

Public Health (Reporting of Notifiable Conditions) Code of Practice 2020

Disallowable Instrument DI2020–230

made under the

Public Health Act 1997, s 133 (Codes of Practice)

1 Name of instrument

This instrument is the *Public Health (Reporting of Notifiable Conditions) Code of Practice 2020*.

2 Commencement

This instrument commences on the day after notification.

3 Determination

Pursuant to section 133 of the *Public Health Act 1997*, I determine the document titled *Reporting of Notifiable Conditions Code of Practice 2020* at schedule 1 as a code of practice.

4 Revocation

I revoke the *Public Health (Reporting of Notifiable Conditions) Code of Practice 2017 (No 1)* [DI 2017-211].

Rachel Stephen-Smith
Minister for Health
31 July 2020

SCHEDULE 1

**Reporting of Notifiable Conditions
Code of Practice 2020**

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1. Introduction

Medical practitioners, authorised nurse practitioners, pathologists, persons in charge of hospitals and other responsible persons examining patients and/or laboratory specimens play a vital role in providing information which can be used to characterise and/or investigate particular agents or infections of public health significance, and in particular to identify potential threats to the health of the ACT community. This information, in combination with information obtained from other states and territories or countries, forms the basis for public health interventions that are designed to prevent and/or control the spread of disease in the community.

The *Public Health Act 1997* (the PH Act) imposes obligations on certain individuals to report notifiable conditions to the Chief Health Officer. This Code of Practice outlines the process for reporting notifiable conditions for those who are obliged to report notifiable conditions under the PH Act. A copy of the PH Act may be accessed via the ACT Legislation Register (www.legislation.act.gov.au).

2. Obligation to Report Notifiable Conditions

Compliance with this Code of Practice is mandatory for those who have obligations (medical and authorised nurse practitioners, pathologists, persons in charge of hospitals and other responsible people) to notify the Chief Health Officer in accordance with the relevant provisions of the PH Act.

2.1 Medical Practitioners and Authorised Nurse Practitioners

If a doctor or authorised nurse practitioner has reasonable grounds to believe that a patient has, or may have, a notifiable condition, the doctor or authorised nurse practitioner must notify the Chief Health Officer (see section 102 of the PH Act).

2.2 Pathologists

Pathologists must notify the Chief Health Officer of the results of a test indicating that a person has, or may have, a notifiable condition (see section 103 of the PH Act).

Pathologists outside of the ACT must notify results of a test indicating that a person has, or may have, a notifiable condition if the person from whom the specimen was taken is a resident of the ACT.

2.3 Hospitals

The person in charge of a hospital must notify the Chief Health Officer if any in-patient of the hospital has, or may have, a notifiable condition (see section 104 of the PH Act).

2.4 Responsible People

People who are responsible for the care, counselling, support or education of someone else are also required to notify the Chief Health Officer if they believe, on reasonable grounds, that the person has, or may have, a notifiable condition (see section 105 of the PH Act).

3. Notification Requirements

3.1 Who to Notify

The Chief Health Officer has delegated the role of accepting notifications relating to notifiable conditions to public health officers within the Communicable Disease Control (CDC) section of the Health Protection Service (HPS).

3.2 What to Notify

Notifiable conditions are listed at **Appendix 1** to this Code of Practice and are divided into two groups (A and B) on the basis of the method of notification and the information required.

3.3 Required Notification Methods and Timeframes

Notification methods and timeframes associated with each group of notifiable conditions are outlined in **Table 1** below. In the event that those who have obligations under this Code of Practice reasonably believe that a notification in relation to a particular individual has already been made (e.g. in the event that a treating physician receives a laboratory result that will have already been forwarded to the CDC section of HPS), they are not required to make an additional notification.

Group	Notification Pathway
Group A	Immediate notification by telephone required upon initial diagnosis (presumptive or confirmed), followed by written notification within five days.
Group B	Written notification required within five days of diagnosis.

Table 1: Notification Methods and Timeframes

3.4 Case Definitions

Information regarding case definitions for specific notifiable conditions can be obtained from the CDC section of the HPS. Contact details for the CDC section are provided at section 3.5.1 below.

3.5 Making a Notification

3.5.1 CDC Contact Details

Telephone: 02 5124 9213

After-hours pager: 02 9962 4155

Facsimile: 02 5124 8810 (secure)

Post: Attn: CDC Surveillance Officer (mark as confidential)
Locked Bag 5005
WESTON CREEK ACT 2611

3.5.2 Telephone Notifications (required for Group A notifiable conditions listed at Appendix 1)

All Group A notifiable conditions must be notified by telephone to the CDC section as soon as is practicable – preferably on the same day of clinical diagnosis, even if the diagnosis is not yet confirmed. This will enable a timely public health response, as appropriate. A telephone notification must be followed up by a written notification within five days.

