

Australian Capital Territory

# Public Health (Reporting of Notifiable Conditions) Code of Practice 2006 (No 1)

Disallowable instrument DI2006-5

made under the

**Public Health Act 1997, s133 (Code of Practice)**

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## **1 Name of instrument**

This instrument is the *Public Health (Reporting of Notifiable Conditions) Code of Practice 2006 (No 1)*.

## **2 Commencement**

This instrument commences on the day after notification.

## **3 Determination**

I determine the document entitled *Reporting of Notifiable Conditions Code of Practice 2006* at schedule 1 as a code of practice.

Simon Corbell MLA  
Minister for Health

23 January 2006



*Public Health Act 1997*  
Reporting of Notifiable Conditions  
Code of Practice 2006

Version 1.0

**Australian Capital Territory**

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For enquires related to this Code of Practice, please contact:

**Communicable Disease Control, Health Protection Service (02) 6205 2155**

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## INTRODUCTION

The *Public Health Act 1997* (the Act) imposes obligations on certain individuals to report notifiable conditions to the Chief Health Officer in accordance with the applicable code of practice. This code of practice outlines the process for reporting notifiable conditions for those functioning in a clinical and/or diagnostic role who are obliged to report notifiable conditions under the Act.

This code of practice is applicable to:

- Medical Practitioners
- Authorised nurse practitioners
- Pathologists
- Hospitals

People who are responsible for the care, counselling, support or education of someone else, are also able to report notifiable conditions under the Act, this code of practice is not the applicable code of practice for these people.

This is an enforceable Code of Practice under the *Public Health Act 1997*. It is an objective of the code to provide the notifier and the government with a set of standards for reporting notifiable conditions. It is not intended that strong enforcement practices be implemented without first consulting with the notifier and working together to address problems.

Prompt notifications will allow early public health intervention.

## 1. OBLIGATION TO REPORT NOTIFIABLE CONDITIONS

Compliance with this code is mandatory for those who have obligations to notify conditions under the *Public Health Act 1997* (the Act). A copy of the Act can be obtained at: [www.health.act.gov.au](http://www.health.act.gov.au).

### 1.1. 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 nurse practitioner must notify the condition (see section 102 of the *Public Health Act 1997*).

### 1.2. Pathologists

Pathologists must notify the results of a test indicating that a person has, or may have, a notifiable condition (see section 103 of the *Public Health Act 1997*). 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 in the ACT.

### 1.3. Hospitals

The person in charge of a hospital must notify if any in-patient at the hospital has or may have a notifiable condition (see section 104 of the *Public Health Act 1997*).

## 2. NOTIFICATION REQUIREMENTS

### 2.1. Who to Notify

Public Health Officers within Communicable Disease Control (CDC) section of Health Protection Service (HPS) of ACT Health have been delegated to accept notifications on behalf of the Chief Health Officer.

### 2.2. What to Notify

Appendix 1 sets out the list of notifiable conditions that must be reported. Death relating to a notifiable condition must also be reported. A copy of the current list of notifiable conditions can be found at [www.legislation.act.gov.au](http://www.legislation.act.gov.au)

### 2.3. Case Definitions

For information about case definitions for notifiable conditions, please contact CDC section of HPS.

#### 2.4. Making a Notification

All notification should be made on the current *Report of Notifiable Disease or Related Death* form. This form can be obtained from CDC section of HPS or at: [www.health.act.gov.au](http://www.health.act.gov.au)

*\* Note: There are circumstances where notifiers are not able to comply with all the information requirements of the form. In these circumstances the notifier is required to contact CDC section of HPS to make appropriate arrangements.*

##### 2.4.1. Written Notification

Written notification for all conditions must be made in writing within 5 days of diagnosis.

Written notification should be marked “CONFIDENTIAL” and sent to:

Reply Paid 61818  
Surveillance Officer  
Communicable Disease Control  
Health Protection Service  
Locked Bag No. 5  
Weston Creek ACT 2611

##### 2.4.2. Telephone Notification

Those conditions marked with a telephone icon must be notified by telephone to CDC section of HPS as soon as practicable, preferably on the same day of clinical diagnosis, even if the diagnosis is not yet confirmed. This is to enable timely public health intervention. A telephone notification must be followed up by a written notification within 5 days. **CDC telephone number for notifications is: 02 6205 2155.**

##### 2.4.3. Facsimile Notifications

Notifications can also be made via facsimile. Health care providers are encouraged to store the CDC number into the autodial system of the machine to minimise the possibility of errors (which will assist in maintaining confidentiality of this sensitive information). **CDC facsimile number for notifications is: 02 6205 1739.**

**2.5. Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) Notifications**

When reporting a HIV/AIDS case, the notifier should **not** provide full family name, given name and residential details. The notifier must provide the first two letters of the family name, first two letters of the given name and postcode details. The rest of the details can be submitted as per the *Report of Notifiable Disease or Related Death* form.

**2.6. HIV/AIDS Death Notification**

A death in a person with HIV/AIDS must be notified regardless of cause.

**2.7. Hepatitis B (HBV), Hepatitis C (HCV) and Sexually Transmitted Infection (STI) Notifications**

When completing a notification for these infections, the notifier should **not** provide full family name, given name and residential details. The notifier must provide the first two letters of the family name, first two letters of the given name and postcode details. The rest of the details can be submitted as per the *Report of Notifiable Disease or Related Death* form.

