



AUSTRALIAN CAPITAL TERRITORY

Public Health (Infectious and Notifiable Diseases) Regulations¹ (Amendment)

Subordinate Law No. 27 of 1992²

The Australian Capital Territory Executive makes the following Regulations under the *Public Health Act 1928*.

Dated 12 November 1992.

WAYNE BERRY
Minister

BILL WOOD
Minister

Principal Regulations

1. In these Regulations, “Principal Regulations” means the Public Health (Infectious and Notifiable Diseases) Regulations.

Interpretation

2. Regulation 3 of the Principal Regulations is amended by inserting in subregulation (1) the following definition:

“ ‘HIV’ means Human Immuno-deficiency Virus;”.

Notification by medical practitioner

3. Regulation 4 of the Principal Regulations is amended—

- (a) by omitting from subregulation (1) “the form in Schedule 1” and substituting “subregulation (2)”; and
- (b) by inserting after subregulation (1) the following subregulation:
 - “(2) For the purposes of subregulation (1), the notification shall—
 - (a) except where the disease is HIV—be in accordance with Form 1 in Schedule 1;
 - (b) where the disease is HIV (Category 1, 2 or 3)—be in accordance with Part A of Form 2 in Schedule 1; and
 - (c) where the disease is HIV (Category 4—Acquired Immune Deficiency Syndrome)—be in accordance with Parts A and B of Form 2 in Schedule 1.”.

Notification by pathologist

4. Regulation 4A of the Principal Regulations is amended—

- (a) by omitting from paragraph (1) (b) “is positive,” and substituting “indicates the presence of an infectious or a notifiable disease;”;
- (b) by omitting from subregulation (1) all the words after “the pathologist shall” and substituting “furnish to the Medical Officer of Health a notification in accordance with Form 3 in Schedule 1.”; and
- (c) by omitting subregulation (2).

Notification in respect of in-patient of hospital

5. Regulation 4B of the Principal Regulations is amended—

- (a) by omitting from subregulations (1) and (2) “Schedule 1” and substituting “subregulation (4)”; and
- (b) by adding at the end the following subregulation:

“(4) For the purposes of subregulations (1) and (2), the notification shall—

- (a) except where the disease is HIV—be in accordance with Form 1 in Schedule 1;
- (b) where the disease is HIV (Category 1, 2 or 3)—be in accordance with Part A of Form 2 in Schedule 1; and
- (c) where the disease is HIV (Category 4—Acquired Immune Deficiency Syndrome)—be in accordance with Parts A and B of Form 2 in Schedule 1.”.

Schedule 1

6. Schedule 1 to the Principal Regulations is amended—

(a) by omitting—

“SCHEDULE 1 Regulations 4 and 4B”

and substituting—

“SCHEDULE 1 Regulations 4, 4A and 4B

FORMS

FORM 1

Subregulations 4 (1)
and 4B (1) and (2)”;

(b) by inserting “(OTHER THAN HIV)” after “NOTIFIABLE DISEASE”; and

(c) by adding at the end the forms in the Schedule to these Regulations.

Schedule 4

7. Schedule 4 to the Principal Regulations is amended—

(a) by omitting “Acquired Immune Deficiency Syndrome”; and

(b) by inserting after “Dengue”, “HIV (Category 1, 2 or 3)” and “HIV (Category 4—Acquired Immune Deficiency Syndrome)” respectively.

SCHEDULE

Paragraph 6 (c)

Form 2

Subregulations 4 (1) and 4B (1) and (2)

Australian Capital Territory
Public Health Act

Public Health (Infectious and Notifiable Diseases) Regulations

Notification of Human Immuno-deficiency Virus - For Medical Practitioners

Part A

Attending Doctor Name

National Number (If known)

Address

Vertical separator lines

Hospital Name (if appropriate)

Signature (Medical Practitioner)

/ /

Notes for Attending Doctor

Please indicate HIV infection status of the person

- Diagnosed HIV infection (Category 1, 2, or 3) Complete Part A Only
Diagnosed HIV infection (Category 4 - Acquired Immune Deficiency Syndrome) Complete Parts A and B

A1 Identification of Person with HIV infection

Family Name (first 2 letters only)

Given Name (first 2 letters only)

Date of Birth / /

Sex Male Female Male Transexual Female Transexual

Postcode of current residence

A2 Diagnosis of HIV infection

Date of first diagnosis of HIV infection / /

State/Territory of first diagnosis of HIV infection

CD + 4 count at first diagnosis of HIV infection

Did the person present with a seroconversion illness? Yes No

Date of seroconversion illness / /

Has the person had a previous negative antibody test? Yes No

Date of last negative antibody test / /

Source of last negative test Patient Doctor Laboratory

A3 Exposure Category

Person was interviewed with regard to exposure

- Not at all (Detail)
To a certain extent (Answer questions below)
In depth (Answer questions below)