3.5.3 Written Notifications (required for all notifiable conditions listed at Appendix 1)

All written notifications should be provided using the *Report of Notifiable Condition or Related Death Form*. This form may be obtained via the CDC section of the HPS website: <http://health.act.gov.au/public-information/public-health/disease-surveillance> or by contacting the CDC section by telephone (see section 3.5.1 for contact details). Written notifications may be submitted via post or facsimile. All notifications should be made using full patient details. When reporting HIV, hepatitis B and C and Sexually Transmitted conditions it is preferred that the notification includes the complete surname and first name of the patient, however the notifier may as a minimum provide only the first two letters of the family and given names as well as the postcode of residence for the individual. The remaining fields on the *Report of Notifiable Condition or Related Death Form* must be provided as for all notifiable conditions.

**Note: There may be circumstances where notifiers are not able to comply with the information requirements of the Report of Notifiable Condition or Related Death Form. In these circumstances, the notifier is required to contact the CDC section via telephone to make appropriate alternative arrangements.*

4. Public Health Response

Some notifiable conditions require a public health response, which may involve contacting the person with the notifiable condition for further information. Public health officers will make reasonable attempts to contact the person's doctor prior to contacting the person, to ensure the person is aware of their diagnosis. In some circumstances, the public health officer may be required to make contact with the person directly (e.g. in circumstances where the treating doctor is not available).

Enhanced surveillance activities are conducted in some circumstances, and public health officers may require additional information from notifiers.

5. Privacy

The PH Act makes provision for the treatment and disclosure of information acquired by ACT Health in relation to a notification or investigation. Unless authorised, a person may not disclose personal information to any person not involved with the investigation or follow-up of a disease notification.

Notifiers are encouraged to inform their patients or clients that information relating to them and their condition may be shared with ACT Health and may be used for public health purposes.

6. Definitions

For the purposes of this Code of Practice, the following definitions apply:

Authorised Nurse Practitioner - means a nurse practitioner who is the occupant of a nurse practitioner position acting within the scope of practice for the position.

Code of Practice - means a code of practice determined under section 133 of the PH Act.

Notifiable Condition - means a disease or medical condition -

- a) determined by the Minister under section 100(1)(a) of the PH Act; or
- b) declared by the chief health officer under section 101(1)(a) of the PH Act.

Pathologists - includes an assistant and a technical officer, employed in a pathology laboratory.

Patient - in relation to a doctor, means a person being professionally attended by the doctor.

Public Health Officer – means a public health officer under section 12 of the PH Act.

Responsible person, in relation to a person having a notifiable condition, means-

- a) a doctor; or
- b) an authorised nurse practitioner; or
- c) a counsellor who has counselled the person in relation to the condition; or
- d) a person who is responsible for the care, support or education of the person.

Appendix 1 – Notifiable Condition Listing

Group A

- Anthrax
- Avian influenza in humans (AIH)
- Botulism
- Cholera
- Creutzfeldt-Jakob disease (all forms)
- COVID-19 (novel coronavirus disease 2019)
- Diphtheria
- Food or water borne disease in 2 or more linked cases
- Gastroenteritis involving 2 or more cases in an institution within 24 hours
- Haemolytic uraemic syndrome (HUS)
- Haemophilus influenza type b infection (Hib) (invasive only)
- Hendra virus infection
- Hepatitis A
- Japanese encephalitis
- Legionellosis
- Lyssavirus – all forms
- Measles
- Meningococcal infection (invasive)
- Middle East Respiratory Syndrome Coronavirus (MERS-CoV)
- Murray Valley encephalitis
- Paratyphoid
- Plague
- Poliomyelitis
- Respiratory illness in 3 or more related cases in an institution within 72 hours

- Severe Acute Respiratory Syndrome (SARS) coronavirus
- Smallpox
- Tularaemia
- Typhoid
- Viral haemorrhagic fevers (all forms)
- West Nile virus/Kunjin virus infection
- Yellow fever

Group B

- Adverse event(s) following immunisation (AEFI)
- Barmah Forest virus infection
- Brucellosis
- Campylobacteriosis
- Chikungunya virus infection
- Chlamydial infection*
- Cryptosporidiosis
- Dengue virus infection
- Donovanosis*
- Flavivirus infection – unspecified (including Zika virus infection)
- Gonococcal infection*
- Hepatitis B*
- Hepatitis C*
- Hepatitis D
- Hepatitis E
- Hepatitis – infectious, not otherwise specified
- Human immunodeficiency virus (HIV)*
- Influenza – laboratory confirmed
- Leprosy

- Leptospirosis
- Listeriosis
- Malaria
- Mumps
- Pertussis
- Pneumococcal disease (invasive)
- Psittacosis (Ornithosis)
- Q fever
- Ross River virus infection
- Rotavirus infection
- Rubella and congenital rubella syndrome
- Salmonellosis
- Shigatoxin producing *Escherichia coli* (STEC)
- Shigellosis
- Syphilis (including congenital syphilis)*
- Tetanus
- Tuberculosis
- Varicella
- Yersiniosis

*These conditions require written notification preferably with complete surname and first name, but as a minimum, using only the first two letters of the family and given names and postcode.