**2.8. What Information Must Be Provided**

When the notifier is completing the *Report of Notifiable Disease or Related Death* form all requested information must be provided.

*\* Note: There are circumstances where notifiers are not able to comply with all the information requirements of the form. In these circumstances the notifier is required to contact CDC to make appropriate arrangements.*

**2.9. Notifier Information**

The notification must include the name, address and telephone number of the person providing the notification.

**3. PRIVACY**

Reporting of notifiable conditions is a requirement of the *Public Health Act 1997* and it complies with the provision of the National Privacy Principles under the *Privacy Act 1998*. The notifier has a responsibility to inform their patients that their information is being provided to ACT Health. ACT Health is bound by the requirements of the *Privacy Act 1998*.

**3.1 Health Protection Service**

Notifications are maintained with the utmost confidentiality within HPS. Notifications are securely stored and access to notifications is restricted. De-identified information is forwarded to the National Notifiable Disease Surveillance System, Department of Health and the Ageing.



#### **4. PUBLIC HEALTH INVESTIGATION**

Some notifiable conditions need public health intervention, which may require contacting the patient for further information. The Public Health Officer will make a reasonable attempt to contact the patient's doctor prior to contacting the patient, to ensure the patient is aware of their diagnosis. In some circumstances, the Public Health Officer may be required to make contact with the patient if the doctor is unavailable.

**5. IMPORTANT CONTACT DETAILS FOR NOTIFICATIONS**

CDC telephone: 02 6205 2155

CDC secure fax: 02 6205 1739

CDC Pager Number: 02 6269 0495

CDC Postal Address:

Reply Paid 61818  
Surveillance Officer  
Communicable Disease Control  
Health Protection Service  
Locked Bag No. 5  
Weston Creek ACT 2611

## DEFINITIONS

**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 *Public Health Act 1997*

**Notifiable Condition** – means a disease or medical condition –

- (a) Determined by the Minister under section 100 (1) (a); or
- (b) Declared by the Chief Health Officer under section 101 (1) (a) of the *Public Health Act 1997*

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

**Patient** – in relation to a medical practitioner, means a person being professionally attended by the practitioner.

**Public Health** – means:

- (a) The health of individuals in the context of the wider health of the community;  
or
- (b) The organised response by society to protect and promote health and prevent illness, injury and disability.

## APPENDIX 1

This list is current at the time this code of practice was published. The current list can be found on the ACT Legislation Register at: [www.health.act.gov.au](http://www.health.act.gov.au)

## DETERMINATION OF NOTIFIABLE CONDITION

### Schedule 1 – Notifiable Conditions

- Acquired Immunodeficiency Syndrome (AIDS)
- Anthrax ☎
- Arbovirus infections:
  - Barmah Forest virus
  - Dengue virus
  - Japanese encephalitis virus
  - Kunjin virus
  - Murray Valley encephalitis virus (notified as Australian arbo-encephalitis in Victoria)
  - Ross River virus
  - Flavivirus infection – unspecified or not otherwise classified
- Avian Influenza (quarantinable) ☎
- Botulism
- Brucellosis
- Campylobacteriosis
- Chlamydia trachomatis
- Cholera (quarantinable) ☎
- Creutzfeldt-Jakob Disease (all forms, including classical and variant CJD) ☎
- Cryptosporidiosis
- Diphtheria ☎
- Donovanosis
- Equine morbillivirus
- Food poisoning (not elsewhere specified) ☎
- Gastrointestinal illness cluster ☎
- Giardiasis
- Gonococcal infection
- Haemolytic Uraemic Syndrome (HUS) ☎
- Haemophilus influenzae serotype b (Hib) (invasive only) ☎
- Hepatitis A ☎
- Hepatitis B
- Hepatitis C
- Hepatitis D
- Hepatitis E
- Hepatitis – Infectious, not otherwise specified
- Human Immunodeficiency Virus (HIV) infection
- Influenza laboratory-confirmed
- Legionellosis ☎
- Leprosy
- Leptospirosis
- Listeriosis

- Lyssavirus:
  - Australian bat lyssavirus
  - Duvenhague virus
- Rabies (quarantinable) ☎
  - European Bat 1 & 2
  - Lyssavirus unspecified
- Malaria
- Measles ☎
- Meningococcal disease (invasive) ☎
- Mumps
- Paratyphoid ☎
- Pertussis
- Plague (quarantinable)☎
- Pneumococcal disease (invasive)
- Poliomyelitis – wild type and vaccine-associated ☎
- Psittacosis (Ornithosis)
- Q fever
- Rubella and congenital rubella syndrome
- SARS (quarantinable) ☎
- Salmonellosis
- Shigellosis
- Shiga Toxin-producing and Vero Toxin-producing *Escherichia coli* (STEC/VTEC) ☎
- Smallpox (quarantinable) ☎
- Syphilis
- Tetanus
- Tuberculosis
- Tularemia ☎
- Typhoid ☎
- Varicella
- Viral haemorrhagic fevers (quarantinable) ☎
  - Lassa
  - Marburg
  - Ebola
  - Unspecified or otherwise unclassified
- Yellow fever (quarantinable) ☎
- Yersiniosis