Infectious Diseases Protocol Response
By
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1. What (if any) are the gaps or inaccuracies in this protocol? Are there any missing elements? What (if any) areas do not align with accepted guidelines or evidence-based practices?

As the list of reportable infectious diseases is under review and in flux, it makes it all the more important that there is consistency and clarity among the protocols. An example of this is that within the Sexual Health and Sexually Transmitted Infections Protocol on page 5, HIV is among the listed diseases for which contact tracing must be done within a specified time frame. Unlike the other five diseases in the table, HIV is not explicitly listed as a reportable disease on page 5 of the Infectious Diseases Protocol. Some health units put an asterisk next to the AIDS on their website list of reportable diseases with the footnote that "although not on the list of reportable diseases, HIV is also reportable to the Medical Officer of Health since it is the agent responsible for AIDS" but others do not. If a disease is reportable, it would increase clarity to identify it on the official list of reportable diseases.

Adding HIV to the list of reportable diseases for Ontario would also ensure consistency with the Canadian list of National Notifiable Diseases available on the Public Health Agency of Canada website.

Illustrations of variable notices on reportable diseases by health unit:

Leeds, Grenwille & Lanark District Health Unit. Reportable Diseases. Accessed April 23, 2008 at
http://www.healthunit.org/infectious/reportable_diseases.pdf

Thunder Bay District Health Unit. Accessed April 23, 2008 at
http://www.tbdhu.com/NR/rdonlyres/F06DC0D5-5862-4751-A0AC-F86AA529C329/0/ReportableDiseaseList2007.pdf

Along the same lines, recent newspaper accounts have suggested that the MOHLTC is considering mandatory reporting of common infections such as C. difficile, MRSA, and VRE in hospitals. While C. difficile could fit under "gastroenteritis, institutional outbreaks" in the list of reportable diseases on page 5 of this protocol, we suggest that it would be helpful to have a similarly systemic approach to ensure surveillance of MRSA and VRE.

Reportable Disease Template has a section for "additional resources" so where applicable, this section could be an opportunity to include relevant documents on public health ethics. The example template is on Influenza so, for example, a possible public health ethics resource might be: University of Toronto Joint

Centre for Bioethics Pandemic Influenza Working Group (2005). Stand on Guard for Thee: Ethical Considerations in Preparedness Planning for Pandemic Influenza. Toronto: Author. Accessed April 23, 2008 from http://www.utoronto.ca/jcb/home/documents/pandemic.pdf

2. What are the top three changes (i.e., with regards to content, structure, language and terminology) that are required for this protocol to be finalized?

3. Any other comments
s an expert interest group of the Registered Nurses' Association of Ontario, the Community Health Nurses' Initiatives Group appreciates the opportunity to participate in this consultation process. We believe that the proposed revisions to the draft Ontario Public Health Standards and protocols will increase clarity , consistency, and quality of public health services to better serve Ontarians.