonellosis;

(18) shigellosis.

32. A chief executive officer of a medical biology laboratory or a clinical department of laboratory medicine must report in writing to the competent public health director, within 48 hours of its availability, the result of the analysis of the chemical substances belonging to the following classes where the results of the biological indicator measurement show an abnormally high value that exceeds recognized public health thresholds:

(1) alcohols;

(2) ketones;

(3) esters;

(4) gases and asphyxiants;

(5) glycols;

(6) hydrocarbons and other volatile organic compounds;

(7) metals and metalloids;

(8) pesticides.

33. A physician who makes a report under this Chapter must send the following information to the competent public health director:

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

(2) the surname and given names, sex, profession, date of birth, address, telephone number, email address and health insurance number of the person concerned by the report;

(3) the date of the onset of the disease or symptoms;

(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 analyze them;

(5) the physician's surname and given names, professional permit number and telephone numbers where the physician can be reached;

(6) in the case of a report of a disease or infection likely to be transmitted by blood or by organ or tissue donation, the information on the blood, organ or tissue donations of the person affected and the information on the blood, blood products, organs or tissue received by the person affected;

(7) in the case of a report of syphilis, an indication that it is primary, secondary, latent of less than or more than 1 year, congenital, tertiary, or any other form.

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

34. A chief executive officer of a medical biology laboratory or a clinical department of laboratory medicine who makes a report pursuant to this Chapter must send the following information to the competent public health director:

(1) the name of the pathogen or the biological indicator associated to the intoxication, infection or disease for which the chief executive officer is reporting a positive analysis result;

(2) the type of sampling, including the site where it was taken, the date on which it was taken, the analyses carried out, including sensitivity analyses, and the results obtained;

(3) the name and permit number of the health professional who has requested the analyses;

(4) the surname and given names, sex, date of birth, address, telephone number, email address and health insurance number of the person from whom the sample was taken;

(5) the name of the medical biology laboratory or the clinical department of laboratory medicine , its address, the surname and given names of the person signing the report and the telephone numbers at which the person can be reached;

(6) the unique code assigned by the laboratory to the analyses produced.

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.

CHAPTER VII
CONTAGIOUS DISEASES OR INFECTIONS FOR WHICH TREATMENT IS MANDATORY

35. Tuberculosis is a disease for which treatment is mandatory.

CHAPTER VIII
MISCELLANEOUS, AMENDING AND FINAL

36. The persons responsible for sending information, documents, certificates or reports under this Regulation must do so in a manner that ensures the protection of the information or the information contained in those documents, certificates or reports.

37. Certificates and written reports covered by this Regulation must be drawn up in accordance with the model prescribed by the Minister.

Where the Minister implements an information asset allowing the electronic transmission of information, documents, certificates or written reports covered by this Regulation, the persons responsible for sending the information, documents, certificates or reports must use the asset to do so as soon as they have access to it.

38. Where, under section 52 of the Public Health Act (chapiter S-2.2), the Minister entrusts the collection of certain information or certificates to be sent to the Minister under this Regulation to an operations manager, the information or certificates must rather be sent to the operations manager.

39. Section 2 of the Regulation respecting the application of the Act respecting medical laboratories, organ and tissue conservation and the disposal of human bodies (chapter L-0.2, r. 1) is amended by striking out paragraphs *a*, *b*, *c*, *l*, *m*, *o* and *p*.

40. Sections 3 to 12, 14, 18 to 20, 26, 40, 64 and 67, and Schedules 1, 3 and 4 of the Regulation respecting the application of the Act respecting medical laboratories, organ and tissue conservation and the disposal of human bodies (chapter L-0.2, r. 1) are revoked.

41. The Minister's Regulation under the Public Health Act (chapter S-2.2, r. 2), the Regulation prescribing the optimum fluoride concentration to prevent tooth decay (chapter S-2.2, r. 3) and the Regulation respecting the vaccination registry and unusual clinical manifestations temporarily associated with vaccination (chapter S-2.2, r. 4) are revoked.

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

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