More than one exposure category may be ticked

Sexual Exposure - at least one box should be ticked

- Sexual contact only with person of same sex
Sexual contact with both sexes (if female see A4)
Sexual contact only with person of opposite sex (see A4)
From a specified country (Pattern - II or other Country1)
Country
No sexual contact
Sexual exposure not known

Blood Exposure

- Injecting drugs - Detail
Recipient of blood, blood products or tissue - Detail
Haemophilia/coagulation disorder - Detail

Vertical Transmission

- Mother with/at risk of HIV infection - (see A5)

Other Exposure

- Exposure other than those above applies - Detail
Exposure could not be established - Detail

SCHEDULE—continued**A4 Sexual contact with person of opposite sex**

Please indicate category of source person

- Bisexual male (women only)
- Injecting drug user
- Person who received blood transfusion, blood products or tissue
- Person with haemophilia/coagulation disorder
- Person from Pattern - II or other country ¹
Country
- HIV infected person whose exposure is other than those above
Specify
- HIV infected person, exposure not specified
- Other exposure
Detail

A5 Vertical Transmission

Mother with / at risk of HIV infection due to

- Injecting drug use
- Recipient of blood transfusion, blood components or tissue
- Origin in Pattern - II Country ¹
Country
- Has HIV infection, exposure not specified
- Sex with bisexual male
- Sex with injecting drug user
- Sex with person who received blood transfusion, blood products or tissue
- Sex with person with haemophilia/coagulation disorder
- Sex with person from Pattern - II or other country ¹
Country
- Sex with HIV infected person, exposure not specified
- Other exposure
Detail

Part B**B1 Diagnosis of HIV infection (Category 4 - Acquired Immune Deficiency Syndrome²)**

Date of Category 4 diagnosis / /

Has the person been previously diagnosed as Category 4 elsewhere? Yes No/Unknown(1) If YES and diagnosis was in another State/Territory
Specify

(2) If YES and diagnosis was overseas, write country

B2 Other characteristics of Category 4Country of Birth Australia

Other specify

If OTHER, state year of arrival in Australia

Current Status of Person

(1) Person is alive. Date of most recent contact / /

(2) Person has died. Date of death / /

B3 Laboratory Tests for Category 4 Diagnosis

Date of first diagnosis of HIV infection / /

CD4 + count at Category 4 Diagnosis
CD4 + results to be forwarded when available Date of specimen collection for
CD4 + count analysis / /**B4 Antiviral Therapy**Indicate if the person has been treated with any of the following
retroviral agents (If YES, Specify month/year when started)

19	Zidovudine	19	ddl
19	ddC	19	Other

specify

**B5 Diseases indicative of Category 4 Diagnosis
At least one must be ticked**

Definitive Prescriptive

- Pneumocystis carinii pneumonia
- Oesophageal
- Kaposi's Sacoma
- Herpes simplex virus > 1 month duration
Site
- Cryptococcosis Site
- Cryptosporidiosis (diarrhoea > 1 month)
- Toxoplasmosis Site
- Cytomegalovirus Site
- Mycobacteriosis Type
- Lymphoma Site
- HIV encephalopathy Type
- HIV wasting syndrome

Other specify

Footnote 1 Pattern - II countries

The original Pattern - II countries were sub-Saharan Africa and the Caribbean, where transmission is thought to be predominantly heterosexual. This definition should now be expanded to include countries from South East Asia and India.

Footnote 2 Case definition for AIDS

1987 revision of case definition for AIDS for surveillance purposes. MMWR Vol 36 No. 15, 1978

ACT Health - Office Use Only

Initials of ACT Health Officer

Territory Case No.

Date notification received at Health / / Date Forwarded to National Centre / /

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SCHEDULE—continued

Form 3

Subregulation 4A (1)

Australian Capital Territory
Public Health Act

Public Health (Infectious and Notifiable Diseases) Regulations

Notification of Infectious or Notifiable Disease by Pathologists*

*Pathologist includes a laboratory assistant and a technical officer employed in a laboratory.

Infection

The specimen taken from the person whose name and address appear below indicates infection with

Method of identification (Please tick)

- antigen/antibody detected
- microscopy
- serology
- culture

Species/subtype

Specimen/site

Comments

Patient Details

Surname (first 2 letters ONLY for HIV infection)

Given name (first 2 letters ONLY for HIV infection)

Full name of patient (do not include for HIV infection)

Address (do not include for HIV infection)

Postcode

(include for HIV infection)

Date of Birth

Age

Sex

Date of Collection

Date of Notification

Referring Doctor Details

Name

Telephone

Address

Pathology/Laboratory

(Write or Stamp)

Name

Address

Telephone

NOTES

1. Reprinted as at 31 October 1991. See also Regulations 1992 No. 8 and Subordinate Law No. 22, 1992.
2. Notified in the ACT Gazette on 17 November 1992.

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